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UNDERSTANDING THE ROLE OF STORYTELLING IN THE TRANSFORMATION  
OF FEMALE COCAINE ADDICTS IN NARCOTICS ANONYMOUS

A Dissertation in  
Adult Education

by

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## **ABSTRACT**

The purpose of this qualitative study was to understand the role of storytelling in the transformation of female cocaine addicts in Narcotics Anonymous. For this research the primary investigator utilized a theoretical orientation of transformative learning theory and storytelling. The rationale for employing transformative learning theory is that the nature of our frames of reference can mature and become more justifiable through reflective discourse or critical reflection in dialogue in the context of storytelling.

In this study eight women who regularly attended the Sunday Women's Group Narcotics Anonymous meeting in Central Pennsylvania were recruited through a partnership between the primary investigator and the group's organizer. Women participating in this study met entrance criteria including: being over the age of twenty-five, self-identifying as a cocaine addict, being a chronic user of cocaine, participating in Narcotics Anonymous for at least six months and attendance at the same Narcotics Anonymous meeting weekly. The primary researcher conducted semi-structured face-to-face interviews with the participants at a variety of different locations. Study participants agreed to a minimum of one physical meeting; an additional follow-up meeting was set-up, as needed, for review and clarification.

The findings of this study indicated that storytelling in Narcotics Anonymous helps women maintain their sobriety. The women consistently made meaning from the stories that they heard in Narcotics Anonymous. There is a relationship between storytelling and transformative learning theory.

## TABLE OF CONTENTS

Chapter 1: Introduction	1
Background	1
Recovery	3
Storytelling	5
Problem Statement	8
Purpose Statement	7
Research Questions	8
Theoretical Framework	8
Overview of Design and Methodology	14
Significance	15
Definition of Terms	17
Assumptions of Study	19
Limitations of Study	19
Chapter 2: Literature Review	20
Transformative Learning Theory	20
Storytelling	31
Female Cocaine Addiction	35
Twelve Step Programs	44
Narcotics Anonymous and Storytelling	57
Narcotics Anonymous and Transformative Learning	59
Narcotics Anonymous within the Context of Adult Education	61
Summary	66

Chapter 3: Methodology	68
Qualitative Research Methodology	69
Narrative Inquiry	70
Background of the Researcher	74
Participant Selection	76
Data Collection Procedure and Method	78
Data Interpretation	82
Verification Strategies	84
Ethics and Informed Consent	88
Summary	89
Chapter 4: Personal Stories	90
Shelby	91
Jenny	96
Flo	102
Danielle	105
Connie	108
Renee	112
Mary Lou	115
Vanessa	117
Serenity Prayer	120
Chapter 5: Interpretation, Discussion and Implications	122
Similarities and Uniqueness among the Stories	122
Storytelling in Narcotics Anonymous and the Connection to Sobriety	127

Meaning Making through Storytelling in Narcotics Anonymous	133
Storytelling and Transformative Learning within the Context of NA	136
Implications for Theory	141
Implications for Research	143
Implications for Practice	145
Limitations of Study	147
Conclusion	147
References	150
Appendix : Semi-Structured Template Interview Questions	158

# CHAPTER 1

## INTRODUCTION

The purpose of this chapter is to provide an overview of a narrative inquiry that explores the role of storytelling in the transformation of female cocaine addicts in the Narcotics Anonymous program. In order to address this purpose, this chapter provides a background to the study including its purpose statement, followed by a description of the conceptual and theoretical frameworks guiding this research. An overview of the narrative inquiry research methodology that was employed in this study is provided, and the significance, assumptions and limitations are also highlighted. Finally, this chapter concludes with a summary of the remaining chapters that are included in this text.

### Background

Cocaine abuse and addiction continue to plague the United States. Today, about one in six Americans, or 15 percent in 2007, has tried cocaine by the age of 30, and 7 percent have tried it by their senior year of high school (Cocaine, 2009). Cocaine was one of the most widely used drugs during the 1980s and 1990s. However, cocaine is not a new drug. Cocaine is one of the oldest known psychoactive substances. Coca leaves, the source of cocaine, have been chewed and ingested for thousands of years, and the purified chemical, cocaine hydrochloride, has been an abused substance for more than 100 years. In the early 1900s, for example, purified cocaine was the main active ingredient in most of the tonics and elixirs, including the original recipe for Coca Cola. Pure cocaine was originally extracted from the leaf of the *Erythroxyloncoca* bush, which grew primarily in Peru and Bolivia. After the 1990s, and following crop reduction efforts in those countries, Colombia became the nation with the largest cultivated coca crop (Cocaine, 2009).

Beginning in the 1980s, cocaine became more widely used among the middle and upper class population, increasing from an estimated 1% of the population to an estimated 7% of the population from 1980 - 1990 (Nunes-Dinis & Barth, 1993). Cocaine use spread across the country, beginning in California, and in less than two years made its way to New York City. It was seen as a party drug and was frequently used in social situations, which would foster socialization and allow users to party longer, and it had the popular side effect of weight loss. As time passed and the "Just Say No" campaign of the Reagan administration took hold, cocaine use became less acceptable in many social circles. However, abuse of the drug did not stop; the drug simply went underground with an estimated 5% of the middle and upper class populations continuing to use cocaine. Thirty years later cocaine remains a widely used drug, increasingly among women (Nunes-Dinis & Barth, 1993). According to interviews conducted with women cocaine addicts, women users seek a drug that can provide additional energy, weight loss, and stimulation during sex, as well as enhanced energy during routine and mundane daily chores (Noring, 1999). However, prolonged use of this drug creates tolerance, a need for continued and larger amounts of the drug to get the desired effect (Geisler & Shen, 1998). With the development of tolerance, withdrawal and physiological dependence, the overwhelming need for cocaine begins to take over the woman user's life. In many cases cocaine abuse causes severe personal struggles, which manifest in personal, professional, health, and financial difficulties. For many women the point of dependence is where women begin to seek assistance to become drug free (Geisler & Shen, 1998).

In the United States during the 1990's increasing numbers of women were using cocaine, specifically 4% of the female population in 1994 (Sterk-Elifson, 1996). This percentage was up from .5% in the early 1980s. A woman initially begins abusing the drug recreationally, but over

time these women are becoming addicted to the drug and their use turns from recreational use to a pattern of use that reflects addiction. Cocaine use among women reaches across all socioeconomic levels, from the poor, who utilize the cheaper version of cocaine often called crack cocaine, to the middle and upper class populations, who abuse the more expensive powder form of the drug, as well as across all racial divides (Sterk-Elifson, 1996). According to Noring (1999), some women begin using cocaine simply to have more fun at social gatherings, such as dinner parties and night clubs. Women may begin using cocaine because their partner has introduced it to them as a means of increasing their sexual pleasure during romantic interludes. Additionally, women begin using cocaine as a means of coping with life's trials and tribulations (Noring, 1999). Cocaine affects the body physically and the addictive properties of this drug affect the mind emotionally, but there is little reporting on the personal struggles of these women and their relationship to cocaine and how their cocaine use affects their lives on a personal level and what prompts these women to seek treatment and rehabilitation to become clean (Stevens, 2002).

### Recovery

Drug treatment is designed to affect both the physical rehabilitation of the user as well as the emotional transformation which allows the user to stay clean. One of the most popular and most well known treatment options for addictions is the 12-Step Program, such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Cocaine Anonymous (CA). The 12-Step Program refers to recovery programs in the Alcoholics Anonymous tradition. Research indicates that ninety-five percent of inpatient addiction treatment programs in the United States incorporate Alcoholics Anonymous and /or Narcotics Anonymous at some level (Nunes-Dinis& Barth, 1993). AA and NA utilize a combination of the psychological and sociocultural

perspectives. AA and NA are utilized in both inpatient and outpatient recovery programs. For the purpose of this study, the focus is on outpatient Alcoholics Anonymous and Narcotics Anonymous meetings.

The concepts which are incorporated in the 12-Step program include admitting powerlessness, taking personal responsibility for the addiction, daily affirmations, rituals, forgiveness and fellowship. These programs share a spiritual emphasis and similar steps in the recovery process. Spirituality is left to the individual to name and define as is outlined in Step 3 of the AA process (Bristow-Braitman, 1995). However, while the spiritual focus is not defined for the individual in the 12-Step program, there appears to be a relationship between the spiritual focus and religion. For example, to conclude many 12-Step meetings, the Serenity Prayer is often recited by the participants. This religious component could be a limitation of the 12-Step programs. While embraced by some, it has also alienated others who seek a drug-free life through the step programs (Bristow-Braitman, 1995).

No comprehensive studies of outpatient Narcotics Anonymous membership in the United States have been completed to date, due in most part to the NA emphasis on protecting the anonymity of its members. Because no attendance records are kept, it is impossible even to estimate what percentage of those who utilize Narcotics Anonymous ultimately achieve long-term sobriety. The only indicator of the program's success is the rapid growth in the number of registered Narcotics Anonymous meetings in recent decades and the rapid spread of Narcotics Anonymous outside North America. In 1978, there were fewer than 200 registered groups in three countries. In 1983, more than a dozen countries had 2,966 meetings stemming from more than 700 registered groups. In 1994, there was evidence of groups holding 19,822 weekly meetings in seventy countries (National Institute of Drug Abuse, 2009).

The NA text (2008) references the central role of reflective discourse; that by meeting, talking and helping other addicts, all addicts are able to stay clean. The first hand experience in all phases of illness and recovery is of unparalleled, therapeutic value (Brandell, 1997).

Treatment consists of storytelling in establishing and maintaining recovery from chemical dependency. Storytelling and thought mapping are used to help addicts develop skills necessary to maintain their sobriety. Thought mapping involves analyzing important incidents before and after the onset of problem behavior (Brandell, 1997).

Addicts are encouraged to share freely with any addict who wants to recover. They can examine and re-examine their old ideas. Addicts can constantly improve their old ideas or replace them with new ones. Meetings are a process of identification, hope and sharing. Storytelling is used during the meetings to help the women relate to the topic being discussed, gain insight into their behavior, and learn new skills to change their behavior. The model of Narcotics Anonymous is the process of sharing lived experiences in a safe place, free from outside influences and judgments (Narcotics Anonymous, 2008). While this will be discussed in more detail in a later section, this is consistent with the humanistic perspective of adult education where the goal is the development of the whole person, to include their openness to change and continued growth and their desire for self-actualization (Elias & Merriam, 2005).

While storytelling is embraced within the context of the Narcotics Anonymous meetings, it is not unique to NA. The concept of storytelling has a wide application across numerous fields.

### Storytelling

Storytelling in education has been the focus of increasing attention across various academic disciplines. Adult educators understand and utilize the value of stories in teaching and

learning. In connection with adult education, storytelling can be understood as an orientation that carries with it implications for method and content as well as meaning making (Rossiter & Clark, 2007).

The term “story” has been defined in several ways. For the purpose of this study, Boje (1991) provides the workable definition. Story is defined “as an exchange between two or more persons during which a past or anticipated experience was being referenced, recounted, interpreted, or challenged” (p. 111). Storytelling does not have to be, and frequently is not, a linear process. Stories can be told from the beginning, middle or end of the story, and several curves and u-turns in the storytelling road can be experienced. “Storying is active; the story unfolds in fragments, as people contribute their two cents worth of experience or speculation” (Boje, 2006, p.8).

While this definition provides a baseline understanding of the storytelling, there are many definitions of story found within the literature. For the purposes of this dissertation, I have also utilized an expanded definition outlined by David Boje (2001) who has relied on Ricoeur’s (1984) work:

A story describes a sequence of actions and experiences done or undergone by a certain number of people, whether real or imaginary. These people are presented either in situations that change or as reacting to such change. In turn, these changes reveal hidden aspects of the situation and the people involved, and engender a new predicament which calls for thought, action, or both. This response to the new situation leads the story towards its conclusion. (p. 150)

Storytelling can be used between people and within organizations as a tool to educate and inform others about lived experiences. There is a way for tellers and listeners alike to “negotiate

with stories, both by and with the people who hold them, so that they can be applied in some instrumental ways, crafted and performed by tellers to make a point, to clarify, to prepare people to think differently, to introduce an alternative possibility” (Tyler, 2007, p.4). Essentially Tyler (2007) is referring to the way people can work with stories, as collaborators in a process. Stories can be used by people to assist in an understanding of a shared or similar experience. They can be shaped and crafted by the teller to impart a greater understanding and clarity of a situation. The negotiation refers to the give and take between the teller and the story within an environment in which the teller would like to share the story and where the story would like to be told. There is also the converse to this situation, where the teller wants to tell the story, but the story resists being told (Tyler, 2007).

Female cocaine addicts have numerous paths which can lead them down the road to recovery. Storytelling within the safety and security of the Narcotics Anonymous setting can promote the sobriety of the women who seek out treatment options.

#### Problem Statement

Female cocaine addicts have a variety of treatment options available to them if they desire to seek a drug free life. One of the most frequently chosen options is the mix of the psychological and sociocultural models, which make up the Narcotics Anonymous (NA) program (Narcotics Anonymous, 2008). The main function of the NA program is to bring addicts together to promote the use of storytelling as a means of obtaining and maintaining sobriety. According to the literature, the NA 12-Step process can assist the addict with obtaining and maintaining their sobriety by regular attendance at meetings (Bristow-Braitman, 1995; National Institute of Drug Abuse, 2009; Nunes & Barth, 1993).

While there is ample research on this 12-Step program and the processes within the program, there is no evidence of research into the storytelling aspects of the NA program. This may be because no one has chosen to focus on the storytelling aspects of the NA meetings. Rather the focus has been on the quantifiable data of sobriety rates.

Additionally, no literature could be identified which focused on how storytelling assisted in the transformation of the female participants. It is through a deeper understanding of the role of storytelling within the realm of the 12-Step program of NA that we will be able to foster an appreciation for the transformation of the female cocaine addict.

#### Purpose Statement

The purpose of this research study is to understand the role of storytelling in the transformation of female cocaine addicts in Narcotics Anonymous.

#### Research Questions

Based upon the purpose of this study, this research was guided by the following questions:

1. What about storytelling in Narcotics Anonymous helps the women participants maintain their sobriety?
2. How do the women participants make meaning out of the storytelling experience in Narcotics Anonymous?
3. What is the relationship between storytelling and transformative learning for female cocaine addict during their participation in Narcotics Anonymous?

#### Theoretical Frameworks

Informing this study are the concepts of storytelling and transformative learning theory. The rationale for employing the concept of storytelling is that stories are effective as educational

tools because they are believable, memorable, and entertaining (Neuhauser, 1993). The believability stems from the fact that stories deal with other people with whom we share similar experiences and with whom we can identify, thus perceive these others as authentic and credible sources of knowledge (Coles, 1989; Neuhauser, 1993; Rossiter, 2007). Stories make information more memorable because they involve us in their action, and in doing so invite active meaning making by the listener (Rossiter, 2007).

This study draws upon transformative learning theory. The rationale for employing transformative learning theory is that the nature of our frames of reference can mature and become more justifiable through reflective discourse (Mezirow, 2000) or critical reflection in dialogue in the context of storytelling. Drawing upon these two frameworks (storytelling and transformative learning theory) assists in grounding the research questions guiding this study as well as provides a foundation upon which to base implications from this study's findings.

Stories can be elicited, invited, and performed, co-created and emergent or alive within the teller (Tyler, 2007). Stories are both told and heard. As a storyteller, we are constantly evaluating the environment and the listener to determine whether or not we are in a safe place with an engaged listener before and during the telling of a story. As a listener, we are engaged with the story, and through this involvement we enter into the heart, mind and spirit of the teller and into the deeper meaning of the story. We must fill in, from our memory bank of experiences, that which is unspoken. In so doing, we create as well as discover meaning, and we pose the questions we ourselves need to answer (Bruner, 2002). Stories educate as instruments of transformation, as well as information (Jackson, 1995). Because some stories lead from that with which we are familiar into that of the unfamiliar, stories can open doors of personal growth and change. When identification can be made by the listener with the story being told by the teller,

the listener can envision the possibility of change for themselves (Clark, 2001). Stories of growth and transformation can serve as motivators, pathfinders, and sources of encouragement for struggling adult learners. Stories enable people to engage with new knowledge, broader perspectives, and expanded possibilities because we engage with the stories within a similar context of personal experience (Rossiter, 2007).

For example, there are stories behind every woman who uses cocaine. Each woman has her own personal story of how she began using cocaine, her first experience with the drug, how the drug wove its way into her daily life and why she chose to seek treatment. Many of these women have dominant narratives in their lives; these are the stories that they want society to hear. But lurking in the background are the shadow stories, which influence the lives of these women. “Telling these stories, moving them out of the shadows and into the light, can remove the potency they have when they remain publically undiscussable, and give them new potency as an element of public organizational discourse” (Tyler, 2006, p. 116). Narcotics Anonymous provides a safe space for these women to meet on a regular basis and share their stories of drug addiction and sobriety (Narcotics Anonymous, 2008). Thus, this study seeks to better understand how storytelling can serve as a vehicle through which various aspects of meaning making are accomplished, including frames of reference, points of view and habits of mind (Mezirow, 2000).

There is an innate need for all people to making meaning out of their daily lives. It is only through making meaning of lived experiences that people can grow and understand the constant change with which we are all surrounded (Taylor, 2008). Developing more reliable belief systems, confirming their correctness, and making educated and informed changes are fundamental to the adult learning process. It is transformative learning theory that explains this

learning process of making meaning from the experiences in the world while reflecting on the validity of personal belief schemes (Taylor, 2008a).

Transformative learning theory was born out of a 1975 study, conducted by Jack Mezirow (1975), of eighty-three women returning to college in twelve reentry programs. Out of this study a process that involves ten phases of personal perspective transformation was identified.

“Transformative learning is learning that transforms problematic frames of reference – sets of fixed assumptions and expectations (habits of mind, meaning perspectives, mindsets) – to make them more inclusive, discriminating, open, and reflective. Such frames of reference are better than others because they are more likely to generate beliefs and opinions that will prove more true or justified to guide action” (Mezirow, 2003, pp. 58-59).

Transformative theory involves rational thought and critical reflection in response to a dramatic event or disorienting dilemma, which prompts a person to question and revise their assumptions while engaging in reflective discourse with other individuals followed by action on the new perspective. Reflection is a process of reconsidering experiences and events through the lens of reason, and then reinterpreting and generalizing the experiences to create frames of reference. Reflective discourse is integral and critical to the transformative learning theory. Discourse, in the context of transformation theory, is the use of a specialized form of dialogue to search for a common understanding and evaluation of the justification of an interpretation or belief (Mezirow, 2000b). This dialogue involves assessing reasons by considering the supporting evidence and arguments and by examining alternative perspectives, which are brought to the surface through conversation with others. Reflective discourse involves a critical assessment of assumptions and beliefs. It is through this process of reflective discourse where trying on a new frame of reference is possible. It is within this safe realm of rational thinking

and conversing where new habits of the mind are formed. Discourse allows an individual to try on other points of view while attempting to reframe perspectives. People need to engage in conversation with others in order to better understand and consider the alternative perspectives and determine their validity within their personal context (Cranton, 2006).

Over the years, as the theory of transformative learning has progressed, there has been criticism of Mezirow's work. In the earliest of his writings, he was seen to neglect social change and the issues of power and the cultural context within which learning takes place (Cranton, 2006). Most notable however, is his emphasis on rational thought. A person cannot be a solely rational individual. One cannot simply discount the emotional and spiritual components of the person. In response to the need for including the emotional and spiritual facets of a person's life, John Dirkx takes an extrarational approach. Dirkx (2006) includes the possibility, if not the probability, that there is more at play during transformative learning than simply rational behavior.

The extrarational approach of Dirkx focuses on the unconscious of an individual, rather than the conscious and rational mind. He provides an alternative to Mezirow's (1991) concept of critical reflection—contemplation. For an individual to contemplate and consider their unconscious, the person must find a way to quiet their mind while opening themselves up to an awareness and receptiveness that is not possible with the standard busyness of the brain (Dirkx, 2006). It is not only the conscious mind which makes up an individual's frame of reference. The unconscious mind plays as much if not more into the frames of reference which define a person. Many frames of reference acquired by the individual are through largely unconscious experiences (Dirkx, 2006).

These two points of view can coexist; that is, transformative theory can involve both rational thought and unconscious contemplation of the events which have impacted people. The process of critical reflection is a response to a dramatic event or disorienting dilemma which prompts a person to question and revise her assumptions while engaging in reflective discourse with other individuals followed by action on the new perspective. Reflective discourse is referenced in the NA text (2008), that by meeting, talking and helping other addicts, all addicts are able to stay clean. The first hand experience in all phases of illness and recovery is of unparalleled, therapeutic value (NA, 2008). Addicts are able to share freely their thoughts and experiences, through storytelling, with any addict who wants to recover. They can examine and re-examine their old ideas. The women participating in the NA meetings can constantly improve on their old ideas or replace them with new ones. The NA meetings are a process of identification, hope and sharing of ideas and experiences through storytelling (NA, 2008).

In addition to the rational sharing of information, addicts can chose to share their quiet extrarational reflections with the group as a way of making meaning out of those experiences. The model of Narcotics Anonymous is the process of sharing lived experiences in a safe place, free from outside influences and judgments. It is through this process of reflective discourse where trying on a new frame of reference is possible. It is within this safe realm of rational thinking and conversing where new habits of the mind are formed.

The connection between the construction of the stories and transformational learning is becoming increasingly clear. Stories can serve as the medium through which we imagine ourselves as the people whom we want to become (Hopkins, 1994). Restorying experience as a method of therapy has informed and influenced storytelling as an educational method (White & Epsom, 1990). Restorying can be central to the process of transformative learning. The basic idea

is that when individuals share their own stories, they are better able to locate and assess their own stories within larger cultural contexts (Randall, 1996). The process opens the way for learners to choose alternative narratives or stories, or a little of each.

### Overview of Design and Methodology

The purpose of this research study is to understand the role of storytelling in the transformation of female cocaine addicts in Narcotics Anonymous. As purpose guides methodology, this study utilizes a narrative inquiry research design. To provide an appropriate rationale for the chosen design of this study, it is important to first define and discuss narrative inquiry as a research methodology.

In order to explore the research questions, this study utilized a narrative inquiry research design. Narrative inquiry is a methodology in the interpretive research paradigm for acquiring communicative knowledge. Narrative inquiry is a strategy of inquiry in which the researcher studies the lives of individuals through the stories about the lives of the individuals, which are told in the first person (Creswell, 2009). Narrative inquiry has gained acceptance and credibility in the social sciences and is being utilized in adult education and social science research. The rationale for utilizing a narrative inquiry design is directly related to the purpose of this research study. It is critical that there is congruence between the research method employed and the research problem, or purpose of the study.

Given the nature of narrative inquiry, there can be no single reality, but rather multiple realities based on the constructions of the individuals who are experiencing their lives (Merriam, 2002). This assumption of qualitative research allows for the study of the numerous and varied experiences of the women who participate in Narcotics Anonymous. Given that qualitative research methodology is focused on the process rather than outcome, there is a natural link to the

process which addicts undergo as a matter of personal growth and learning during the NA meetings which they attend on a regular basis. Through the rich description of their personal stories, researchers can gather the kind of data that assists in an attempt to provide insights into the meaning of storytelling for those addicts participating in the research (Coles, 1998; Creswell, 2009; Merriam, 2002; Polkinghorne, 1998).

### Significance

This study has the potential to broaden the understanding of addiction and the role of NA in the recovery of its participants. In addition, this study has the opportunity to provide pedagogical insights into therapy and treatment options. As previously mentioned, there is currently a gap in literature focusing on the role of storytelling in the transformation of female cocaine addicts in Narcotics Anonymous in both the fields of adult education as well as addiction education and psychology. This lack of research illustrates the significance that this study has for both fields.

In terms of adult education, there is a lack of research in the relationship between storytelling and transformative learning and how women make meaning out of the storytelling experiences in Narcotics Anonymous (NA). This concept is significant in that the storytelling orientation to education is grounded in an understanding of story as a primary structure of human meaning making and knowledge construction (Rossiter, 2007). More specifically, the actual uses of story in adult teaching and learning are literally unlimited because they arise from infinite expressions of interpretive interaction among teachers, learners, and content (Hermans, 1997). Stories hold the power to stimulate an empathic response. It is the particularity of the story, the specific situation, the small details, the vivid images of human experience, which evoke a response (Rossiter, 2007).

Little is known about the nature of storytelling within NA because no comprehensive studies of NA have been completed to date, due in most part to the NA emphasis on protecting the anonymity of its members. Therefore it becomes critical that the role of storytelling in the transformation of female cocaine addicts in NA is explored in order to gain a greater understanding of how women participants make meaning out of the storytelling experience in NA and to further define the relationship between storytelling and transformative learning within the context of the female cocaine addict's participation in NA.

This study has the potential to broaden the understanding of storytelling in therapeutic settings. As this study has the potential to add to the discussion of drug treatment specialists, it further provides significance to the field of drug addiction education and psychology, as it has been recognized that little is known about storytelling within the context of NA (Kauffman et al. 1997). Roughly ninety-five percent of inpatient addiction treatment programs in the United States incorporate Alcoholics Anonymous and / or Narcotics Anonymous at some level (Nunes-Dinis & Barth, 1993). However, little research is evident in which the primary focus is on what it is about storytelling in Narcotics Anonymous that helps the participants maintain their sobriety. Thus research into the realm of storytelling within NA may bring to the forefront the potential impact that shared stories and shared lived experiences can have in obtaining and maintaining the sobriety of women who participate in drug treatment programs.

The basic idea is that when addicts externalize their own stories through storytelling, they are better able to understand their own stories within the larger communal contexts of their NA peers. However, the externalization through storytelling also allows the addict to internalize her own story as well. These processes open the way for learners to choose alternative narratives. The restorying process (Keyon & Randall, 1997) could be used by professionals, including

addiction specialists, as a method to foster positive life change in addicts. The central transformative dynamic is a matter of gaining a more critical and empowered perspective on one's life through telling and interpreting one's self story and the stories of others (Keyon & Randall, 1997).

Finally, this study has personal significance. I have witnessed many friends and my father fall into the world of cocaine addiction. Due in most part to embarrassment, many of them did not seek formal inpatient treatment for their addiction. However, a lucky few found their way to a Narcotics Anonymous meeting and thus began their long and painful road to recovery. After speaking with them about their experiences, they believe that it was through the stories shared and heard within the NA meetings that they were able to learn how to live a drug free life. I cannot help but believe that there is hope for improving the lives of other addicts by exploring how storytelling impacted the addict and how it can be used to learn to live a drug free life.

It is also personally significant for me to work with women. As a woman, I believe that I can relate to women and the struggles and tribulations of other women. While I recognize and appreciate that men can be impacted by cocaine addiction to the same degree that women can be impacted, my focus is to study the female cocaine addict from my female perspective.

#### Definition of Terms

1. Addict is defined as one who is dependent on a street drug or a medication (NIDA, 2009).
2. Cocaine is a strong central nervous system stimulant that increases levels of dopamine, a brain chemical or neurotransmitter associated with pleasure and movement, in the brain's reward circuit (NIDA, 2009).
3. Drug addiction is a dependence on a street drug or a medication (NIDA, 2009).

4. Narcotics Anonymous is a nonprofit fellowship or society of men and women for whom drugs had become a major problem. They meet regularly to help each other stay clean, are not interested in what or how much drug was used, but only in what the addict wants to do about the problem and how NA can help (NA, 2008)
5. Narrative inquiry is a strategy of inquiry in which the researcher studies the lives of individuals while gaining stories about the lives of the individuals, which are told in the first person from the people themselves (Creswell, 2009).
6. Recovery is a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship (NIDA, 2009).
7. Sobriety is the absence of drugs or alcohol within a person (NIDA, 2009).
8. Story is defined as an exchange between two or more persons during which a past or anticipated experience was being references, recounted, interpreted, or challenged (Boje, 1991, p. 111).
9. Narrative is something that is narrated, i.e. 'story'. 'Story' is an account of incidents or events, but narrative comes after and adds 'plot' and 'coherence' to the storyline.  
  
Narrative is a prescribed telling of a story which has been edited by the teller to include a beginning, middle and end to create a linear prescription of events; a proper narrative can be constituted (Boje, 2001, 2006).
10. Transformative learning is learning is a process in which problematic frames of reference, sets of fixed assumptions and expectations (habits of mind, meaning perspectives, mindsets), to make them more inclusive, discriminating, open, and reflective. Such frames of reference are better than others because they are more likely to

generate beliefs and opinions that will prove more true or justified to guide action (Mezirow, 2003, pp. 58-59).

11. Transformation is the product of the transformative learning process in which the individual has experienced a deep shift in perspective and begins to modify their perception of themselves, their behavior or their attitude.

#### Assumptions of the Study

The following assumptions are embedded in this research:

1. Learning is a social process in which knowledge is constructed through storytelling.
2. Cocaine use is undesirable and addicts in Narcotics Anonymous are seeking a drug-free life.
3. Addicts can identify and articulate their experiences within the Narcotics Anonymous context.
4. Addicts can identify and articulate their use of storytelling within the Narcotics Anonymous context.
5. Addicts can be honest and accurate when sharing their perceptions of storytelling in Narcotics Anonymous.

#### Limitations of the Study

Participants in Narcotics Anonymous programs have an assumption of anonymity when entering into the program (NA, 2008). Because of this assumption participants may have been uneasy with the inclusion of an outside member of the meeting. I recognize my outsider status and realize that it could have impacted the manner in which the participants responded during our one-on-one interviews. It should be noted that I did not sit within the NA circle to obtain the interviews.

I recognize my own preconceived notions regarding cocaine addiction which could have limited my observations, interpretations and understanding of the storytelling experiences within NA meetings. I continually recognized and assessed my own biases, attitudes, and communication as I collected and analyzed data (Merriam, 2002).

As is the nature with qualitative research, the sample is purposeful and small and explores the experience of storytelling in Narcotics Anonymous meetings. The qualitative nature of this study cannot be considered generalizable as the data is based on the meaning making of an individual cocaine addict and cannot be assumed to reflect the perspective of other cocaine addicts. Seductive and descriptive stories and descriptions of methodology provide the reader with information to determine how applicable the study and the findings may be for different contexts.

The remaining chapters begin with a review of the current literature in the fields of cocaine addiction and storytelling. The methodology chapter discusses the use of narrative inquiry and the data collection and analysis processes. Chapter Four holds the personal stories of the female participants. The final chapter focuses on the interpretation of the data, a discussion of the results in relation to the literature, and the implications of the research.

## **CHAPTER 2**

### **LITERATURE REVIEW**

The purpose of this research study is to understand the role of storytelling in the transformative learning of female cocaine addicts in Narcotics Anonymous. In line with the purpose of the study, this chapter begins by providing a discussion of the theoretical framework of transformative learning theory and the conceptual framework of storytelling. This is followed by a review of the literature related to female cocaine addiction. There is a relatively small but important body of literature that investigates what is currently known about female drug addiction to cocaine. The discussion focuses on the main themes that emerge from this research.

This is followed by an overview the Narcotics Anonymous (NA) program. Following the discussion of the Narcotics Anonymous program, and the roles of storytelling and transformative learning within the NA program, there is an overview of the philosophical framework which frames the NA program within the context of adult education. This chapter then concludes with a summary of how this literature provides a foundation upon which to build this research study.

#### **Transformative Learning Theory**

The need for people to make meaning out of their experiences is innately human and foundational to personal growth. “Developing more reliable beliefs, exploring and validating their fidelity, and making informed decisions are fundamental to the adult learning process. It is transformative learning theory that explains this learning process of constructing and appropriating new and revised interpretations of the meaning of an experience in the world” (Taylor, 2008b, p.5). It is because of this fundamental need to make meaning out of our experiences that the transformative learning theory was born. Transformative learning theory has undergone some serious development over the last thirty years.

Transformative learning theory has a pronounced and permanent presence in the forum of adult education. The theory currently exists in a variety of forms, beginning with the rational approach of Mezirow, the extrarational approach of Dirkx and the blending of the rational and extrarational approaches into a combination of the two as discussed by Cranton. While these interpretations of the theory have been developing naming conventions, the distinctions are consistent. Additionally, four new views of transformative learning theory have emerged; neurobiological, cultural-spiritual, race-centric, and planetary (Taylor, 2008b). These new views on transformative learning theory allow for a greater understanding of how transformational learning occurs in individuals within various contexts. The main difference between the various views of transformative learning lies within the goal of the transformation as well as the view of the transformation. Mezirow's (1975) interpretation, more obviously seen in the works of Dirkx (2006) and Cranton (2006), illustrates and increased focus on the individual. Little consideration is given to the role of context and social change in the transformative experiences of the individuals (Taylor, 2008b).

The decision was made to focus on these three authors as Mezirow is considered the founder of the transformative learning theory while Dirkx focuses on an area within the theory that was originally not considered by Mezirow. The inclusion of Cranton is important as she illustrates how the rational approach and extrarational approach of transformative learning can complement one another. In the later writings of Mezirow (1991) one can see a glimpse of the recognition of the extrarational ideas referenced by Dirkx; however, Cranton illustrates these similarities while simultaneously simplifying the theory for the reader. There is much more to transformative learning theory than these three authors discuss; however, I have chosen to focus on these three authors.

The theory developed out of a 1975 study. In his original work, Mezirow (1975) identifies a process which involves ten phases of personal perspective transformation. These phases include:

1. a disorienting dilemma;
2. self-examination with feelings of guilt or shame;
3. a critical assessment of assumption;
4. recognition that one's discontent and process of transformation are shared and that others have negotiated a similar change;
5. exploration of options for new roles, relationships, and actions;
6. planning of a course of action;
7. acquisition of knowledge and skills for implementing one's plans;
8. provisionally trying out new roles;
9. building of competence and self-confidence in new roles and relationships; and
10. a reintegration of new assumption into one's life on the basis of conditions dictated by one's new perspective.

Mezirow's research pointed him towards a new concept, referred to as perspective transformation, which he defined as a "structural reorganization in the way that a person looks at himself and his relationships" (Cranton, 2006, p. 21).

#### Cognitive Rational Perspective

Transformative learning theory was popularized in 1991, with Mezirow's publication of *Transformative Dimensions of Adult Learning*. The theory was further refined over the years, and Mezirow (2003) continues to clarify his stance on the importance of rational thought within the theory. He sees transformative learning is a uniquely adult form of metacognitive reasoning. Reasoning is defined by Mezirow as the process of advancing and assessing reasons, especially

those that provide support to an action taken. An individual's beliefs are justified when they are grounded in reason. It is Mezirow's assertion that transformative learning was the result of cognitive rational process. However, in his later writings he does include the emotional aspects of learning while remaining primary cognitive and rational.

Mezirow (2003) provides a working definition for transformative learning. He states that

Transformative learning is learning that transforms problematic frames of reference – sets of fixed assumptions and expectations (habits of mind, meaning perspectives, mindsets) – to make them more inclusive, discriminating, open, reflective, and emotionally able to change. Such frames of reference are better than others because they are more likely to generate beliefs and opinions that will prove more true or justified to guide action. (pp. 58-59)

Mezirow's assertion is that learning occurs when an individual's frame of reference is challenged by an event. This dramatic event causes an individual such discomfort and discontent that they begin to question their assumptions and expectations, and their frame of reference. Mezirow later labeled this as epochal transformation. Mezirow (1991) believes that reflective learning becomes transformative when assumptions are found to be distorting or converse to the primary manner of thought. Cranton (2006) simplifies this concept and writes, "if a person responds to an alternative habit of mind by reconsidering and revising prior belief systems, the learning becomes transformative" (p. 24). Mezirow (2000b) clarifies that the dramatic event he originally defined as epochal, a sudden and dramatic insight, could also occur in a more progressive series of transformative events that cause an individual to challenge their habits of mind when the realization is made that these progressive events have culminated into a recognizable transformation in habits of mind. He refers to this as cumulative transformative learning.

Mezirow (2000b) used the phrase “frame of reference” to describe the assumptions and expectations we make about the world around us. The frame of reference has two components. The first component he refers to is habits of the mind which he explains as the broad lens through which we interpret our experience. This habit of the mind then leads to the second component, a point of view. The point of view represents “meaning schemes, and meaning schemes are habitual, implicit rules for interpreting experiences” (Cranton, 2006, p.22). Cranton (2006) explains that habits of mind are absorbed from our family, community, and culture with little critical thought. Habits of mind generally remain unquestioned unless a person encounters an alternative idea or concept that the person simply cannot ignore.

Mezirow (2000b) lists six variations of habits of mind which are all intertwined. Cranton and Roy (2003) simplify these habits of mind into easily understood concepts. Epistemic habits of mind describe the way a person comes to know and understand things and the way in which that understanding is used to create knowledge. Sociolinguistic perspectives are the way an individual views social norms, culture and how language is utilized. Psychological perspectives include self-concept, personality, emotional responses, and personal images and dreams. Moral-ethical habits of mind include conscious and morality issues. Philosophical habits of mind are based on religious doctrine and world view. And finally, aesthetic habits of mind include our tastes and standards about beauty.

Essentially, Mezirow’s approach to transformative theory involves rational thought and critical reflection in response to a dramatic event or disorienting dilemma which prompts a person to question and revise their assumptions while engaging in reflective discourse with other individuals followed by action on the new perspective. Cranton (2006) further emphasizes the importance of reflection; she states that reflection is a critical concept in transformative learning

theory. Reflection is a process of reconsidering experiences and events through the lens of reason, and then reinterpreting and generalizing the experiences to create frames of reference. Reflective discourse is integral and critical to transformative learning theory. Mezirow (2000b) defines discourse, in the context of transformation theory, as the use of conversation to search for a common understanding and evaluation of the justification of an interpretation or belief. This dialog involves assessing reasons by considering the supporting evidence and arguments and by examining alternative perspectives which are brought to the surface through conversation with others. Reflective discourse involves a critical assessment of assumptions and beliefs.

It is through this process of reflective discourse that trying on a new frame of reference is possible. It is within this safe realm of rational thinking and conversing where new habits of the mind are formed. Discourse is not based on winning arguments with others or on being right; instead, discourse involves finding agreement while simultaneously accepting differences. Discourse allows an individual to try on other points of view while attempting to reframe perspectives. Cranton (2006) again simplifies the topic when she writes that discourse is pivotal to the process of transformative learning. People need to engage in conversation with others in order to better understand and consider the alternative perspectives and determine their validity within their personal context.

As the theory of transformative learning has evolved, there has been criticism of Mezirow's work. Cranton (2006) points out some of these criticisms in her writing. She focuses on how the earliest critics of transformative learning theory focused on Mezirow's failure to address social change. Mezirow also failed to address the issue of power and the cultural context in which learning takes place. There was also criticism of his emphasis on rational thought. These issues remain today and are still being debated in the literature.

## Extrarational Perspective

In contrast to Mezirow, John Dirkx takes an extrarational approach. Dirkx's work is in direct response to the critique of Mezirow's work being too rational. Dirkx believes that there is much more occurring within an individual during transformative learning than rational thought and behavior. Dirkx (2006) writes,

This type of learning (transformative learning) seems more subtle, evolutionary, and even enigmatic aspects of the learning environment often seem to capture and captivate. These are not the heroic struggles depicted in perspective transformation, in which individuals use reason to wrest knowledge from the throes of ignorance. Individuals are often swept up and carried away by forces seemingly beyond their conscious control. The intensity of their engagement with the content often surprises or even startles them. (p.2)

The extrarational approach of Dirkx focuses on the unconscious mind of an individual, as opposed to the conscious and rational self. His alternative to Mezirow's (1991) concept of critical reflection is contemplation, which allows for a more holistic view of the theory. Dirkx (2006) states that for an individual to contemplate and consider the unconscious, the person must find a way to quiet their mind while opening themselves up to an awareness and receptiveness that is not possible with the standard busyness of the brain. The importance of symbols and images in transformative learning and how these affect an individual should not be overlooked. These symbols represent the unconscious aspects of a person that can impact the frame of reference for an individual (Dirkx, 2006). The meaning structures and frames of reference can be transformed not only through critical reflection and rational thought, but also through beliefs that are largely unconscious manifestations impacting our sense of self (Dirkx, 2006).

Dirkx's argument is that many of our frames of reference are acquired through largely unconscious experiences. Dirkx not only suggests that frames of reference can be unconsciously absorbed through lived experiences, but they can also be absorbed and learned through symbols. While discussing what role the concept of time has on an individual he argues that "...beliefs and assumptions about time seem to symbolically represent feelings and affect more associated with this earlier relational experience than with the acquisition or internalization of a particular set of belief about the use of time." (Dirkx, 2006, p. 13). It is his assertion that the unconscious mind can absorb frames of reference over time through events which are not critically analyzed at the time and also through symbols. Later in life it is possible for an individual to experience a disorienting dilemma which requires that person to question their habits of mind. Dirkx (2006) goes on to clarify the connection to the unconscious mind and states that an experience of a disorienting dilemma might not result primarily from the beliefs and assumptions an individual holds as a sole source of reference but rather the ideas are loosely connected and at times can be disconnected at the same time. However, relational experiences, which are unconscious for the individual as they reside in the deep bowels of the mind, can be creating habits of mind that shape a person. Dirkx's assertion that disorienting dilemmas can be a result of extrarational or unconscious energies differs from the rational approach of Mezirow. The differences do not end at the debate of the importance of the conscious and the unconscious mind. The difference extends to the concept of critical reflection as well. While Mezirow's rational approach stems from a conscious recognition of the disorienting dilemma followed by a period of conscious critical reflection, it is Dirkx's assertion that when extrarational disorienting dilemmas are experienced by an unconscious mind, the form of reflection is less analytic. Dirkx (2006) states that while a person entertains this imaginal dialogue, through writing, art or other

practices, the unconscious energies within the mind bound up and become free to the conscious mind, and the person is able to gradually incorporate those previously unconscious energies into their definition of themselves.

While Mezirow is more interested in rational beliefs, Dirkx focuses on the unconscious emotional energies that affect the perspectives of individuals. Mezirow advocates a critically reflective approach to disorienting dilemmas while Dirkx (2006) recommends an imaginal approach to defining a conscious relationship with the emotional aspects associated with experiences that remain in the unconscious and yet are available to daily awareness.

It is Mezirow who points out one of the criticisms of Dirkx's work. Mezirow (2006) states, in response to Dirkx's assertion that it is only in the outcome that the realization can be made that an experience was transformative, that the outcome must also involve a rational process of critically evaluating the epistemic assumptions as a critical process in transformative learning. He believes that it is this process, within the conscious mind, that saves transformative learning from becoming reduced to a faith, prejudice, vision, or desire. Dirkx is focusing on bringing the unconscious into the consciousness. Essentially Mezirow is making the argument that without some level of rationality, transformative learning would be simply an exercise of the unconscious mind rather than an actual transformative experience which changes a habit of mind.

#### Integrative Perspective

Transformative learning theory is a theory in progress. Not only did Mezirow indicate that as a subtitle of his book edited in 2000, but Cranton (2006) has a chapter entitled "A Theory in Progress." Mezirow's concentration on the rational approach to transformative learning has been challenged by Dirkx's extrarational approach which focuses more on the unconscious mind and the use of symbols. However, Cranton and Roy (2003) believe that the two approaches do

not need to exist separately. They state that if both the ideas of Mezirow and Dirkx are brought together, it can be said that transformative learning may be rational, affective, extrarational, experiential, or any combination thereof depending on the characteristics of the individual and the context in which the transformation takes place. An individual person may consciously engage in an introspective process, whereas another person may embark on the transformation as an imaginative process. Cranton and Roy (2003) look at individuation and authenticity and how these two concepts intertwine within transformative learning theory and help to create a holistic perspective between the rational and extrarational approaches of transformative learning theory.

Following Jungian thought, Cranton and Roy (2003) define individuation as the process by which we become aware of whom we are as different from others. Individuation focuses on how a person exists within the world. While many frames of reference are collectively held, individuation recognizes that people can unconsciously and unintentionally assimilate views from their culture, community and family and that individuation takes place as individuals separate themselves from their comfort zone by critically questioning the habits of mind of which they have previously been unaware. Cranton and Roy (2003) describe the process of individuation as transformative when new habits of mind are discovered by bringing the unconscious to the conscious for us to critically reflect on our beliefs. It involves reintegrating with the collective in a more meaningful way, by knowing who you are. This process involves the extrarational approach of Dirkx, by recognizing the unconsciousness and the uncritical absorption of habits of mind from those around us while also involving the rational approach of Mezirow by recognizing that for us to critically reflect on our beliefs we must be consciously aware of them, regardless of how they were obtained.

The second concept discussed by Cranton and Roy (2003) is authenticity. They define authenticity as the expression of the genuine self in the community. Their assertion was that an individual could not attain authenticity without critically reflecting upon themselves and their position within the group, indicating that it was integral to engage in the rational process of conscious critical self-analysis. When people engage in a transformation of a habit of mind they are engaged in becoming a more authentic individual. Transformation of a habit of mind involves separating personal beliefs from the beliefs of others, which is the same process as when a person sets out on a journey of becoming authentic. This process of becoming authentic involves transformative learning because transformative experiences, upon critical reflection, lead to authenticity and authenticity leads to new habits of the mind which are more open and inclusive.

When looking at transformative learning through the blend of perspectives which was drawn together by Cranton and Roy (2003) it is easy to see how the two perspectives complement each other rather than contradict each other. When you think of how a whole person thinks, feels, learns and makes meaning, you must be holistic in your understanding. Clearly a person is never solely rational or solely extrarational. An individual is a blend between the two perspectives. This blend can be apparent when people begin to communicate through storytelling. The whole person can be illustrated through the telling of their story.

The coupling of the transformative learning theory with new disciplines has addressed identified gaps found in the application of the transformative learning theory in various contexts (Taylor, 2007). There is an increased use of addition an additional theoretical framework, in addition to Mezirow's to frame research studies (Chin, 2006; Cranton & Wright, 2008; Dirx 2006; Nohl, 2009; Sands & Tennant, 2010; Scott, 2003). Storytelling is one such additional

framework which could prove useful when studying the transformative learning of participants in nonformal settings.

### Storytelling

The relationship between storytelling and academic research is still in its infancy. However the concept of storytelling is definitely not a new one. During the nineteenth century storytelling was of interest mainly to folklorists (Gabriel, 2000). But as the twentieth century unfolded, storytelling became in vogue with anthropologists and psychoanalysts as a method of meaning making (Gabriel, 2000). Storytelling began to make a comeback in both popularity and academic purpose towards the end of the twentieth century. “The human being alone among creatures on the earth is a storytelling animal: sees the present rising out of a past, heading into a future; perceives reality in narrative form” (Novak, 1975, p. 175). Stories began to be understood as a medium for meaning making. The act of storytelling provided the ability to create, transform, test, sustain and fashion meaning. Stories and storytelling are an integral part of the meaning making process that can be researched as a form of understanding phenomena (Gabriel, 2000): “For, as it has been widely argued, the truth of a story lies not in the facts, but in the meaning. If people believe a story, if the story grips them, whether events actually happened or not is irrelevant” (p. 4). Stories often have an air of plasticity to them. While the listener of a story is a potential storyteller, stories are often retold by the original listener. This act of restorying allows for embellishments, elaborations and mutations along the way (Gabriel, 2000; Boje, 2001). These modifications are not intended to distract or discredit the story, but rather they allow for the various storytellers’ meaning making to be incorporated within the story. Restorying is defined as deconstructing any dominant story, in order to develop a story out of fragments (Boje, 2001).

There are many definitions of story found within the literature. For the purposes of this dissertation, I have embraced the definition outlined by David Boje (2001) who has relied on Ricoeur's (1984) work:

A story describes a sequence of actions and experiences done or undergone by a certain number of people, whether real or imaginary. These people are presented either in situations that change or as reacting to such change. In turn, these changes reveal hidden aspects of the situation and the people involved, and engender a new predicament which calls for thought, action, or both. This response to the new situation leads the story towards its conclusion. (p. 150)

There is also a need to understand the terms introduced by Boje (2001) relative to a conceptual understanding of story:

Traditionally story had been viewed as less than narrative. Narrative requires plot as well as coherence. To narrative theory, story is folksy, without emplotment, a simple telling of chronology. I propose antenarrative. Antenarrative is the fragmented, non-linear, incoherent, collective, unplotted and pre-narrative speculation, a bet. (p. 1)

Boje's (2001) concept of antenarrative describes the story as both ante to narrative and also a bet or a gamble. "Used as an adverb, ante combined with narrative means earlier than narrative" (Boje, 2001, p.1). This is indicative of the non-linear story actually existing within the teller prior to the linear formation of the narrative. "Secondly, ante is a bet, something to do with gambling and speculation" (Boje, 2001, p. 2). In this manner stories are viewed as living beings which are constantly negotiating within the teller as to whether or not it is within a safe place to be told.

Boje (2001, p. 3-4) has identified five dimensions of antenarrative:

1. Antenarrative is before narratology is imposed onto story, which calls for a beginning, middle and end, complete with a moral and agreed plot.
2. Antenarrative provides attention to the ambiguity of meaning making within the flow of the experience.
3. Antenarrative focuses on the flow of storytelling, as a meaning making tied to lived experiences before the narrative requires a beginning, middle and end.
4. Antenarrative recognizes that the meaning of events depends on the locality, the prior sequence of stories and the transformation of characters' wandering discourses.
5. Antenarrative is collective memory before it becomes reified onto the story.

These five dimensions of antenarrative provide a deeper understanding of the concepts frequently utilized by David Boje. These dimensions also delineate that stories, as described by Boje (2001), do not need to occur in a linear fashion. Stories do not need to have finality, but rather continuity within the storyteller. Meaning making for both the storyteller and the listener can be created without the need for finality, but rather within the ambiguity of the story.

My focus is on storytelling as a practice and as a manner in which to understand the role of storytelling in the meaning making process. Some people are not always ready to tell their story. Congruent with Boje's (2001) assertion that antenarrative comprises a bet or a gamble; storytellers need to recognize that there is a safe place in which to tell their story. "The stories negotiate with us in certain circumstances to be told or not told, and when we mutually determine them, we collaborate with each other, and with our listeners to determine the way in which/*sic*/they will be told, what we will leave in and what we will leave out" (Tyler, 2007, p.8). An assumption in the story negotiation process is that stories are alive and their aliveness allows

them to engage in a form of negotiation with the teller on the basis of a shared understanding and acceptance of a safe place (Tyler, 2007).

The concept of story aliveness has been introduced by Tyler (2007). Tyler proposes that stories are not "lifeless artifacts" but rather "energetic" entities. "Story aliveness derives from the energy that stories both possess and exert. It is more than a frequency. It is a vibration, a vitality that gives stories a form of will that they can exert. It provides stories the means to make choices" (p. 5). This concept appreciates the story as an energetic force in and of itself, rather than a possession of the storyteller. The story has a life force which engages in negotiations with the teller and the listener with regard to appropriateness of time and situation. The negotiation is possible because the story is energetic and can operate independent of the teller. Given this assumption, the story exists as an entity outside of the teller. Tyler (2007) proposes that if stories are untold "they will seek another channel through which they can be told" (p. 5). Story aliveness gives literal life and judgment capability to the energetic spirit of the story. However, Tyler (2007) is quick to explain that she is not suggesting that stories are alive in same form as humans. She is not suggesting that stories have a physical form. Stories possess a life force of energy.

Boje's (2005) concept of living story informs Tyler's (2007) concept of story aliveness, but the two are different. Tyler (2007) agrees with Boje's (2005) assertion that "living story has many authors and as a collective force has a life of its own. We live in living stories" (2005, p. 331). Tyler's (2007) story aliveness deviates as she proposes that with story aliveness, the stories exists apart from the teller as an energetic force in its own right.

Tyler (2007) introduces the concept of negotiated telling, which embodies story aliveness. She proposes that the storytellers are the facilitators in the story telling process and

the storyteller is “in negotiation with but not in charge of the stories as we tell them” (Tyler, 2007, p. 8). Her assertion is that the energy of the story allows the story to negotiate within the teller as to whether or not the environment is a safe place for the story to be told, whether the listener is deserving of the story and what parts of the story should be told.

We have a responsibility to take care with the stories, to care for them, but in this we are caregivers, not caretakers. We are not tending to the stories as if we own them. We tend to them, and they to us, as if we need each other, for indeed life for either without the other seems dismal at best. (Tyler, 2007, p. 8)

While Tyler (2007) introduces us to the concept of negotiated telling, she also writes of the concept of un-negotiated telling. Un-negotiated telling occurs when the story exerts itself directly into a conversation. She proposes that the story decides to “get itself told” because the story determines that “it is going to matter”. “It may matter to me, the teller, that the story be told, or it may matter to the listener” (Tyler, 2007, p. 10). Tyler provides anecdotal evidence of her own un-negotiated telling experiences to support her claim. She explains how she found herself unexpectedly telling a story that she had no intention to tell, and actually catches herself, mid-story, almost as if it was an unconscious or un-negotiated experience.

Storytelling is an innate characteristic of the human life. Stories reside in all people, regardless of gender, age, or geography. Just like stories are nondiscriminatory, addiction is also nondiscriminatory. The following section addresses the issue of cocaine addiction and how this addiction manifests itself within the lives of female abusers.

#### Female Cocaine Addiction

Cocaine addiction is not discriminatory. It can affect both men and woman; however, I chose to focus on female cocaine addicts. Being a woman myself, I feel that I can better relate to

the struggles of the female cocaine addict. Yet, even by narrowing the focus to one gender, cocaine addiction spans socioeconomic levels, educational differences, geographic areas and age. However, it is possible to understand some common themes relevant to the cocaine addiction of these women. This section examines cocaine addiction among women and explores the possible reasons behind how these women began using cocaine and how they have tried to overcome their addiction.

There are several themes in the literature on cocaine addiction: the lifestyle of the user; the differences between male and female users; and the treatment options which are available to the cocaine user. Lifestyle was defined differently in the various articles, however, in the empirical research, lifestyle focused on early life events or current life stressors which affect the individual's use of cocaine (Back et. al., 2008). A second theme found within the empirical literature is the gender differences of female and male users of cocaine (Gallop, Griffen, Thase, Crits-Christoph, Have & Barber, 2007). A third theme prevalent in the empirical literature was in the treatment of the user, and specifically the effectiveness of the treatment methods researched which focused mainly on the 12-Step Programs and Cognitive – Behavioral Psychology (Bristow-Braitman, 1995).

These same themes were found in the conceptual literature. The themes closely mirrored the themes included in the empirical literature but were highlighted in a different format, using personal narratives rather than empirical research. Like the empirical research, the situational context of the user was considered when looking at why the person began to use cocaine. Since the conceptual writing focused solely on female users, the narratives were only from a female perspective. However, most of the conceptual literature focused on different recovery programs and the experiences of these programs on the individuals who participated in them.

## Lifestyle

There appears to be a relationship between the environments to which the user is exposed and the subsequent and continued drug use. There is a strong link between the exposure to early life trauma, sensitivity to daily life stressors and the use of cocaine (Back et al, 2008). Interviews were conducted among 158 non-treatment seeking individuals; 54% were men, and 56% were African American with the average age of the participant being 38 years. Early life traumatic events were identified, with ratings for severity, as any of the following traumas: witnessing a murder, being a prisoner of war or held hostage in a non-war situation, combat exposure, being a victim of assault, or being forced into genital, oral or anal intercourse (Back et al., 2008). Individuals with early life trauma often participate in high-risk behaviors and subsequently utilize drugs as a coping mechanism for their chaotic and stress-filled lives (Back et al, 2008). Men with early life trauma exposure are at an increased risk, 2.5 times more likely, to abuse cocaine than those individuals who were not exposed to early life traumatic events. Participants represented a fairly diverse population, however, there was no discussion of the differences between the female and the male user, nor was there a discussion of the differences by race. There was a definitive link between the user and daily stressors and early life trauma. There was an additional discussion in the study to link these stressors to the participants' cocaine use, and a comparison made to cocaine users who did not report stressors in their lives. The link between early life trauma and the vulnerability to daily stressors was researched. Cocaine using individuals reported twice as many traumatic events and stressors compared to controls (Back et al, 2008).

There is also a need to focus on women specifically when looking at the lifestyle of the cocaine addict. In the Atlanta region, 149 women who use crack cocaine were interviewed in an

attempt to understand how their lifestyle affected their cocaine use. These women ranged in age from 18 – 58 years with more than half of the participants being African American and the remaining participants were Caucasian. The majority of the women were considered impoverished and had failed to complete their high school education. The lifestyle of the user was a contributing factor to cocaine use among women. Certain lifestyle factors, such as violence and crime, affected the cocaine use among women. Gender role expectations also played a role in women's cocaine use and abuse as a result of these expectations (Noring, 1999).

The lives of these women were characterized by violence, in their childhood, in their home or in society (Noring, 1999). The violent environmental factors have been linked to their use and continued abuse of crack cocaine by either prompting the user to begin using cocaine to escape from the traumatic feelings of these events or by the user continuing their drug use to prevent the negative feelings associated with these factors. There is a correlation between gender role expectations, child abuse (of the user and by the user) and the impact of poverty and racism on the drug user. All of the environmental stressors of the user's lifestyle play a part in the continued abuse of cocaine as a coping mechanism in the women's daily lives. The women identified through their interviews that they were using cocaine to cope with the stressors and to escape from the pain these stressors were causing them (Noring, 1999).

The environment of the cocaine user can also affect the extent to which the drug is abused. Middle-class female cocaine users were interviewed and an exploration was made into how the women viewed their initial use of the drug as a coping mechanism that would have allowed them to forget their everyday worries and simply have fun (Skerk-Elfson, 1996). Most women did not identify themselves as drug addicts, but rather claimed to have control over their use of cocaine. Since only thirty women were interviewed, and the race or ethnicity and age

were not reported, the reader is left to interpret how the cultural background of these women and their maturity may have affected their views of themselves and of their drug use.

It was found that the majority of the women, roughly two-thirds, were introduced to cocaine by a friend or a lover in a social or a romantic situation. None of these women initially sought out cocaine use, but rather, they were introduced to cocaine by romantic partners or close friends. However, over the course of their drug use, which in this article was limited to 18 months, most of the participants ended their relationships with the person who initially provided them with the drug but continued to use the drug and even became their own primary provider of the drug, by seeking out the drug and purchasing the drugs for themselves. Cocaine addicts also reported being more efficient in their daily lives as a result of their drug use. Users were able to complete more household chores, work longer hours and more effectively manage their children by maintaining schedules (Skerk-Elifson, 1996).

Cocaine also was claimed to be used as a coping mechanism to allow the women to be more effective wives or mothers because they had more energy to get things done, although specific data was not provided (Serk-Elifson, 1996). Environmental impacts of the women created the need to use the drug as well as created the atmosphere for continued use. For example, the physical locations of the women created the desire for the drug use and the proximity for access which allows the women to continue using cocaine. It appears as though cocaine use and subsequent abuse were influenced by the user's life experience. The lifestyle of the user not only contributed to the initial use of the drug but also to the maintenance of continued cocaine use.

## Gender Differences

Gender differences have been identified as a potential indicator of drug use and subsequent abuse. For example, gender differences were relevant in the use of alcohol, tobacco and other drugs. In Delaware County, Pennsylvania, 1,019 adults were surveyed regarding their drug and alcohol use. The sample was stratified to ensure that it nearly equally represented the geographical area of the study with regard to gender. The adults completed a standardized questionnaire of 26 closed-ended questions used to obtain the participants' perceptions of substance abuse (Kauffman, Silver & Poulin, 1997). The female drug users began using certain drugs in the context of an intimate relationship, similar to the findings of Stark-Elifson (1996). The female drug user was often reported to be inclined to be more private about her drug use than her male counterparts, by seeking isolation rather than social settings to abuse her drug of choice.

Abstinence is also related to gender differences. The amount of time that men and women remained abstinent from cocaine use once they entered treatment (Gallop et al., 2007) was identified to determine if there was any difference based on gender. Patients at in-treatment facilities were surveyed to determine how quickly they would begin using drugs after a period of abstinence. Participants were 454 in-patients at treatment facilities. The study analyzed their rates of transition between abstinence and relapse to drug use. It was determined that there were statistically significant differences between men and woman, with men showing twice the relapse rate. (Gallop et al., 2007). Men relapsed and begin using cocaine again after a period of sobriety more often than did women would relapse, despite the fact that average cocaine use by both men and women did not differ during treatment. It is noted that men would return to drug

use more often after a period of being drug-free, however it is not known why this phenomenon occurred (Gallop et al., (2007).

## Treatment

One of the most popular and most well known treatment options for addictions is the 12-Step Program, such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Cocaine Anonymous (CA). The 12-Step Program refers to recovery programs in the Alcoholics Anonymous tradition. These programs share a spiritual emphasis and similar steps in the recovery process. Spirituality is left to the individual to name and define as is outlined in Step 3 of the AA process (Bristow-Braitman, 1995).

The spiritual focus, as defined in the step programs, is felt to be necessary by some (or even many) to assist the individual with attaining and maintaining a drug-free lifestyle. However, while the spiritual focus is not defined for the individual in the 12-Step program, there appears to be a relationship between the spiritual focus and religion. The Serenity Prayer concludes the majority of the 12-Step meetings. The reference to religion has been an obstacle for some participants, to the point of alienation in some cases (Bristow-Braitman, 1995).

Alcoholics Anonymous and/or Narcotics Anonymous programs are present in the majority of inpatient addiction treatment programs (Nunes & Barth, 1993). When looking at the dimensions of the cocaine abuse problem and the treatment and outcomes, a review of cocaine treatment and effectiveness revealed an interesting discovery (Nunes & Barth, 1993). A review of treatment programs was undertaken and numerous women-oriented drug treatment facilities were identified while noting that there has not been much research conducted to determine their effectiveness as compared to male-oriented drug treatment facilities. The main conclusion was that treatment approaches to cocaine addiction that include a variety of social services in the

treatment programs need additional empirical research. The authors of this article provided a glimpse into the treatment facilities available to women and the variety of ways in which these facilities provide rehabilitation services (Nunes & Barth, 1993).

The treatment perspectives have been identified into four distinct models: the biological, psychological, sociocultural, and biopsychosocial models (Nunes & Barth, 1993). The biological perspective focuses on the medical interventions utilized in drug treatment programs. The psychological perspective focuses on the interaction that drug addicts can learn in social settings, such as those of the 12-Step programs. This perspective assumes that the addict struggles with the daily stressors which impact their lives. This perspective directly relates to the work of Back et al. (2008). The sociocultural perspective assumes that addicts have been socialized into the world of drug addiction through their relationships with people and their proximity to places. This treatment includes removing the addict from people, places and things that may stimulate the need to become intoxicated. The biopsychosocial perspective recognizes that it could be a variety of different factors which creates the drug addiction for the user including any combination of the above mentioned factors.

Unfortunately, while there was a focus on cocaine treatment for women, in which several rehabilitation facilities which cater specifically to women were mentioned, no figures were available to indicate the effectiveness of these female-only treatment facilities. Additionally, no recent research which addressed this issue was located.

Most of the research identified did not address various issues which would be helpful in understanding the full picture of female cocaine use. Back et al. (2008) did not address the differences between the female and the male user, nor was there a discussion of the differences, if any, between the Caucasian and the African American user. Sterk-Elifson (1996) defined the

gender of the participants as her research was only on women: however of the thirty participants in her research, the race and age was never defined. As a result, the reader is left to interpret how the cultural background of these women and their maturity affected their views of themselves and of their drug use. Kauffman et al. (1997) specifically investigated gender, but did not address the racial or economic differences, if any, among the participants nor did Gallop et al. (2007). Given the apparent link to the lifestyle of the user to the initial and continued use of cocaine, it would stand to reason that further research should focus on the culture of the user. Not only should racial diversity be researched, but also the socioeconomic background of the user. These differences could be the key to unlocking the rationale behind why the cocaine user began using the drug and continues to use the drug even when their lives are negatively affected by their use.

Nunes and Barth (1993) specifically delved into treatment facilities which were available to women; however they failed to mention the successes of these treatment facilities. There needs to be a discussion on which treatment facilities have a high rate of successful treatment for the user so that these treatment facilities can be modeled in other facilities. Nunes and Barth (1993) highlighted four treatment perspectives. However, this discussion only included a definition and description of the treatment perspectives and did not provide any data on the relative effectiveness of the different perspectives. Again, it would be interesting to know which of these treatment perspectives provided a higher rate of success in keeping the user free of cocaine. It would also be interesting and of greater practical significance to note if a certain perspective was more effective on a certain population of user.

An additional critique is that while there was little quantitative research to be found, the research that was discovered lacked the explanation as to the rationale behind the interpretation

of the information. The reader is left wondering why certain treatment options work better than others and why and how culture plays a role in the drug use of these participants, as this was not addressed in the literature. This weakness provides for ample opportunity for additional research into the “why” behind drug use and abuse. It is possible that by researching the reasons behind drug use, we will also be able to combat this addiction by dealing with the issues that create both the environment that supports drug use and the desire to use cocaine.

### Twelve Step Programs

Female cocaine addicts can seek sobriety through Narcotics Anonymous. The basic text used at Narcotics Anonymous (NA) meetings was first published in 1982 and is titled Narcotics Anonymous NA and is currently in its sixth edition. NA (2008) states that the material found within this text were drawn from the lived experiences of addicts within the Fellowship of Narcotics Anonymous. Narcotics Anonymous NA (2008) has first person narrative accounts of addicts who stayed clean through the loss of loved ones, serious illnesses, raising children, marriage, divorce, getting and education, pursuing careers, and much more. Narcotics Anonymous follows in the tradition of the Twelve-Step programs. The 12 Steps are identified as:

1. We admitted that we were powerless over our addiction, that our lives had become unmanageable.
2. We came to believe that a Power greater than ourselves could restore our sanity.
3. We made a decision to turn over our will and our lives over to the care of God as we understood him.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

6. We were entirely ready to have God remove all these defects of character.
7. We humbly asked Him to remove our shortcomings.
8. We made a list of all persons we had harmed, and became willing to make amends to them all.
9. We made direct amends to such people wherever possible, except when to do so would injure them or others.
10. We continued to take personal inventory and when we were wrong promptly admitted it.
11. We sought through prayer and meditation to improve our conscious contact with God as we understood him.
12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts, and to practice these principles in all our affairs.

Narcotics Anonymous (NA) draws upon a specific set of beliefs and cultural assumptions that exist within the larger context of the United States. NA has become a well-known program for managing narcotics addiction and it is widely held to be the most successful, although there are really no statistics or even an agreed-upon way to measure this claim (Bristow-Braitman, 1995).

#### Alcoholics Anonymous Roots

Narcotics Anonymous roots are born from the Alcoholics Anonymous (AA) program. Alcoholics Anonymous and subsequently Narcotics Anonymous believe that alcoholism and drug addiction are an illness rather than a personality defect. AAs roots can be traced back to the Oxford Group in the 1930s (Peterson, 1998). The Oxford Group was a religious organization which “used an illness analogy of sin in a program of personal evangelism” (Cain, 1991, p. 213). The early AA membership, including the founders of AA, utilized the methods embraced by the

Oxford Group, which included their use of oral traditions, and meeting methods. “The original medical model of alcoholism used by AA was borrowed from the medical model of sin popular in the Oxford Groups” (Cain, 1991, p. 213). In the first publications of Alcoholics Anonymous literature, alcoholism was referred to as an “illness,” “malady” and “habit” (Peterson, 1998). “The word "disease" [was used] only once, to describe alcoholism as a "spiritual disease" (Cain, 1991, p. 213).

The AA fellowship identifies alcoholism as a progressive and incurable disease, which left untreated, can be fatal. The alcoholic is powerless over alcohol. Once an alcoholic begins drinking alcohol, their whole existence becomes centered on finding the next drink. The disease becomes all encompassing and the only way for an alcoholic to resist alcohol is to stop drinking completely. AA guidance stipulates that since alcoholics are powerless over alcohol, they should turn themselves over to a Higher Power for strength (Alcoholics Anonymous, 1976). AA doctrine does not define the Higher Power for the alcoholic. The Higher Power may be God, the AA group, or any other incarnation greater than one’s self (Cain, 1991). The alcoholic must surrender completely to the Higher Power and this can only be accomplished when the alcoholic admits that not only does she have a problem with drinking, but she is powerless over alcohol and that her life has become unmanageable (Alcoholics Anonymous, 1976).

The Alcoholics Anonymous tradition consists of structured meetings. There are open meetings, which are open to the alcoholic and their support system and there are closed meetings, which are open only to the alcoholic. Privacy is a key component in the AA tradition. During these meetings personal stories are shared. Seasoned AA members share their own life stories or part of them, talk about their drinking histories and how they came to be involved in AA (Alcoholics Anonymous, 1976). The stories that are told are intentional and explicate and

provide a backdrop for other AA members to identify and also share their stories (Cain, 1991). “As potential members, who may possibly have been labeled by others as alcoholic, listen to AA stories, the stories provide an alternative model for reinterpreting their own behaviors, a model that more closely matches the interpretations others have made of them. Simply learning the propositions about alcohol and its nature is not enough. They must be applied by the drinker to his own life, and this application must be demonstrated” (Cain, 1991, p. 216).

Success in Alcoholics Anonymous requires that the alcoholic accept that they are indeed an alcoholic and powerless over alcohol. Alcoholics must learn to identify as an alcoholic and to view their problems as drinking problems. AA members agree to become story tellers as well as listeners. “Telling AA stories is a way of demonstrating that one has acquired the appropriate understandings. Telling an appropriate story is thus a means of gaining validation from listeners for one's AA identity” (Cain, 1991, p. 217). Personal stories are integral in helping the alcoholic obtain and maintain their sobriety. AA recognizes how critical these stories are to the success of its members and ensure that there is an adequate amount of time for members to share their stories. In these stories, members talk about their drinking histories and share their horror stories. They frequently speak of their experiences within the AA community (Alcoholics Anonymous, 1976).

Ever since Bill W. overcame the compulsion to drink by telling his own story to Dr. Bob in May 1935, these co-founders, and those who have followed them in the program, have claimed that telling their own stories to other alcoholics, and thus helping other alcoholics to achieve sobriety, is an important part of maintaining their own sobriety. (Cain, 1991, p. 222) These stories help other AA members identify alcohol as the source of their problems and learn new tools for managing their alcoholism.

## Narcotics Anonymous Program

The Narcotics Anonymous (NA) program was developed from the Alcoholics Anonymous (AA) program. NA meetings were first held in the Los Angeles, California area in the 1950s. While the NA program first began as a small organization, it has quickly grown into an international institution with groups identified in Brazil, Colombia, Germany, India, the Irish Republic, Japan, New Zealand, the United Kingdom and the United States (Narcotics Anonymous, 2010). The first text from the NA program was published in 1983 and titled, *Basic Textbook*. This text is credited with the growth of the NA program to over 2,966 recognized meetings in 1983 (Narcotics Anonymous, 2010). In 2010 the Narcotics Anonymous program recognized “more than 58,000 weekly meetings in 131 countries. Narcotics Anonymous books and information pamphlets are currently available in 39 languages, with translations in process for 16 languages” (Narcotics Anonymous, 2010, p. 2).

Narcotics Anonymous is not affiliated with other organizations, treatment centers or other 12-Step programs. The NA program does not employ or promote professional counselors or therapists and does not own or offer any residential facilities or clinics. NA program identifies itself as “a nonprofit fellowship or society of men and women for whom drugs had become a major problem. We ... meet regularly to help each other stay clean. ... We are not interested in what or how much you used ... but only in what you want to do about your problem and how we can help” (Narcotics Anonymous, 2010, p. 2).

While historically there was no reliable data on NA demographics, the NA program, in an attempt to offer some general and informal observations about their cliental, initiated a membership survey in 2007 and again in 2009. It should be noted that this data is believed to be “reasonably accurate” by the Narcotics Anonymous program; however the data is not part of an

empirical study. The socioeconomic status of NA members varies from country to country. Initially, the data indicated that higher socioeconomic members initiated and sustained NA meetings, but as time passed, meetings began to represent a broader mix of all socioeconomic backgrounds (Narcotics Anonymous, 2010). Similar to the socioeconomic data, as NA meetings in a given area mature, diversity is better reflected in its membership. Since membership in Narcotics Anonymous is voluntary and no attendance records are kept for any reason, it is challenging to accurately obtain comprehensive information about NA membership. However, utilizing the results of the 2009 survey completed by approximately 11,723 NA members worldwide, NA discerned the following (Narcotics Anonymous, 2010):

- Gender - 58% male, 42% female
- Age – 2% less than 20 years old, 14% 21 – 30 years old, 22% 31 – 40 years old, 34% 41 – 50 years old, 24% 51 – 60 years old, and 4% greater than 60 years old
- Ethnicity – 73% Caucasian, 10% African-American, 10% Hispanic, and 7% other
- Employment Status – 61% employed full-time, 10% employed part-time, 11% unemployed, 7% retired, 7% students, 4% homemakers
- Continuous abstinence – ranged from less than one year to up to 40 years, with a mean of 9.1 years

Narcotics Anonymous members had an average of 9.1 years of sobriety in the 2009 survey, which can be compared to the 2007 survey results which showed an average of 9.09 years of sobriety (Narcotics Anonymous, 2010).

The main Narcotics Anonymous text is titled simply Narcotics Anonymous and it is currently in its sixth edition (Narcotics Anonymous, 2008). The beginning of the text defines “Who is an Addict,” “Why are We Here,” “How It Works,” “What I Can Do” and “The Twelve

Steps” (Narcotics Anonymous, 2008). This is followed by almost four hundred pages of text comprised of over fifty personal accounts from various addicts in numerous circumstances from around the world. The material for the text was derived from the personal stories of the members of the Narcotics Anonymous fellowship. The first eight chapters focus on the program, with the remaining chapters focusing on the stories of fellow members.

The Narcotics Anonymous program emphasizes three realizations critical to the beginning of the recovery process (Narcotics Anonymous, 2008, p.15):

1. We are powerless over addiction and our lives are unmanageable;
2. Although we are not responsible for our disease, we are responsible for our recovery;
3. We can no longer blame people, places and things for our addiction. We must face our problems and our feelings.

The NA program focuses on personal accountability and the partnership with current members of the NA program. “The ultimate weapon for recovery is the recovering addict” (Narcotics Anonymous, 2008, p.15). It is through the fellowship with other addicts that sobriety is possible. The constant and ever-present support from fellow addicts to remind each other that, “we suffer from a disease, not a moral dilemma. We are critically ill, not hopelessly bad” (Narcotics Anonymous, 2008, p.16). The stories shared by veteran members of the organization assist the Newcomer with acceptance and understanding.

As mentioned previously, there are 12 Steps identified within the Narcotics Anonymous (2008) text. Each step is but a long journey on the road to recovery and sobriety for the cocaine addict. It is important to understand each of the steps and how it is understood by the addict and utilized to assist in their sobriety. To this end, I discuss each of the steps individually.

*Step One: We admitted that we were powerless over our addiction, that our lives had become unmanageable.*

Step one is the first and most critical step in the recovery process as it is the foundation for the beginning of the addict's recovery. Admitting powerlessness over not only cocaine, but also over addiction itself requires that the addict turn to someone or something for assistance. The first step essentially creates a vacuum which will need to be filled.

*Step Two: We came to believe that a Power greater than ourselves could restore us to sanity.*

As the first step left a vacuum which needed to be filled as a result of admitting powerlessness, the second step is designed to fill that void. The goal of the second step is to learn to believe. The process of coming to believe restores sanity to the lives of the addict by recognizing and accepting the existence of a Power greater than the cocaine, and the addict.

*Step Three: We made a decision to turn our will and our lives over to the care of God as we understood Him.*

This step requires action on the part of the addict. The decision is based on faith and belief, as learned in step two. The NA program is not a religious program. As you see in the step, the words, "as we understood Him" allow for addicts to identify with a Higher Power that is conducive to their belief system. This also allows for atheists and agnostics to identify with a Higher Power. There are stories within the NA text that address the struggles that atheists and agnostics may have with this step (Narcotics Anonymous, 2008).

*Step Four: We made a searching and fearless moral inventory of ourselves.*

"The purpose of a searching and fearless moral inventory is to sort through the confusion and contradiction of [the addict's] lives, so that [the addict] can find out who [they] really are"

(Narcotics Anonymous, 2008, p. 27). This step necessitates that the addict look inward and be

honest with themselves about their addiction. In step four the addict “write[s] about [their] liabilities such as guilt, shame, remorse, self-pity, resentment, anger, depression, frustration, confusion, loneliness, anxiety, betrayal, hopelessness, failure, fear and denial” (Narcotics Anonymous, 2008, p. 29).

*Step Five: We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.*

Step five is designed to free the soul of the addict. This step allows for the addict to take the weight of all of their wrong doings off of their chest by being honest to their Higher Power, themselves, and also importantly, to another person. “Addicts tend to live secret lives” (Narcotics Anonymous, 2008, p. 33). This step is designed as a relief mechanism to come out from behind the cloaks that have hindered the recovery of the addict and facilitated the self-loathing that precipitates the addiction (Narcotics Anonymous, 2008).

*Step Six: We were entirely ready to have God remove all these defects of character.*

When working the sixth step, the addict reviews the inventory accumulated in the fourth step and asks their Higher Power to remove these defects. However, it is important for the addict not to place unrealistic expectations on themselves. This step is more concerned with the willingness of the addict to move past their defects of character than literally being able to address all of their issues.

*Step Seven: We humbly asked Him to remove our shortcomings.*

Step seven allows the addict to recognize that their way of viewing the world is not the only way and may not be the right way. This step encourages the addict to seek and accept the guidance and support of others during their recovery. This step encourages stories be shared amongst addicts to accept and work through their shortcomings.

*Step Eight: We make a list of all persons we had harmed, and became willing to make amends to them all.*

Step eight is about humility. The goal of the eighth step is to be honest with those people who have been hurt by the addict's behaviors in an attempt to repair those relationships, if they can indeed be salvaged, but also to alleviate the addict of guilt and remorse.

*Step Nine: We made direct amends to such people wherever possible, except when to do so would injure them or others.*

Step nine takes direct action of all of the people who were identified in the eighth step. However an important part of this step is identifying when making amends would do more harm to the person originally hurt by the addict than any benefit that person would gain by the mea culpa. The goal is the spiritual growth that can come from making amends with those that have been hurt by the behaviors of the addict.

*Step Ten: We continue to take personal inventory and when we were wrong promptly admit it.*

Step ten is designed to help the addict with their present situation, rather than their past. As all people are creatures of habit, addicts can easily fall back into their deceptive and manipulative ways (Narcotics Anonymous, 2008). Step ten is designed to keep the addict focused on living honestly.

*Step Eleven: We 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.*

Step eleven is designed to keep an emotional balance within the addict. This step is designed to give the addict a recipe for their daily life, to constantly reaffirm their commitment to God, as they know Him, and to the program.

*Step Twelve: Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts, and to practice these principles in all our affairs.*

Selfless service is the founding principle of the twelfth step. This step recognizes and implores addicts to help their fellow addicts through the journey of the Twelve Steps. It is the twelfth step that seeks out the stories and the guidance of those addicts who have successfully completed the steps and are working the program daily to maintain their sobriety. “The lessons we learn in our recovery are sometimes bitter and painful. By helping others we find the reward of self-respect, as we are able to share these lessons with other members of Narcotics Anonymous” (Narcotics Anonymous, 2008, p. 52).

The Twelve Steps identify the process by which a cocaine addict can seek and find sobriety by “working the steps.” However, for the purposes of this discussion, I would like to draw attention to the 12<sup>th</sup> Step: Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts and to practice these principles in all our affairs (Narcotics Anonymous, 2008). This step, in particular, draws on the concept of storytelling. The 12<sup>th</sup> Step’s primary role is to ensure that addicts in recovery share their life lessons with their fellow addicts through storytelling. The NA meetings allow for a forum in which this sharing can be facilitated. During the NA meetings addicts who have been sober for a substantial amount of time share their stories of addiction and recovery, coupled with all of the challenges, failures and successes along the way.

Generally, though it should be noted that not all meetings are conducted in an identical manner, a story is read from the NA text. This story prompts a discussion of the members of the group in which they share similar stories. The first stories which are shared by more veteran members of the group focus on the personal challenges and victories, within the theme of the

night, which enabled the addict to obtain a drug free life. These personal stories allow for the Newcomers in the group, or the members who are new to the NA program, to understand and relate to other members of the group (Earley, 2002). The members of the meeting sit in circular fashion and generally go around the circle sharing their personal stories. After the reading from the NA text and a follow up story by a seasoned member of the group, which follows the theme of the night, other members of the group go around the circle sharing their personal stories of reflection and struggle (Earley, 2002). These stories allow for a context for the Newcomer to make meaning of their own struggles with cocaine. The storytelling process is the action called for in the 12<sup>th</sup> Step. This sharing of stories allows for others to see the way to deal with the people, places and things which have enabled their addiction.

The Twelve Steps are a process and a path that can lead the addict, if followed, to recovery. The program is not about self, it is about getting outside of one's self to view the world through sober eyes. As discussed above, the 12 Steps focus on the actions that the individual needs to take to achieve sobriety. However, in addition to the Twelve Steps are Twelve Traditions. The Twelve Traditions focus on the group as a unit and about the culture of the group during their meetings. "We keep what we have only with vigilance, and just as freedom for the individual comes from the Twelve Steps, so freedom for the group springs from our Traditions. As long as the ties that bind us together are stronger than those that would tear us apart, all will be well" (Narcotics Anonymous, 2008, p. 60).

The Twelve Traditions are identified as (Narcotics Anonymous, 2008, p. 60):

1. Our common welfare should come first; personal recovery depends on NA unity.

2. For our group purpose there is but one ultimate authority – a loving God as He may express Himself in our group conscious. Our leaders are but trusted servants; they do not govern.
3. The only requirement for membership is a desire to stop using.
4. Each group should be autonomous except in matters affecting other groups or NA as a whole.
5. Each group has but one primary purpose – to carry the message to the addict who still suffers.
6. An NA group ought never endorse, finance, or lend the NA name to any related facility or outside enterprise, lest problems of money, property or prestige divert us from our primary purpose.
7. Every NA group ought to be fully self-supporting, declining outside contributions.
8. Narcotics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.
9. NA, as such, ought never to be organized, but we may create service boards or committees directly responsible to those they serve.
10. Narcotics Anonymous has no opinion on outside issues; hence the NA name ought never to 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.

The Traditions of NA are important to highlight as they identify the importance that the group puts on their identity as a group. The Traditions illustrate the desire of NA to maintain its independence from other groups and organizations, while simultaneously maintaining its financial independence. However, for the purposes of this research, I draw attention to the 5<sup>th</sup> Tradition: Each group has but one primary purpose – to carry the message to the addict who still suffers. This Tradition is central to the storytelling theme, similar to the 12<sup>th</sup> Step, which ensures that the members of NA assume the responsibility to share their stories with other members to help the Newcomers learn the path to a sober lifestyle (Earley, 2002).

The study of storytelling within various settings has been the subject of historical research, from social contexts (Czarniawaska, 1998) to mental health environments (White, 1990) and also within the context of moral development (Vitz, 1990). The process of transformation as demonstrated through the use of story within Narcotics Anonymous is the focus of this study.

#### Narcotics Anonymous and Storytelling

The substance of the NA Anonymous (2008) is the stories. The book is designed to reach every addict, regardless of circumstance, with a story that the reader can personally identify with. The text, much like the meetings, engages members through storytelling. The text is designed to supplement the meeting experience. During some NA meetings, because all meetings are not managed identically, the meeting is started with a reading from the text (Earley, 2002). Each week a difference selection is read aloud to the members in attendance. This reading allows for a jumping off point for discussions and for the personal stories of members to be shared with the group. But the goal of the NA program is to work “the Steps.” Sharing stories enables the addict to work through the 12 Steps of the program.

The storytelling process, as Tyler (2007) has illustrated, is an energetic process of negotiation. Her concepts of story aliveness and negotiated stories are alive and well within the NA circle. For example, once a story from the NA text is read, a theme for the night is established. Following the reading, seasoned NA members begin to share their personal stories with the other members of the group. Internal to each of these women is their own negotiation with their stories. Given the explanation by Tyler (2007), the stories which have impacted the lives of these women, the stories which have shaped their lives and informed their experiences begin negotiating their telling. These stories are alive within the teller and are constantly evaluating and reevaluating the safety and accessibility of being told within the group. This process is simultaneously being undertaken by the other members in the circle. Once a story identifies the need to be told and the suitability of the context, the story begins a negotiation with the teller to share itself with the group (Tyler, 2007). This negotiation is sometimes a surprise to the teller, as she may have not had a conscious intention to share a particular story with others, but the story, in its “alive” form, determined the need to share itself.

This dance of storytelling between the members of the NA group is the literal interpretation of the 12<sup>th</sup> Step and the 5<sup>th</sup> Tradition. This act of storytelling allows for understanding and appreciation among the members. The stories become a common bond which supports the addict and allows for her to feel and understand that she is not alone in her struggle. The stories allow for the women to understand how their peers have coped with their addiction and supply the addict with a context for their own struggles and tools to maintain their drug-free lifestyle (Earley, 2002).

Once the Newcomer feels comfortable, she engages in negotiated storytelling within herself. As she listens to the readings from the NA Text and the stories which are shared as the

women go around the circle, the stories within her own mind are alive and engaging in negotiations with her. The Newcomer can consciously choose a story to tell, or a story can choose to be told. This concept of storytelling, as discussed by Tyler (2007) is constantly evolving within each woman in the NA circle. The storytelling process, as identified in the 12<sup>th</sup> Step and the 5<sup>th</sup> Tradition is critical to the Narcotics Anonymous process and the process of learning how to obtain and maintain sobriety.

### Narcotics Anonymous and Transformative Learning

The structure of the Narcotics Anonymous program, the process which brings women to the program coupled with the process of moving through the program utilize many of the concepts embodied by the Transformative Learning theory, originally identified by Mezirow (1975) and further explored and matured through the work of Cranton and Roy (2003) and Dirkx (2006).

When studying the phases of Mezirow's (1975) transformative learning theory, particular attention should be drawn to the fourth phase: recognition that one's discontent and process of transformation are shared and that others have negotiated a similar change. This phase, in particular, speaks to the sharing of the personal stories of the disorienting dilemma experienced by, in this case, female cocaine addicts, with other addicts while seeking to identify if others have experienced similar situations of discontent and have negotiated similar change as a result. This phase is indicative of the need to share a disorienting dilemma with others to determine if a similar experience has been shared and if lessons learned can be compared. This process of sharing involves storytelling. These stories can be shared within the context of the NA group.

Transformative learning theory is not exclusively rational, but also includes the extrarational approach of Dirkx (2006). From this perspective, we are able to look at these

women holistically, recognizing the spiritual and symbolic aspects of their life. When Dirkx (2006) suggests that frames of reference can be absorbed unconsciously through experiences and symbols, he is identifying the role that storytelling can play in relation to frames of reference for the female cocaine addict. This assertion accepts the notion that women who are participating in the NA group meeting and storytelling sessions can absorb uncritically at that time, but later help inform the addict in her recovery. The relationship between the stories heard and the extrarational approach (Dirkx, 2006) is uniquely linked. It is this unconscious and uncritical absorption of stories that can later inform the addict in her recovery.

Cranton and Roy (2003) discuss the process of individuation as transformative when new habits of mind are discovered by bringing the unconscious into the conscious to allow for critical reflection on our beliefs. In the NA meeting, women recognize that their stories, through story negotiation (Tyler, 2007), are bringing their unconscious into the conscious to allow for critical reflection. They are then choosing to share these stories with other women in the context of Narcotics Anonymous, which illustrates Mezirow's (1975) rational perspective of the fourth phase in which there is "recognition that one's discontent and process of transformation are shared and that others have negotiated a similar change".

Transformative learning theory, as it has developed over time, inclusive of the rational approach (Mezirow, 1975), the extrarational approach (Dirks, 2006) and the integrative approach (Cranton and Roy, 2003) can be utilized as a framework for understanding the struggles of the female cocaine addict and how she utilizes the conceptual framework of storytelling to assist her in her search for sobriety. The literature further supports this notion that the 12-Step programs can assist the addict in managing their addiction (Cain, 1991; Rappaport, 1993; Steffen, 1997).

While not specific to transformative learning theory, the illustration of the movement through the 12-Step program and how it assists in maintaining the sobriety of the addict is detailed.

The significance of the relationships formed within the Narcotics Anonymous rooms may also play a role in the process of transformation. It is “through trustful relationships that allow individuals to have questioning discussions, share information openly and achieve mutual consensual understanding” (Taylor, 2007, p. 179). What also must be considered is the role of the transformative learning on the relationship (Sands & Tennant, 2010). Additional consideration should be considered when applying the desire for social acceptance within the Narcotics Anonymous rooms. The need for social acceptance among the other women in the room indicates that transformative learning does not occur within a vacuum (Nohl, 2009) but rather with the context of the room and everyone in the room. Further research focuses on the social responsibility of the individual (Chin, 2006). The desire of the addict to not want to let down the other members of the Narcotics Anonymous meeting could extent into the individual’s transformation.

#### Narcotics Anonymous within the Context of Adult Education

It is important to look at the philosophical foundations which inform how the Narcotics Anonymous program is applied to the adult education field. Humanism and behaviorism serve as a lens with which to view the Narcotics Anonymous program within the context of adult education.

#### Humanism

Responsibility and humanity are a fundamental assumption of the humanistic philosophy. While the humanists focus on the importance of self, individuality and self-actualization, all of these assumptions lead to the individual’s responsibility to society. At the center of Maslow’s

(1962) assumptions of humanism is a sense of individuality, dignity and personal responsibility. For Maslow, understanding oneself is the path to better choices, and knowledge of human nature, including knowledge of self through self-actualization (Pearson, 1994; Podeschi, 1983). It is through these assumptions that a person becomes a better and more prosperous member of society, which has the consequence of improving humanity. People are social creatures by nature. The growth of self does not occur in a vacuum void of others. It is through the culmination of individual growth that society grows as a whole.

This assumption of humanistic philosophy plays directly into the 12-Step program of recovery. In the 12 Steps for everyone (1975) the 12<sup>th</sup> Step states, "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." This is directly in line with the humanistic assumption that it is the responsibility of the individual to give back to society, that as individuals grow, they share their knowledge with others, thus improving humanity.

Merriam and Brockett (2007) write, "When applied to education and to adult education in particular, humanistic assumptions lead to a focus on developing the potential of the learner; indeed the development of persons is an oft-expressed goal of the entire enterprise of adult education" (p. 40). Additionally, the humanistic approach to adult education is learner-centered based on the assumption that the learner is internally motivated and capable of identifying his or her own desires and ways to achieve success. Merriam and Brockett (2007) state that the learning process utilizes affective as well as cognitive involvement which results in learning having an impact not just on the behavior but also on the attitudes and personalities of the learner.

When applying the humanistic adult education assumptions to female cocaine addicts, the assumptions apply to not only the addict, but also to the 12-Step recovery program. For example, the assumption is that the addict or in this case, the learner, has a vested interest in developing and working on the skills necessary to become a more personally and spiritually complete individual. This assumption implies a corollary, that the addict is not or does not view herself as personally and spiritually whole. Yet it is quite possible that the addict could view themselves as complete. It is also possible that society or some aspects of society could view a functioning addict as complete. So this assumption must be delineated to ensure recognition between the differing views of a complete individual.

The second assumption of the humanistic adult education philosophy is that the addict is internally motivated to seek sobriety. While there can be multiple other factors that affect a user's ability to maintain sobriety, the most important factor is the addict's willingness to seek and maintain sobriety (*The twelve steps for everyone*. 1975). It is this intrinsic need to seek out and maintain sobriety that is akin to the intrinsic motivation for an education and a better way to do things that ties recovery to humanistic philosophy. The addict is capable of isolating the destructive behaviors in her life and focusing on removing herself from the people, places and things that have contributed to her addiction.

Merriam and Brockett (2007) discuss how the teacher is the facilitator of students' learning and not simply an authoritative dispenser of information and the sole owner of knowledge. In the 12-Step program the sponsor acts as the facilitator and guides the addict through her recovery. They bond as a team whose goal is to learn, together, the tools necessary for the addict to maintain sobriety. Additionally, this newly learned behavior acts as a conduit to change not only the actions of the addict, but also how she views herself within the world. This

learning is both affective and cognitive. The end result is a change in assumptions about self from assumptions that permit addiction to assumptions that facilitate and support sobriety change of the addict from one of addiction to one of sobriety.

Humanistic philosophy is a lens that most aptly correlates with the adult educational experiences of female cocaine addicts. From a humanistic perspective, Elias and Merriam (2005) state “the goal of humanistic education is the development of persons – persons who are open to change and continued learning, persons who strive for self-actualization, and persons who can live together as fully functioning individuals” (p. 124). It is through the humanism lens that researchers can view the experiences of cocaine abusers and begin to understand their challenges and successes.

#### Behaviorism

Behaviorism in adult education has clearly defined roles for all involved. The role of the teacher is to create an environment which is conducive to learning by eliciting the desirable behaviors and stifling the undesirable behaviors. The teacher is seen as the manager of the controls, the one who creates the situation necessary to prompt the appropriate behavior. The role of the student is an active one in which the student demonstrates that learning has taken place by changing their behavior (Elias & Merriam, 2005).

When this concept is applied to female cocaine addicts who are engaged in a 12-Step program of recovery, such as Narcotics Anonymous, the role of the teacher becomes the role of the Sponsor and the role of the student becomes that of the Newcomer. The Sponsor is responsible for creating an environment where the Newcomer depicts behaviors that are congruent with the mission of a drug free lifestyle. To accomplish this, the room is generally set up in a circle format in which all participants face each other during the meeting. There is

generally a table which houses literature on addiction and self-help pamphlets to assist the Newcomer in their sobriety. There is also a table on which coffee and donuts are available. This table serves as the informal meeting area where meeting attendees can socialize prior to and immediately following the formal meeting. The Sponsor is responsible for illustrating, through conversation, the reinforcers which have been present in the lives of the Newcomers which have assisted them in maintaining their addition. Through the use of storytelling, each individual tells their story, or segments of their story, to the other members of the group. What generally occur through this dialog are commonalities among the stories and among the addicts (*The twelve steps for everyone*, 1975). These commonalities often take the form of similar behaviors which may produce very similar reinforcers for the Newcomers. It is the Sponsor, if no one else in the group addresses the issue, who points out how certain behaviors often lead to certain outcomes. The concept of the reinforcer is often a subject of much conversation, though the actual term 'reinforcer' is not commonly used in the meeting. Narcotics Anonymous (2008) references the "people, places and things" which prompt an addict to not only abuse cocaine but also continue with her abuse even after a punishment is received. Behaviorists believe that the key to controlling behavior is to identify and utilize the most effective reinforcers, for the appropriate amount of time that they need to be employed (Elias & Merriam, 2005). What the Sponsors attempt to illustrate through storytelling is how positive reinforcement and negative reinforcement can change the Newcomers' behavior and assist them in obtaining and maintaining their sobriety.

While the two philosophies, Humanism and Behaviorism, appear on the surface to be dichotomous, I believe that they can be utilized in tandem. It is true that some level of adult education is behaviorally relevant. Female cocaine addicts need to stop abusing cocaine. This

would be an excellent example when the use of behaviorism is relevant. The teacher / Sponsor determine which reinforcer the Newcomer responds to and use it to change the behavior of the addict, from one of drug abuser to one of sobriety. This is an easily observed behavioral change and one that can easily be accomplished through the application of behaviorism.

However, once the abuse of cocaine has stopped, what will keep that Newcomer from returning to cocaine and beginning to abuse the drug again? This is where humanism plays a key role. It is through the desire of the individual to better her life that she will maintain her sobriety. She will need to proactively make decisions to remove herself from people, places and things to maintain her sober lifestyle. She will seek the support of her former addicts and seek the assistance of a higher power through the use of a 12-Step program. And she will seek out ways to fulfill her life that do not involve drug abuse. These steps are emotional and spiritual journeys which cannot always be observed externally. The woman will begin a journey to self-actualization by improving her lifestyle and her choices. She will begin to become a better member of society, thus improving the situation for herself, and also for those around her.

### Summary

My research elicited stories from female cocaine addicts who are actively participating in the Narcotics Anonymous program. I asked for a brief life story in order to gain some context and background on the participant. I elicited stories that identified their current situation within the Narcotics Anonymous program and how the storytelling within the program has assisted them in their transformation. Given the important nature of powerful listening (Tyler, 2007), I took good care of the stories that were shared with me. I recognized my role as an active one in the storytelling process. I recognized the stories as vital to the teller's persona. The fact that

both the story and the teller elected to share the story with me is indicative of the power of the story and the environment with which it is being told (Tyler, 2007).

Jo A. Tyler stated that “No story is inherently bad, or even good. Stories simply *are*”, (as cited in Boje, 2011). It is the stories of the female cocaine addicts that provide the basis for the discourse necessary for transformative learning to occur. Their stories and the actively engaged listener in the Narcotics Anonymous meeting provide the environment necessary for personal growth and transformation.

## **CHAPTER 3**

### **METHODOLOGY**

The purpose of this research study is to understand the role of storytelling in the transformation of female cocaine addicts in Narcotics Anonymous. The study utilizes narrative inquiry. To provide an appropriate rationale for the chosen methodology of this study, it is important to first define and discuss narrative inquiry research, and the benefits of this methodology. This chapter begins with a discussion of qualitative research methodology in general, followed by a history of narrative inquiry. This chapter then provides a discussion of the researcher's background, along with an overview of the participant selection, data collection and analysis, and verification strategies that were utilized within this study.

Narrative inquiry research methodology was the preferred method for this study. Narrative inquiry is a methodology within the interpretive research paradigm for acquiring communicative knowledge. This method of inquiry allows the researcher to obtain first person accounts from participants. The accounts, or stories, are often told by the research participant and then retold or restoried by the researcher into a narrative chronology of events (Creswell, 2009). Narrative inquiry has increased in popularity and is being utilized throughout the social sciences, inclusive of the field of adult education. Narrative inquiry ensures congruence between the research method and the purpose of the study.

Based upon the purpose of this study, this research was guided by the following questions:

1. What about storytelling in Narcotics Anonymous helps the women participants maintain their sobriety?

2. How do the women participants make meaning out of the storytelling experience in Narcotics Anonymous?
3. What is the relationship between storytelling and transformative learning for female cocaine addicts during their participation in Narcotics Anonymous?

### Qualitative Research Methodology

Qualitative research is a “means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem” (Creswell, 2009, p. 4). Qualitative research focuses on the richness and depth of the descriptive data which is collected in the form of words or pictures rather than the emphasis on numerical data that is found in quantitative research (Creswell, 2009). The stories that are told by addicts at Narcotics Anonymous (NA) meetings are rich and full of personal tragedies, triumphs, loss and victory. According to Merriam (2002), a key goal of qualitative research is to gain insights and understanding of the individual and their experiences within their world and how the individual constructs knowledge and meaning as a result of those experiences. Given this assumption, she writes, there can be no single reality, but rather multiple realities based on the constructions of the individuals who are experiencing their lives. This assumption of qualitative research allows for the study of the numerous and varied experiences of the women who participate in Narcotics Anonymous. Given that qualitative research methodology is focused on the process rather than outcome, there is a natural link to the process which addicts undergo as a matter of personal growth and learning during the NA meetings which they attend on a regular basis. Through the rich description of their personal stories, researchers can gather the kind of data that assists them to provide insights into the meaning of storytelling for those addicts participating in the research (Merriam, 2002).

Qualitative research is often used when the goal is to understand the complexity of particular phenomena. These phenomena and human experiences do not occur in a vacuum or controlled laboratory settings; qualitative research attempts to capture individuals' meaning in relation to the context, setting, and social settings that are so intertwined and inseparable from the definition of a specific experience (Merriam, 2002). This assumption of qualitative research is the driving force behind the depth and understanding of the uniqueness of storytelling in the Narcotics Anonymous context. The reason behind why women begin using cocaine varies as much as the women themselves (Noring, 1999). It is important to understand the context and social settings of the women when researching the role of storytelling in the transformation of female cocaine addicts in Narcotics Anonymous.

Another characteristic of qualitative research is that the samples are typically smaller in size than in quantitative research. These smaller samples are purposeful samples designed to focus on individuals who have had the specific experiences the researcher is seeking to study. Given these small, purposeful samples, it is unlikely that the research can be generalizable to the larger population (Merriam, 2002). When selecting the participants for this study, the focus was narrowed to a very purposeful sample of cocaine addicts, who are female and who are also participating in a Narcotic Anonymous program.

To gain the rich, descriptive and personal stories of the participants, this study utilizes the narrative inquiry method of qualitative research.

### Narrative Inquiry

Narrative inquiry is a "strategy of inquiry in which the researcher studies the lives of individuals and asks one or more individuals to provide stories about their lives" (Creswell, 2009, p. 13). This information is often told by the research participant and then retold or

restoried by the researcher into a narrative chronology of events. Narrative inquiry has historically been used in various disciplines including education, anthropology, psychology, psychotherapy, and organizational theory. This section draws on select authors, such as Geertz (1995) in anthropology, Polkinghorne (1998) in psychology, Coles (1998) in psychotherapy, and Czarniawaska (1997) in organizational theory to illustrate the use of narrative inquiry throughout various fields.

Geertz (1995) reflects on his forty years of work as an anthropologist and provides insights into narrative through the lens of change and how a researcher documents the changes that occur over time. By recognizing that change has occurred not only in the world around him but also in the people in the world, including himself, Geertz pondered how best to capture and document these changes. His concern was the change in the situation of the world, change in the inquirer, change in the points of view and change in the outcomes. It is this change concept that is paramount to his research.

Through the lens of psychology, Polkinghorne (1998) clearly embraces narrative inquiry as a way of knowing his patients and their stories. Narrative inquiry methodology can be broken down into two types – descriptive and explanatory. These two types use the same method for collecting data, interview, and document analysis. In descriptive narrative, the purpose is “to produce an accurate description of the interpretive narrative accounts individuals or groups use to make sequences of events in their lives or organizations meaningful” (Polkinghorne, 1998, p.161). The desire is to account for the connection between events in a causal sense and to provide the necessary narrative accounts that support the connections.

Narrative inquiry is explored within the discipline of psychotherapy by Robert Coles (1998). Through personal accounts, Coles illustrates how narrative not only informs the practice

of psychotherapy, but also how the author came to know himself through stories told by his parents and his mentor. Referring to his mentor, Dr. Ludwig, Coles writes, “He urged me to be a good listener in the special way a story requires: note the manner of presentation; the development of plot, character, the addition of new dramatic sequences; the emphasis accorded to one figure or another in the recital; and the degree of enthusiasm, of coherence, the narrator gives to his or her account” (1998, p. 23). For Cole, narrative inquiry was not only a methodology, but representative of life, learning, and teaching.

Narrative inquiry can also be useful for understanding organizations (Czarniawska, 1997). Narrative inquiry, when utilized in an organizational setting, can be used to understand how participants within the organizations make meaning of their roles and responsibilities. Narrative inquiry as a methodology for acquiring communicative knowledge has become an integral and respected form of qualitative research. Numerous disciplines use inquiry as a way of gathering data for interpretation. Narrative inquiry is a way of understanding experience. It is collaboration between the researcher, the participant and the space in which the inquiry is done. There are several assumptions within the methodology of narrative inquiry. Individuals’ stories can be seductive. With this seductive power, stories can hold interest allowing much knowledge to be gained from the exchange of one person telling a story to another. A tremendous benefit of narrative inquiry is the telling of the stories. Narrative inquiry has the ability and power to give voice to those groups traditionally marginalized. It is a methodology that allows for these individuals and groups to tell their stories so that others may learn from them.

Boje (2001) introduces the concept of critical antenarratology to narratology. As defined previously, antenarrative is “the fragmented, non-linear, incoherent, collective unplotted, and pre-narrative speculation, a bet, a proper narrative can be constituted” (p.1). The antenarrative

serves to complete the narrative. The result of the convergence of the antenarrative and the narrative is an infusion of meaning. The narrative and the antenarrative are woven together within a story. Antenarratology is a method to analyze and deconstruct the interwoven nature of the story.

Antenarrative derives its organizing force in emergent stories. Antenarratives have five dimensions (Boje, 2001, p 3-5):

1. Antenarrative is about the *Tamara* of storytelling. *Tamara* is a play where ten characters unfold their stories before a walking, sometimes running, audience that fragments into small groups to chase characters and storylines from room to room.
2. Antenarrative is a collective memory before it becomes reified in the organization story, or consensual (official) narrative.
3. Antenarrative directs our analytic attention to the flow of storytelling, as lived experience before the narrative requirements of beginnings, middles or endings.
4. Antenarrative gives attention to the speculative, the ambiguity of sense making and guessing as to what is happening in the flow of experience.
5. Antenarrative is before narratology is imposed onto story, which calls for a beginning, middle and end, complete with a moral and agreed plot.

Narrative inquiry cannot ignore antenarrative dynamics and must recognize the intertextual nature of story and the importance of the non-linear spaces which make up the entire narrative.

As stated previously, this study's purpose is to understand the role of storytelling in the transformation of female cocaine addicts in Narcotics Anonymous. The rationale for utilizing narrative inquiry is directly related this purpose, as within any research study, it is critical that

there is consistency between the research method chosen and the research problem, or purpose of the study. In examining the purpose of this study, it is imperative to explore how the female cocaine addicts are constructing reality within the context of the Narcotics Anonymous setting. It is through the rich and descriptive experiences of the women, that an analysis can be completed. The purposeful sampling of female cocaine addicts participating in Narcotics Anonymous provides this study with rich and descriptive details of the lived experiences of the women. This detail allows for a deeper understanding of what meaning is being constructed as a result of their participation in the Narcotics Anonymous meetings and the role storytelling has in their transformation.

Blending Polkinghorne's (1998) desire to account for the connection between events in a causal sense and to provide the necessary narrative accounts that support the connections with Robert Coles (1998) vision of narrative inquiry as not only a methodology, but also representative of life, learning, and teaching, allowed me to understand the causal connection between the story and the event that is being told. It also allowed me to focus on the life, learning and teaching that these stories exhibit. Boje's (2001) fourth dimension of antenarrative, which gives attention to the speculative, the ambiguity of sense making and guessing as to what is happening in the flow of experience played into the intent of my study: to understand the role of storytelling in the transformation of female cocaine addicts in Narcotics Anonymous.

#### Background of the Researcher

Researchers tend to study those areas with which they have a direct and personal interest. Whether researchers do this to provide clarity or validation to a specific area of their own lives or whether they do it for a more utilitarian reason, I agree with this commonly used phrase and I also believe that the personal connection to the research adds value to the study. Studies would

be better served if, as researchers, we are honest in recognizing and acknowledging the extent to which our studies are reflections of our own lives (Krieger, 1991).

My interest in female cocaine addicts is born out of witness to the struggles of drug addicts in my life. These drug addicts were not the nameless, faceless junkies many people think of when they stereotype a drug addict. These drug addicts were family and friends. I grew up the only child in a middle class family in rural central-Pennsylvania. Being a white female, I was both privileged and oppressed and continue to have the responsibility of dealing with both the white privilege and the female oppression which I continue to experience as I walk my journey through this world. However, it wasn't my white privilege or the oppression of being a woman that impacted me most in my life; it was the struggles of those whom I love dearly with drug abuse that has made a lasting impression on my psyche.

I spent my formative years growing up in a home with a father who did drugs openly in our home. For him, drugs were part of everyday life, as much a daily ritual as taking a shower or eating dinner. For most of the thirty years that I had with my father, his drug use was not debilitating to him or his life. It was only after the death of my mother that my father's drug use spun out of control. Two years after the death of my mother, my father overdosed on cocaine, rendering him brain-dead and leaving me with the hard task of removing him from life support.

However, my father's drug addiction was not unique. I had a wonderfully close friend and confidant who suffered the same addiction. But her fate would not be as tragic as my father's fate. My friend is an incredibly strong woman who continually amazes me. Recognizing that her cocaine use had spiraled into an addiction, she sought out the help she needed. But given her situation in life, she was unwilling to utilize the medically assisted option of inpatient rehabilitation. Instead, she decided to fight the battle alone. She struggled for years

with the rebounding of the drug use; she would quit cocaine only to find she was using again. Then she found her way to a Narcotics Anonymous meeting. Seven years of sobriety later, she credits those NA meetings with her drug-free life. She frequently shares with me how the NA meetings and the stories of other addicts helped her transform her life. It is through her strength and insights that I desired a deeper understanding of storytelling in the transformation of female cocaine addicts in Narcotics Anonymous.

### Participant Selection

Since the purpose of qualitative study is to understand the meaning of a phenomenon from the perspectives of the persons involved, it is necessary to select participants from which the most can be learned (Merriam, 2002). However, recruiting drug addicted women as research participants can be challenging because for the most part Narcotics Anonymous emphasizes protecting the anonymity of its members (National Institute of Drug Abuse, 2009). Many drug addicts are justifiably suspicious of “research” since it has traditionally labeled them as deviant.

Society has also labeled drug addicts as unreliable and irresponsible and has criminalized the addiction, rather than simply criminalizing the possession of the drug (Noring, 1999). There are many documented instances when a drug addict has lost her job as a result of her addiction coming to light. In addition, many addicts cite examples of a loss of standing in society as a result of their addiction, even though they were sober and seeking treatment at the time (Geisler & Shen, 1998).

As a researcher, it was necessary that I take additional measures to ensure that the anonymity and confidentiality of the participants was protected to ensure that they were not subjected to any harm as a result of the research study. Utilizing the first name only approach of the 12-Step meetings, I only requested the first names of the women participants.

For this study, purposeful sampling was utilized. Specific criteria for participant selection determined those meeting the criteria and such participants were actively recruited (Patton, 1990). The desired number of participants was eight women. This allowed for diversity among the participants, but was a small enough number to allow the researcher to explore the richness of the data. The criteria for selection included women who were over the age of twenty-five. The desire to focus the study solely on women is a personal preference. The rationale for choosing women over the age of twenty-five was that it ensured that participants were mature adults. A second criterion was that the women self-identified as a cocaine addict. The women had been chronic users of cocaine for a minimum of one year prior to seeking treatment. A chronic user, for the purposes of this study, is the abuse of cocaine more than three times a week (NIDA, 2009). Additionally, the female participants were currently participating in a Narcotics Anonymous program, and had been in the program consistently for a minimum of six months. The women consistently attended the same Narcotics Anonymous meeting and attended at least one meeting per week. Participants were selected by their repeated attendance at the specific Narcotics Anonymous meeting of the researcher's choosing.

Table of Participant Statistics

Name	Age	Length of Cocaine Use	Length of Consistent NA Participation
Shelby	58 years	7 years	6 years
Jenny	35 years	15 years	3 years
Flo	59 years	42 years	2 years
Danielle	25 years	9 years	3 years
Connie	34 years	2 years	1 year
Renee	40 years	7 years	6 years

Mary Lou	55 years	8 years	27 years
Vanessa	36 years	11 years	7 years

My status as an outsider to the Narcotics Anonymous group created a challenge. It was paramount that I reassured the participants that their identities and personal information would remain confidential. Trust among the Narcotics Anonymous group and the researcher, myself, was critical to the success of this study. I believe that I gained the trust of the women by being open and honest with them about my interest in understanding their struggles and appreciating their stories.

#### Data Collection Procedure and Method

The primary data collection technique was interviewing. Learning about the world and about the experiences of those within their environments necessitated the need to gather data that cannot be easily obtained through quantitative data collection. The purpose of interviewing is to allow the researchers to connect with the other person's perspective of their experiences (Patton, 2002). Consequently, one assumption of interviewing is that the interviewee's perspective is meaningful to the individual and for others who could benefit from the explanation of the experience (Patton, 2002). Qualitative interviews permit the researcher to enter the worlds of the participants and gather information that, without the interview, would be beyond our scope of understanding. Interviewing allows the researcher to get beyond the socially constructed walls of race, religion, income and sexual orientation. Rather than stripping away the context of the participant, interviewing allows for the participant to be in their natural setting and explores the richness of the information being shared by the participant (Rubin & Rubin, 2005).

There are three basic approaches to collecting qualitative data through open-ended interviews; informal conversation interview, general, semi-structured interview guide approach, and the standard open-ended interview (Patton, 2002). The informal conversational interview is spontaneous in nature and follows the organic flow of a conversation. The general interview guide approach involves outlining pertinent issues to be addressed prior to the interview. The guide then serves as a checklist for the interviewer to ensure that all relevant topics have been addressed. The standard open-ended interview is much more rigid in its structure and requires carefully worded questions arranged in such a manner as to guide each of the participants through a consistent process (Patton, 2002).

For the purpose of this study, the primary data collection model was in-depth, semi-structured interviews utilizing a guide approach, done on a one-on-one basis. The rationale for the one-on-one approach allowed for the participants to be honest when sharing their stories about cocaine use and their experiences at Narcotics Anonymous meetings. As new meanings are brought to light, the semi-structured interview process afforded me the opportunity to delve deeper into particular topics to reveal the level of meaning. The semi-structured, guide approach allowed me the flexibility to deeply engage with the participants during the interview process while ensuring that I allow each participant the opportunity to discuss the same topic areas. However, it was not necessary for each woman to address each item if that topic area was not of interest to them.

This study also included narrative interviewing, which is a process used to elicit stories from participants regarding their life events (Bauer & Gaskell, 2000; Wengraf, 2001). The stories shared by the women are useful in exploring the intricacies of the social and cultural contexts in which the women are situated (Chamberlayne, Bornat, & Wengraf, 2000). Narrative

interviewing is completed by asking questions which extend the women's storytelling by asking for specific examples or relevant details without explicitly specifying the content or topics to be included in the participant's story. The term "story" has several definitions and for the purpose of this study, Boje's (1991) definition was used: "as an exchange between two or more persons during which a past or anticipated experience was being referenced, recounted, interpreted, or challenged" (p. 111). Storytelling is often a nonlinear process which involves the teller jumping from the beginning, middle or end of the story while taking several curves and u-turns in the storytelling process.

By keeping the focus on storytelling, the researcher was more confident that the data generated through the process was due to the participant's understanding of their experience or situation. The process of storytelling allowed for the women to discuss counternarratives, or stories that the women have constructed as a means to counter the grand narratives of society (Chase, 1995). These counternarratives can provide a level of security and safety for the women. For example, a common perception held by society is that cocaine addicts are of poor moral character and routinely neglect their personal responsibilities (Noring, 1999). Women addicts may not view themselves in this negative light, and indeed they might be managing their responsibilities quite well. However there is a level of comfort in creating counternarratives to the commonly held grand narratives which society places on the drug addict.

As a researcher, it was important to understand that I was working in a three-dimensional narrative inquiry space. The stories of the participants and the researcher do not begin the day of the interview, nor do the stories end at the conclusion of the interview. Much as the lives of the two parties continue, the stories continue as well. The contexts for these stories are present during the interview process. The context is part of the three-dimensional narrative inquiry

space. “Entry of this sort into an entr’acte where all the really critical things seemed just to have happened yesterday and just about to happen tomorrow, induces an uncomfortable sense of having come too late and arrived too early, a sense which in my case never afterward left me...it always seemed not the right time, but a pause between right times” (Geertz, 1995, p.4).

Given that the contextual space of the interview is important, the location of the interviews was mutually agreed upon settings which allow for both comfort of the participant and the requisite degree of privacy needed for the topic. I approached the interview as an empathetic interviewer, which means taking an ethical stance in favor of the individual or group being studied (Fontana & Frey, 2005). The difficulty lies in the important task of telling a story, retelling a story and the reflexive relationship between living a life story and telling or retelling that story to a researcher.

Recognizing and respecting the individuality of each woman and understanding that each woman will make meaning in her own way while keeping true to the semi-structured and narrative interviewing techniques required that not all participants were asked identical questions. The women were advised that, when necessary or desirable, they could decline to answer any of the questions asked of them or elaborate on any of the subject areas. No predetermined duration was set for the initial interviews, as the fluid nature of the interview process demands flexibility. The interview length ranged from thirty minutes to ninety minutes. Additionally, second interviews were conducted when information needed clarification by the researcher. Member checks were also utilized to ensure that the interpretation of the stories was correct. The majority of the member checks were completed via the telephone. I contacted the women following the transcription of their story and read their story, as it appears in Chapter

Four, to them. Inquiry was made to ensure the participants concurred with the presentation of their story.

### Data Interpretation

The data interpretation process is one which carries great responsibility and is incumbent upon the researcher to establish integrity, honesty, and rigorous analytic procedures (Jones, 2002). There are various analytic strategies that may be appropriate in qualitative research, depending upon the methodology utilized by the researcher. The appropriate strategy for this study was one which produces findings that portray a deep and rich understanding of storytelling in the transformation of female cocaine addicts in narcotics anonymous while simultaneously staying true to the theoretical perspective of the research. Jones (2002) identifies that the analysis of the participants' stories "must be one that is recognizable to those who told it; that emerges directly from their words, behaviors, and the contexts influencing the study; and that holds together as coherent, believable, and cogent to all who read it" (p. 468). It is important to look for evidence of Mezirow's stages of transformative learning, particularly the event that brought the participants into the Narcotics Anonymous program. There is a need to consider the intuitive, emotional, and unconscious aspects of the process as outlined by Dirkx.

There are several models of narrative analysis which can be employed: thematic, structural, interactional, and performative. Narrative analysis, for the purpose of this study, "refers to a family of approaches to diverse kinds of texts, which have in common a storied form" (Riessman, 2005, p.1).

What makes such diverse texts "narrative" is sequence and consequence: events are selected, organized, connected, and evaluated as meaningful for a particular audience.

Storytellers interpret the world and experience in it. They sometimes create moral tales – how the world should be. (Riessman, 2005, p. 1)

The model of narrative analysis that served this study is interactional analysis. With interactional analysis the emphasis is on the dialogic process between the storyteller and the listener (Riessman, 2005). This approach recognizes the thematic content and the narrative structure but also focuses on storytelling as a process of collaborative co-creation between the teller and the listener where meaning is created collaboratively.

Specific to this research, the co-creation between the teller and the listener occurs between the storyteller in the Narcotics Anonymous meeting and the listener who is also participating in the NA meeting. In consideration of the theoretical lens through which this dissertation focuses, the interactional analysis allows for the inclusion both Mezirow and Dirkx perspectives on transformative learning. Through the rational perspective of Mezirow (1975), the analysis focused on how the stories illustrated the “recognition that one’s discontent and process of transformation [which is] shared and that others have negotiated a similar change” and that the women engaged in an “exploration of options for new roles, relationships, and actions”. Through the extrarational perspective of Dirkx (2006), the analysis focused on the unconscious absorption of frames of reference over time which cannot be inferred but can be identified through “ah ha” moments shared, almost as if their discovery is occurring as the story is being told. The stories were individually analyzed to identify, where possible, the theoretical framework of transformative learning was evident in the stories that were shared with the researcher.

## Verification Strategies

When conducting research it is imperative that the investigator ensure that the study's findings are trustworthy and believable (Merriam & Simpson, 2000). To this end, qualitative researchers have developed criteria such as confirmability, credibility, dependability, and transferability to address issues the trustworthiness and believability of the research (Lincoln & Guba, 1985). An essential assumption is that criteria defined from one perspective may not be appropriate to evaluate actions taken from another perspective. However, interpretivist inquiry requires as "serious a consideration of systematic, thorough, conscious method as does empirist inquiry" (Lincoln, 1995. p. 276). Lincoln and Guba (1985) propose four criterion for evaluating the trustworthiness and believability of data; confirmability, credibility, dependability and transferability.

Confirmability refers to the "extent to which the data and interpretations of the study are grounded in the events rather than the inquirer's personal constructions" (Lincoln & Guba, 1985, p. 324). The primary manner for addressing issues of confirmability is to perform an audit trail. An audit trail involves tracking all materials involved in the data collection process, to include; correspondence, materials, and processes. It is essential to keep all records and notes during the data collection process as these materials are necessary to ensure confirmability. Confirmability is concerned to the extent that the research findings can be confirmed by other researchers. This concept is primarily concerned with identifying potential areas of bias or distortion, and whether the researcher is aware and has accounted for individual subjectivity or bias. Specifically, all of the correspondence transferred between the researcher and the women cocaine addicts was saved and tracked to ensure consistency. Furthermore, all of the researcher's notes and a transcription of the interviews were saved to ensure confirmability.

Credibility refers to the believability of the research findings from the perspective of the study participants. This concept is important in qualitative research given that “the understanding of reality is really the researcher’s interpretation of participants’ interpretations or understandings of the phenomenon of interest...it is important to understand the perspectives of those involved, uncover the complexity of human behavior in context, and present a holistic interpretation of what is happening” (Merriam, 2002, p. 25). Essentially, credibility is the assessment of whether the researcher has captured and represented these participants’ realities with integrity. Member checks are particularly useful to ensure credibility of data. This involves sharing with the participants’ the researchers interpretation of the data to ensure consistency in interpretation and actual meaning. The researcher routinely checked with the female cocaine addict participants to ensure that her interpretation of the stories shared by the addicts was being fairly and accurately represented and captured.

Dependability is a term used in qualitative research that essentially means reliability of the data. Dependability refers to the degree to which findings could be replicated in subsequent studies which are similar to the initial study (Merriam & Simpson, 2000). Dependability also addresses the need to discuss and changing circumstances that are due to research design changes implemented as insights emerge throughout the data gathering process (Lincoln & Guba, 1985). It was important to ensure that the female cocaine addicts were comfortable and confident with the research being conducted and with the researcher.

Transferability refers to the degree to which findings can be transferred or generalized to other contexts (Lincoln & Guba, 1985). Transferability depends on the similarity of context between the original study and the study to which it is might be transferred. Transferability can be heightened by specifically detailing the research methods and assumptions so that a separate

researcher has adequate data to determine whether or not their study would benefit from the original data collection (Lincoln & Guba, 1985). As this study focuses on female cocaine addicts and their experiences within the Narcotics Anonymous program, it must be noted that the transferability of this data and this study is limited. This study should not be construed as universally transferrable to all conditions and persons.

While the verifications strategies mentioned above are relevant to qualitative research, Catherine Kohler Riessman (1993) argues that the traditional concepts of reliability do not apply to narrative studies and that “validity must be radically reconceptualized” (p. 65).

Validation, the process through which we make claims for the trustworthiness of our interpretations, is the critical issue. “Trustworthiness” not “truth” is a key semantic difference: The latter assumes an objective reality where the former moves the process into the social world. There are at least four ways of approaching validation in narrative work. (Riessman, 1993, p. 65)

The first criterion referenced by Riessman (1993) is persuasiveness. Essentially, is the interpretation of the data reasonable and convincing? “Persuasiveness is greatest when theoretical claims are supported with evidence from informants’ accounts and when alternative interpretations of the data are considered (Riessman, 1993, p. 65). This criterion calls for the documentation of interpretive statements to acknowledge the skeptics and cynics. This study utilizes participants’ whole stories as a way of setting the context for the interpretation of the data. This concept allows the reader to interpret the story within the wholeness of the dialog.

The second criterion referenced is correspondence. This is similar to member checks (Merriam, 2002) but Riessman (1993) takes the concept one step further in considering her participants coauthors of the work. “It is important that we find out what participants think of

our work, and their responses can often be a source of theoretical insight” (Riessman, 1993, p. 66). However, it is important to note that “meanings of experiences shift as consciousness changes” (Riessman, 1993, p. 66) and stories are not static. For the purpose of this study, the researcher reached back out to each participant to engage them in the researcher’s understanding of their story. Each participant’s story was included with minimal editorial liberty taken to ensure an accurate depiction of the woman’s thoughts. Following the interview, the transcription of the story was shared with the participant to solicit their thoughts and comments on their story.

The third criterion is coherence, which is broken down into three distinctions: global, local and themal. Global coherence refers to the larger, holistic goal that the speaker is trying to accomplish while telling their story. Local coherence refers to what the speaker is trying to “effect in the narrative itself, such as the use of linguistic devices to relate events to one another” (Riessman, 1993, p. 67). Thematic coherence refers to the content of the story, where a speaker repeatedly references specific themes.

Investigators must continuously modify initial hypotheses about speakers’ beliefs and goals (Global coherence) in light of the structure of particular narratives (local coherence) and recurrent themes that unify the text (thematic coherence). (p. 67).

For the purpose of this study, the focus was on global coherence, specifically what the storyteller was trying to accomplish while sharing their story with the researcher.

The final criterion is the pragmatic use of the study, or the extent to which the work can be utilized in other, future work. This future oriented criterion “assumes the socially constructed nature of science” (Riessman, 1993, p. 68). It is the intent of this researcher that this study can inform future research by identifying the connection between storytelling and transformative learning experiences among female cocaine addicts. It is this researcher’s hope that further

research will be done to expand upon the participant selection to identify any relationship which may exist between storytelling and transformative learning and other subject areas and genders.

Verification and validation in interpretive works is difficult and subject to scrutiny. Narrative analysis is certainly not useful to large populations of anonymous subjects. The analysis is methodical and slow. It requires that the researcher pay attention to that which is spoken, as well as that which is unspoken, and the nuances surrounding the speech.

#### Ethics and Informed Consent

It is imperative that researchers understand and consider the consequences of their work (Merriam & Simpson, 1995). It is incumbent upon the researcher to ensure that the participants enter into the research study voluntarily and that they understand the nature of the study. The researcher was also responsible for ensuring that the participants were not exposed to risks which were greater than the benefits which they may enjoy. These issues were addressed with the participant through the use of an Implied Informed Consent Form which was approved through the Pennsylvania State University Institutional Review Board. The participants' acceptance of the Implied Informed Consent Form indicates that they understood the risks of the study and entered into the study voluntarily. The form included a description of the study and how the findings would be utilized.

Additionally, this study had the potential to address painful life events which could generate considerable emotion and even distress among the participants. Consequently, the researcher paid close attention to the seriousness of the subject matter and the possible consequences of the research. To this end, additional measures were taken to ensure the anonymity of the participants and the safeguarding of the data that was collected.

### Summary

In summary, the purpose of this chapter was to provide an overview of the methodology employed in this study. There was a discussion of qualitative research methodology, followed by a history of narrative inquiry. This chapter then provided a discussion of the researcher's background, along with an overview of the participant selection, data collection and analysis, and verification strategies that were utilized within this study.

## **CHAPTER 4**

### **PERSONAL STORIES**

Eight women took time out of their lives and entrusted me with their personal stories of cocaine addiction and their journey through Narcotics Anonymous over the course of approximately four months. I had the honor of interviewing these women in a variety of settings throughout central Pennsylvania. Some women invited me into their homes, some women preferred to meet in my home and still others preferred a more neutral setting. However, I believe that the settings for these interviews provided both the women and me a level of comfort and security as they shared intimate moments of their lives through their stories. It is important to note that the stories shared with me represent the storyteller's report on their experiences within the Narcotics Anonymous room and that I was not present within the room.

I have deliberately chosen to leave the stories as unedited as possible. For ease of reading, I have removed the interviewer questions and left behind the participants' own words, unedited. The questions can be viewed in their entirety in the appendix. I have chosen to do this based on my own belief in the value of the whole story; essentially I believe that my editorial commentary and omissions detract from the spiritual intent of the story itself (Boje, 2011; Polkinghorne, 1988). I have broken up the sections of the interviews by bracketing the theme during a transition, in relation to the analysis of transformative learning and storytelling. My role as primary investigator is not to recreate an account of a woman's story determined by what I deem important, but rather to honor the story and provide it to the reader in its original format so that each reader can interpret the stories in the native text and construct their own meaning from the words. I have inserted bracketed transitions from one part of the story to another part of the story focusing on learning through Sponsorship, learning through storytelling, and discussions focusing on transformation where appropriate. The stories were elicited through

semi-structured interviews which focused on the woman's story of her addiction and how Narcotics Anonymous and the stories shared and heard within the circle has impacted her. Throughout these stories there is a similar sense of self-awareness and appreciation for life. Without further ado, here are their stories, in the women's own words.

### Shelby

I was a late bloomer, so I actually I didn't do drugs in my younger days. I was a bartender for 23 years. And in my mid-40's, which was, I'm 58 now, so I'm going to say probably 45, I was bartending and I was with all the young waitresses and I got introduced to cocaine, and after cocaine I got introduced to crack. And I took off like a raped ape. I was in my addiction from about from 45 to 52, and didn't know anything about NA. I knew about AA because unfortunately I grew up across the street from the Fellowship Hall on 19<sup>th</sup> Street and we used to make fun of the people going in there, the drunks. We'd say, oh, there goes the drunks. Needless to say, I never thought I was going to be there. A friend of mine who I used with had just gotten out of treatment, and he said to me Shelby, he said, I want to take you to a meeting. I'm going to take you to a meeting. So I went to the meeting and, you know, with all these people that I didn't know. I didn't have a problem saying that I was an addict.

The women's meeting that you attended, I started that meeting. I needed; I felt comfortable in most of the meetings that I went to, but what I needed was a place where a woman could talk about other things other than recovery. There were women's meetings that I attended in early recovery and I just didn't, I didn't feel comfortable. And when we first started this, the Pastor at the Church is not there anymore, but he was one of my customers when I bartended. I had his office crew and staff, every Wednesday. So I thought well Shelby, if you're going to do this, you're going to go to the right person. And he said you mean you weren't just

happy like that all the time. I said no, I'm a drug addict. And he said absolutely. So we started that women's meeting and we fought, I fought tooth and nail because I didn't know if it was going to make it. One week twenty people, the next week three. And as you can see for yourself, you know it's really, really picked up. [Switching to learning through Sponsorship]

I have sponsored numerous women. I'd love to say that they're all clean and I still hear from them, but I don't. Once in a while I'll get a phone call. I also believe that service is a very positive and very strong thing to do. And I take a meeting to a DOC facility every other week, and I've been doing it for, it will be going on three years. And that's something that helps me. That probably helps me more than it helps those women. I enjoy it. I bring speakers into them. And we talk about our experiences, strength and hope. I do both Fellowships, but I feel very comfortable in NA, because alcohol was not one of my; I could serve the hell out of it, but I was not a good reciprocator. So cocaine was my problem. And I'm learning that I can't be responsible for anything. I can't work somebody else's program. Getting attached to people; I tried like hell to fit in, and again, my age was something that, you know, you had the little gangs of 20 year olds that were running around together, and here, my God. It got to the point that I was going to meetings and then the kids would say oh hi, Mrs. Cameron. How are you? And I went oh, my God. But you know what; I got over all that stuff. I'm not ashamed to tell somebody that I'm an addict, and I'm sure not embarrassed because I've learned so much from what I've gone through. I don't think I'd be the person I was today if I hadn't figured, found out that I was an addict and, and there is a different way to live. Hell, everything is not peachy keen. Who would think my husband is going to leave me after 27 years? But you know what, there's always tomorrow, and I'm just worried about today.

But you know what, I have befriended, and you have met Brittany. I met Brittany when she first came in the rooms and she was 16, and I palled around with this child everywhere. I would go to Harrisburg, pick her up at her grandmother's on Cameron Street, and take her to meetings. People would say Shelby, is that your daughter. I'd say no, that's my buddy. So I have friends from 19 to 65 in the program. I have very, very good women in, in my life. My sponsor is awesome. Marty is just absolutely awesome. I've learned so much from her. I've learned so much from a lot of the women. But meetings and listening to what people say. You know, you think that you are different. You're no different from anybody else. I was the same person that believed oh my God, heroine. And then I would be with all these people that were, were ex-junkies. Well they were the same people I am. They're just like me. There wasn't anything any different. [Switching to learning through storytelling]

To be very honest with you, when somebody's standing up there saying how they lied to their family, how they stole money, I can relate. I did all that. I did every one of those things. I didn't kill anybody. I didn't beat anybody up. And thank God almighty I wasn't homeless, and I was never in jail, knock on wood. But the getting, oh, the sensation of the drug, and I can relate to anybody whether they're the people that are shooting heroine or the people that just can't get enough alcohol to drink. I can feel their pain and I can feel what they're going through because I've been there. I'm no different from anybody. I mean I thought, you know, I was exceptional. You know, here I am. I'm an old broad. I'm coming into this program, and it wasn't. It wasn't like that. People really and truly, I can almost agree and understand what everybody, I never overdosed, thank God. But when I'm talking to a person who has overdosed several times and are alive to talk about it, makes me think my God, I hope you get it this time honey because, you know, next time you might not be here. I struggle with that. I'm very emotional, too. I get very

emotional with people. I want to save a lot of people and I want, I want them to get it, especially in my own family, and I can't do that.

Usually a lot of the meetings that I go to, if we're on a subject that I am, the reason I'm at that meeting is because I need to hear something about that. I mean when I struggle with Jenna, my daughter, I went to a meeting and they asked me to open the meeting, which like be the lead person to open it, and I had shared. When somebody is talking about their child, I can relate to what they're going through, and I will open my mouth, not, not to just talk, but to, for them to understand that I know what they're going through. I can sit back at a meeting and not say anything because what, what's going on, I need to listen and not share. I need to listen to somebody's experience.

When I think somebody needs to hear my experience is when I talk. I've never had a problem sharing in meetings. I probably feel the most comfortable at the women's meeting because we talk about everything. But I mean I have a lot of male friends. You know, a lot of guys have been here for me, you know, through the separation, because both of us were in the program at one time, so. I think if you have something to say, somebody needs to hear it. I had a kid, you know, going on and on and on about how, what he did to his mom and dad and how he put her, put them through this, and you know what, I shared and I said how would you like to be the parent that had to tell your kids that you had a problem. So I understand and I open and I think when I went through all the stuff with my daughter and the accident. I've had so many young folks come up to me and say now I know what I did to my mom and dad, you know. It related to me very well.

If I find, even myself, if I go to a meeting and I find somebody that is very, very, very; you can see that they're struggling, after the meeting, I will go over to them and say listen, I

know exactly what you're going through. Here's my telephone number. We can talk. Because to me you understand it better when you went through it. And I mean it seems like everything that I have gone through, somebody has gone through before me and can tell me Shelby, it's going to get better. I mean Marty, for example, my sponsor, you know, I would say I can't take this. I'm crazy. And she'd say; just don't give your spirit away. And I'll be going I am so mad, but don't, don't, you're giving your power away, Shelby. But I think that's 22 years of being clean. I want that serenity more than anything else. She's my sponsor. I don't kayak. I don't climb mountains. I don't freaking camp. But the serenity around that woman is amazing. So I'm going to stick with the winners, you know, and she's a winner. But you can find something from everybody, and it might be the one that shot drugs for 20 years but now they're, you know, they, they help me. And it's weird because when I went to treatment I would write to my kids and I'd say I'm with like all these drunks and drug addicts and I feel so comfortable. Actually at Father Martin's (rehabilitation), I hadn't had confession. I'm Catholic and I hadn't had confession in years, so I said I wanted to say my confession with a recovering Priest, and we walked around. I said oh my God, we're going to look at each other. He said Shelby, did you kill anybody. I said no. Walked around the loop, and I said my confession, and as I struggled with the act of contrition, he helped me. So it was marvelous. It was a marvelous experience there. When I relapsed, they wanted to send me right back to treatment and I said listen, I have the tools. It's applying them. And that's what you need to do. And you have to do it daily. You know, if I think for one minute that I'm okay, you know, I'm in a bad place because I know I'm not okay. I still have a lot to learn. I have a lot to learn. [Switching to transformation]

I would say I think through things and in NA, they tell you to play the tape through. I -- and I'm learning and I'm still learning this. Before I talk, I have to play things through in my

mind, and I've learned that because that's what you have to think now. I always try to think of what the repercussion is going to be if I do. What's going to happen? I think through things much clearer and take my time making decisions since I've been clean than before, because I'd just say oh okay, I'm going to do that. I don't do that anymore, so I think that's a lot of it. I mean just wisdom and looking at people.

I've heard so many stories and I'm looking at the people now going there is no way in hell they did this stuff. Oh, yes they did. And they will say to me, Shelby, I can't believe. Did you wear makeup and stuff when you were a drug addict? I said oh yeah, I showered every day. I had my makeup on and I sat and I smoked crack. But you know, I can relate to everybody that has something to say. I can feel it in my heart where they're at because I've been there in some way. You know what I mean; in some way. So I'm saying when you go into a meeting and you hear the experience or the strength, or the newcomer that's coming in saying man, I'm struggling, I want to use. Boy, does it make it really green for you and you, you have to think back, you know, where you were. I mean and you probably know that yourself for what you had gone through.

Jenny

So I actually didn't start using until a little bit later in life. I mean 16 years old I ended up overdosing in alcohol. But aside from that, I didn't really even smoke pot once until I was like 17. And then I moved out of the house when I was 18 and bought my own house because I had inherited some money. And even at that point, I went right into college. I actually started summer semester right after I like graduated high school and three days later started college. You know, because I was on a waiting program to get into my degree for Physical Therapy. And so I was concentrating on school, you know. But the person I lived with, she would party and

she would drink and smoke pot and whatever. And so we'd do it on occasion, but it was really just occasional, you know, wanted to have fun, you know. But oddly enough I didn't really like it at that point because I could tell that I wanted to be in school and really learn in school, and it was affecting that. But I also have a lot of alcoholism in my family. So it's not surprising that I ended up turning to an addict. But anyway, that's a whole other story. So I got, actually got married at 20 and he was very much straight edged, didn't really care to drink; didn't care to do anything. He just wasn't interested in it. And I married him at 21, so he was legal age, so he would take me to bars, and I ended up going into full blown alcoholism right away at that point. And as soon as I graduated college, I started partying more and I just couldn't be around him because that, you know, that just wasn't clicking. He didn't care to be that part of, you know. We just had two different lives that we wanted to lead. And so I got divorced at 22. And at that point, I hit the ground running and tried anything and everything.

So I grew up in Wisconsin and I actually worked up in Door County, but it's kind of a vacation spot, so I would go up there and work tables for, you know, for the summer, but then I used all the money on drugs. I mean within a six month period of time, I went from just occasionally smoking weed and drinking to having done cocaine, ecstasy, pot, mushrooms, and LSD. To the point where especially at that time I was heavy into cocaine and ecstasy. I would take sometimes 20 pills in a week, which that's insanity. So all the money that I should have made up there was gone, I spent it on drugs. So I was what, 22. See, this is where it's hard, because I did so much at that point; it's hard for me to remember a timeline. So I got divorced at 22. I worked up there for a summer and then I moved out to California with the same guy that I was with and used a bit out there, and then moved back. When I moved back, I was really into my cocaine addiction. I mean I would drop, you know, a couple hundred dollars and do three

grams all by myself then every night, every night. And I realized how bad of a problem it was, but I really didn't know much about recovery. That was the thing is, is I knew I was probably not in a good spot and I knew it wasn't healthy what I was doing, but I really didn't know anything recovery, which is weird because you would think people would know about it. I mean I knew about AA, but that was all I knew about. And at some point I actually did stop using cocaine and actually switched to crack on occasion because I couldn't stand how insane it was where I would use and then only have so much money, and then go to the ATM and then come back and then go to the ATM. And I was able to like see the insanity of that, so whether I just hadn't crossed that line yet, I don't know, because I definitely was full blown into an addiction but yet I was able to stop.

So when we first got together [her current husband], I mean I would say I would still do cocaine on occasion, not with him, just if I was around my friends or whatever. I actually got him to try ecstasy for the first time and we would do it once in a while, and that was really a good time, you know. That's the one thing that I feel I'm a lot different about as far as recovery is I've finally learned now four years into it I can't just look at it and say it was all bad, because it wasn't. So, but I still had a problem when I was with him, even though I wasn't into my heavy using like I had been. I was lying to him about how much pot I was smoking. At that point I was going through some pain issues and got hooked up with a doctor that would give me just about anything and everything, and was lying to him about how many pills I was taking. I did start blacking out when we would go out and drink. And he didn't want to deal with it. And basically we were just dating at that time, but I was living with him. He said if you don't get help, I'm done. So that's when I ended up going to NA actually. Really didn't know if I belonged there or what I wanted to do. I just didn't want him to leave.

And so I went to my first NA Meeting in Green Bay. That's where I lived, or that's where we lived. And I mean it was, it was just such a small room and it was so many people packed in there, and I was just freaked out. You know, that's like the hardest thing to go to a meeting for the first time.

So I just started going to NA. You know, at some point I did get fairly healthy, you know. I lost some weight, wasn't drinking, you know. I would get two or three months clean at a time, and then I'd relapse on something, mostly alcohol or pot. I would go to meetings and say I was clean, and I wasn't, because part of the disconnect for me was I felt like some of the parts of the program worked and some of them I didn't feel applied to me. And of course, the message I got from that was well you just want to do things your way.

Part of the problem was is I was in so much pain and they didn't know how to dose me correctly [because of a physical illness] because I was trying to function, I was trying to work, and it had to be high enough that I could function at work, you know, but then I would have to go to meetings right after work. Well I had been working eight hours. I'm in a lot of pain. I'm on a lot of medication. I would be kind of doped up when I would be at the meetings. And I felt I needed to be at a meeting. I mean regardless of what shape I was in, my thought was I should be accepted, and I'm being honest about what's going on.

That started off a whole ball of crap. I was heavily involved with Narcotics Anonymous. I was working two GSR positions. I was doing area service. I was the Chair. I mean I was really heavily involved. I had three Sponsees. I had a Sponsor. And people had a lot of judgments that I shouldn't be taking this medication or that I was too drugged up; that I shouldn't be running meetings; that I shouldn't be doing this; and they would tell me this stuff.

Apparently a couple people went to my sponsor and wanted to do an intervention on me. And all this, you know, and I would just try to kind of push it off, because okay, there's always going to be people that don't like you in the program. It got to a point where it was being very detrimental to my recovery because there were just so many people that were just causing so many problems.

And then I ended up having surgery. They found an 87 gram tumor in my chest. And so August of '09 I had them remove it. As of February of 2010, I've been on chronic pain meds ever since. But I've come down pretty drastically from what I was at, but it's been a fight the whole time with the doctors back home, that I'm in recovery, that I need these meds. You know, them making me feel like I'm a using addict when I would need something more and they wouldn't give it to me. [Switching to transformation]

So then, this is kind of what turned everything as far as me not just doing NA. I had surgery February of 2010, so a couple months before that we [her and her husband] were fighting a lot and I was relapsing with one of my Sponsees. I gave her money. Called my Sponsor and changed my mind, thank God. And I realized I could not have this person in my life. I was very much somebody who would sponsor anybody, would take the puppy dog home that was abandoned on the side of the road regardless of how chaotic their life was and how bad it was affecting mine. And she was one of these people. And I finally had to completely cut her off. I just couldn't do it. I knew that I was going to continue to push the envelope with trying to relapse if I was around her. And she was driving me insane anyway, and our marriage. And so I cut her off completely. And I had never had to do that in recovery, which is really weird, but finally she stopped calling after about a week or two and I didn't hear from her for months. Well then I had surgery and then I came back to, you know, meetings after the surgery, and she

showed up all of a sudden five or six months later. And for one reason and one reason only, basically to get back at me.

People already had their opinions because of the medications that I had chosen to be on, which was really none of their business. And then she started spreading all kinds of lies about me to people, and of course people grabbed onto that because they already had their own opinions. And it got to the point where I was physically afraid to go to meetings. She actually called and threatened me over the phone several times, threatened me physically. I couldn't keep going. You know, and of course my Sponsor would be like well there's always going to be people that are like that. I know. But I mean that's just it is it seems so ridiculous to me. Like how was that not clear that I get what you're saying, but if it's a detriment to my recovery, why in God's name would I continue to put myself in that situation. Because that's what you're supposed to do in a 12 step program? [Switching to learning through storytelling]

And then I got to the point where I would argue with my Sponsor at length on the phone and my husband would be like who are you talking to. And I'm like my Sponsor. He's like is there any reason you have to like justify yourself to her. And then she dropped me all of a sudden and said I was just too much work. No reason, no nothing after two years. I couldn't handle it anymore so I decided to stop going which is really hard for me of course because NA was my whole life, and to the point where I had no friends out of recovery. I obviously didn't have a whole lot of friends in recovery, but I did have my close knit circle of friends that I was sponsoring people and whatever. And he [her husband] was very supportive at that point, you know. And I was like well, you know, maybe this is going to be a time that you have to look for something else. And this is where I do believe that NA saved my life 100 percent. When I was relapsing in alcohol and pot and whatever and not staying clean, it did come to a point where I

knew if I was going to stay clean, I had to put all my thoughts aside about it and just follow everything they wanted me to do. And it worked, obviously, or I wouldn't be where I am today. But with all that kind of happening back home, I think I just kind of outgrew what it was for me at one point.

I know I have a problem with addiction, but I don't think I'm an addict right now. I'm a recovering addict, you know, but I'm also Jenny. I'm a person. And that always was an issue for me. And it made sense isn't that maybe keeping me ill. You know, maybe subconsciously. But if you're constantly saying you're an addict before your name, you know, because I didn't believe in the third step, but yet I needed the camaraderie. I did get a lot out of the people that I could trust in. You know, some of the steps I get something out of. The meetings I do get something out of on occasion, depending on the meetings. The most I get out of is talking with people and sponsoring women, because that one to one relationship is just completely different and more fulfilling for me than any other aspect of recovery.

Flo

My first drug, I think I picked up my first drink, it was when, after mom left and there was all this booze there, we all went in the garage, even the neighbor kids. We were all together and we were all talking around what we were going to be when we grew up, and I said I want to be a dancer, you know, and we were drinking this stuff. We had, oh, it was God awful. We actually threw it away, but it was like we just mixed all this stuff together and it was horrible. And I never wanted to really be a drunk. I didn't like to drink because my mom is an alcoholic, but I started doing speed, speed and downers first. Because I saw Reefer Madness. It's a movie and it's about if you smoke pot, you're going to shoot heroine, you know. And so I'm like well I'm not smoking pot because I don't want to be, look like that, you know. But they didn't say

that about speed, you know, white crosses, you know. They didn't say that about lily F40's, you know. That would like make you, you know, all downed out, like almost like a heroine, you know. But then I started tripping and stuff. And back then I probably was about I'd say 15. We were living in Tustin. We moved to Tustin. I was going to school at Tustin High School. And then I started selling drugs at 16 with this guy named Daryl. And I'd meet Daryl before school and get my stuff and then go to school and sell it all, then keep my money on me and, you know, then see Daryl after school. And the school knew I was doing something and they'd like raid my locker. They couldn't find nothing because I'd hide stuff all over the school, you know, and they wouldn't even know I was looking for it, you know. I'd drop something off because I was, I was just always slick. I was just always one of those slick people, you know. One step ahead, you know, and like just, you know. And through my addiction, I've only had one misdemeanor.

I knew about NA and AA probably back in the 70's when my friend Cindy Parks joined NA with Marty, who is my Sponsor now. I knew them both back in active addiction. Cindy was one of the original people that started NA around here. She no longer comes because she's in a Christian Group, but Marty is still here. But I ran into Marty a year ago in the grocery store. I hear this Flo, and I turned around and there's Marty standing. I'm like I know you, but where do I know you from. I'm looking. I hadn't seen her in about 15 years. And I knew her husband had passed away from, through a heart attack, but he was clean and sober for a good 20 some years. I saw her and she was standing there and it was just really odd. She said do you want to go to a meeting, and I said yeah. And I said I don't have much of a problem. I don't drink or do that many drugs anymore. And that Sunday, I went to a meeting and I felt the camaraderie of NA and I really liked it. [Switching to learning through storytelling].

Because everybody's got a story, and if you don't learn from someone's story, you're not listening to the storyteller. Because I believe that everybody has some things you're going to share with somebody, no matter what it is. And I've been, like I'm 59 years old, so I've been out there most of my life, and I've been a single mom and, you know, raised a kid by myself, and I was wild. I've been stabbed. I've been shot. I've been tattooed. I've been thrown away. I've been beat. I've beat up people, you know. But everybody has a story and I don't think it has to be a horror story to be bad to listen to know that you're going to be okay, but everybody's got a story. [Switching to learning through Sponsorship]

The stories we share, we did actually. I knew Marty in her active addiction. I ran with Marty when she was drinking and doing drugs. So she doesn't have to tell me a story. I lived her story with her. So we have that bond of 30 years ago, even though she's got 20 some years clean. She's never lost her friendship with me, even, even through the years that I would see her once in a while, we still would be like we just saw each other yesterday. We always had that kinship. So I was very fortunate, and that's why I picked her to be my Sponsor. I tried this program when I was 40, 20 years ago, and I just wasn't ready for it. I never went back as far; like back then I was really, really not doing well, and I put myself in rehab, and then someone said why are you doing that. I said because I'm sick and tired of, you know, and I wanted to heal. I went into that rehab but it was back in '92 and I went in there and I went in there and I scared the Counselors with the horror stories of my growing up and stuff. I scared the one Counselor. He just looked at me, like oh my God. This girl has had some like really fucked up shit, you know. And I tell some of the stories and people look at me like and you're, you're, and you don't...I mean mentally I'm still here, you know. And because most people, it would have sent them off the edge. Just, gone. There goes that one, you know. Yeah. So just some of the

things I've witnessed and seen and been through and things like that. [Switching to transformation]

I think about things. I think about my consequences and my actions now, rather than just going on the seat of my pants, you know. I think because I don't want to be the person I used to be, you know, and not just their stories, but just the life I've lived and the change in my life that this has brought; the cleansing, the cleansing of my mind and my body of the drugs and the alcohol. You know, that's a first time, I'm 59 years old, that's the first time since I was a kid. You know, that's a long time, you know. That's 40 some years, 43 years.

Danielle

The first time that I used I was like 12 years old, and it just kind of snowballed from there. Like I wasn't using my drug of choice, but I was using almost on a daily basis. And I don't even remember like the first time that I started using specifically like my drug of choice, but I just know that the first time I got high was with my brother. I was 12 years old and I had all these older friends. I have four sisters and two brothers all that are older except for one a little younger. I think it was just like plain curiosity. Like you know, this is what people are doing; all my brothers and sisters were doing it. And you know, once I started smoking weed, and once like I started doing that, it was like well this isn't so bad, my life's not so bad, like why do you think that's going to be so bad. So by ninth grade, I was using cocaine every day. And I don't even remember. Like I hear people say all the time, like I remember the first time I picked up my drug, like I don't remember that. I just remember doing it all of the time, like not a specific date, but just, it just snowballed like and just got out of hand from day one probably. Well the first time that I went to treatment, I was 17 years old and they took us to Narcotics Anonymous Meetings but it never really stuck with me. I didn't really understand like what

everything was about. And I went to treatment a few more times and they continued to take us, but the very last time, whenever I decided to stay. I went to a treatment facility and then they sent me to a halfway house in Harrisburg because they felt like since I had gone to meetings but never continued going to meetings, that maybe if I stayed in the local area that I grew up in, I could build up a foundation there. And then leave the treatment facility, go home, and keep coming back, which is exactly what I did.

And in that treatment facility, we went to a meeting every single night. It was a halfway house. And I don't know like what happened that I started like going to these meetings with everybody and really just starting to like listen and pay attention and realize like maybe I do belong here. Because before it was like well I'm 17, they're 36, they're 52, you know, I don't have any reason to be here. I'm so young. I haven't experienced this stuff. But the more I kept coming and talking to people, the more I realized that I did actually need to stay there. I never heard about even AA before then, so that's how I found Narcotics Anonymous was them taking me to the meetings. [Switching to learning through Sponsorship]

But now I think the things that are most important to me are definitely sponsorship is the one, definitely sponsorship. I mean I feel like, you always feel like sponsorship is the heart of the program and I never understood what that meant because I never really used a Sponsor the way that they were supposed to be used. Like it was like oh, that's my Sponsor, and yeah, like we hang out, but I don't like her anymore so I'm getting a new one. And now it's like, you know, I do step work and I talk to her about everything. Like there's some weeks where I wake up and I'm like I just maybe can't make a decision today so I need to run it by somebody, and that's, you know, who I run it by. And I've never said anything to her that she hasn't been

through or hasn't met someone that's gone through, so I feel less judged. And it is, it's just like the heart of the program.

This is kind of like, well I mean I guess it's, it's related. The first like few Sponsors, I'm not going to say it, but I jumped Sponsors. I had a bunch of different Sponsors. And I never really like used a Sponsor the way that I was taught that it was supposed to be used, and then this one that I have now; my last one moved out of the county. And this one that I have now, I've had her for over two years. And I tell her everything; like you know, when I'm having a bad day, things that I went through whenever I was using, things that I'm going through now and it's like she has literally been through the stuff that I've been through. And if she hasn't, she can tell me who has and can direct me in that point. And there's one thing that I went through that's not like, I mean it's related to me, it seems like it's addiction related, but I have an eating disorder. And I never met anybody that had an eating disorder that was recovering from an eating disorder, and then whenever I got clean it was like all these people had the same problem too. [Switching to learning through Storytelling]

Well I don't know. That's hard for me because sometimes I have a problem sharing. Whenever I first got clean, I had no problem sharing. Like it seemed like, well I guess like everything that happened to me. Like whether it was literally like spilled milk or wrecking my car or arguing with someone, like I was afraid that I was going to use or, you know, so I would share that all the time. Like things that happened that I was afraid of because that's, you know, I would get high to deal with life. So anytime like anything life thing happened, I would share about it. But now like being clean a few years, I go to meetings and sometimes I'll go to a meeting knowing that I'm going to share because I'm going through something that usually has nothing to do with like me wanting to get high. Sometimes it does, but sometimes it's just like

I'm going through something and I know that people can relate. And I know that someone's been there, so I'll share. But then sometimes somebody else shares something that they're going through and it's like I've been there. I totally understand what you're talking about, so maybe I have something that I could say that's going to help you because you have 30 days clean and you want to get high and I've been there before. And I don't want to feel that way whenever I go through that now, if that makes sense. [Switching to transformation]

I think that every time someone shares something, like it, maybe not every time, but every time I go to a meeting, I'll say somebody says something in that meeting that like definitely strikes a chord with me, if that makes sense. When I first got clean, I didn't have any kids and like people would come in with kids and like they'd talk about their experience using with their kids and relapsing like when they had kids. And like I never understood like what they were going through and I would just get like kind of angry. But then I would be like, you know, they're an addict and they can't help it. You know, whatever, and then I had a kid and now like I totally can hear those people in like a different way and I can relate. Like I'm just thinking about it, I'm like tingling. Like I can hear them sharing like, you know, I had five years clean and I have a three year old and they've never seen me use and I relapsed. And like it just makes me think about like, you know, how doing what you have to do is so important.

Connie

It started with cocaine. I was working in a big town and I met up with this one girl. We went out for a couple drinks. In the past I had used it a few times, but it just didn't grab hold of me, so, but I had had the experience. So when she brought it up, it was like yeah, I've done that before, you know. I think I was trying to fit in as well. And she's like well we can get some, and I was like okay. So we got some and we used that night, and then, you know, since we

worked together, we were waitresses, it just became more frequent and more frequent. And I was married at the time and I wasn't getting home until like early morning and he was suspicious that something was going on. So he wanted to take me back to the Pastor because he was not familiar with Narcotics Anonymous. He wanted to take me to the Pastor that married us and to get me help. And since I had just got started into it, I just didn't, I wasn't willing and I didn't have the desire to want to change anything about that. I had had children young and I thought, you know, I'm 31 now and I'm not out of control, I can do this. It's, you know, leave me alone.

So I divorced him. And then the partying became heavier and heavier. The next guy I got with is where it really spiraled out of control. Obviously when I was looking for a guy at that time, I wanted to look for somebody that had the same lifestyle I was in now. He used crack, but I didn't understand that. I was wondering why I snorted and he would use it a different way, and then he'd act differently and I thought wow, it's just crazy, but whatever. I'll go in this room; you go in that room, whatever. It got really bad and he had told me, this is how I switched over, he told me that we can't get it in the form that I like it, but only the other form, the hard form. I was so addicted to the cocaine at this time that I was like whatever, like just get it. Well he did. We got it. And I really wasn't crazy about it but it gave me some kind of a rush, but it was like 30 seconds. And I really didn't care for it but we continually, we'd go down day after day or week after week and he would keep saying that all we can get is this. Little did I know it's because that's what he wanted. [Switching to learning through storytelling]

What usually it is for me is if it, if it's something I can relate to. If someone shares, like every meeting I go to, I'll hear something that I can relate to; whether it's a mother that let her children down as I have let mine down, or a sister or a daughter, something. In every meeting you can pick up something. And if I decide to share it's usually because someone has touched

me really deeply with their story. They give me such strength. What will make me share even the most is that I'll want what they have. You know what I mean? Like someone that might have done the same drug of choice as me that will kind of spark my interest. Well they did the same thing and they were at this level, all right. So now they've really got my interest, and that's usually when I'll share. Or other times it will just be if I got too much stuff on my chest, if I just throw it out there, it's like taking this load off my shoulders and I just leave it there. I don't have to worry about that no more because if I throw it out there, it's off me and someone is going to respond back to me, give me some positive stuff. That's what I'm looking for.

Well how I chose my sponsor. I was at a meeting and she had happened to share that night, and lots of times when you share, you don't say hey, and this was my drug of choice. We really don't say that. But she happened to be talking about that, and how she had mentioned her drug of choice. And she has adult children, two of them, and how they are using as well. Well I have a son that's using marijuana, so that sparked my interest. She had shared about that and she was asking for feedback, you know, like because they're living with her and its putting so much stress on her. What should she do, you know, kick them out, show them tough love or whatever? I could totally relate with that in two different ways. First of all, my parents should have kicked me out. They should have showed tough love. But I could relate with her with that because my parents couldn't do it to me. And now with my son, I want to go home and enable him but it's, but it's like okay, good; they're going to give her feedback and that's going to help me. Because whatever they tell her, I can use that towards myself about what I should do with my children and not to expect much or don't even allow my parents to enable me. That will help them, you know. [Switching to learning through Sponsorship]

The Sponsor is imperative because a Sponsor to me. If I had to explain it to someone that wasn't really, didn't know this program well and wondered why, or do I have to get a Sponsor; this is the best way I could explain it. She is like a teacher that's going, that will guide me through these, these steps; because without doing the steps, which I've proven in the past, you're not going to get the program. And she's already doing these steps herself and she's, you know -- I don't know what step she might be on, but she's definitely further than one, and that's where I'm starting. And I've already wanted what she's got. That's why I selected her. So I want to know how she did it, so I'm going to follow the ways she did the step one. And she is my teacher, my guide, someone I trust. I can tell her everything because when you get down further in the steps where you have to make amends or you have to make that list about your character defects and you have to share it with one other person. You want to be very selective of that Sponsor and tell them all that because that, that's what releases all those burdens that you carry. It releases them. And if you don't get them out, you're not going to be successful. So I would say sponsorship is the most important because she will guide you through all the rest of that. So if you've got her, she's going to get you to those meetings. She's going to listen to you. She's going to help you through the steps. She's going to help you through service work, which mine has. [Switching to transformation]

Well I don't judge people now. I used to try and judge; well at least I don't do that drug. That drug is worse than this drug. I think that was one of the big things because I remember when I used to do just the cocaine and then it was the crack, or the people that did crack, I thought they were worse than me or people who do dope are worse than me. Then while I was drinking, well everybody else was worse than me. Now I don't judge. A drug is a drug is a drug and we're all out there for the same goal. And it's made me so I'm not so judgmental and not

taking other people's inventory and focusing only on myself. And if I focus more on myself, I'll be able to get through these emotions by working through the process of getting through them instead of trying to pick out everybody else's problems. So I think it's taught me not to be judgmental. When you're judgmental that puts a lot of damage on yourself too.

I like telling my story. When I hear my story, it, it just reminds me where I've been and how I'm getting better and, and the bright future there is. So I always like telling my story. I'm never nervous to tell it. Some people will say they are. But I enjoy it and I'm honored when people ask to hear my story.

Renee

Well I found NA because I couldn't go to the church. My husband, see, he's an elected official and I couldn't check myself into one of those rehab programs. It would have been too public. And I went to the church and I prayed about it and I went and I talked to my Pastor and he told me about NA and the anonymity associated with it, and I decided that I was going to check that out. [Switching to learning through Storytelling]

Well I reckon I learned from the other women. I mean I know what I went through, of course, but when I sit down and I listen to their stories and what they say; I realize that I'm not so different from them after all. That it doesn't matter how much money I have or how big of a house I live in or what kind of car I drive. But what really matters is what's inside the heart, what's inside the sole. And I learned that my sole and my heart weren't so different from these women and that we truly did have a lot in common. And I would learn from, from their stories.

Well for me hearing stories and telling stories is almost therapeutic. So for instance, if I'm having a bad day, I go to an NA Meeting and I listen to women tell their stories and their trials and their tribulations and what they're going through. And I realize that while it's not

exactly the same, what they're going through is similar to what I'm going through; the pain and the self hatred and the loathing, the insecurity, the manipulation. It's the same thing just in a different form. And when I go and I talk to them and they talk to me and we share our, our stories, it helps me stay clean. It helps me get through one more day.

Well I don't often share in meetings. I'm shy, a little embarrassed I guess to be there still. But what prompts me to share is if somebody says something that touches my heart. So if somebody shares a story that I can relate to, and I think I can help them by sharing my experience, that if maybe I share my experience they'll understand more, I share. And sometimes I'll share because I need help. For instance if I'm going through some stuff and I need some guidance, I'll share my stories. I'll share what I'm going through, in hopes that somebody else will share a story back that will be similar to mine, that they have already lived through, that I can relate then to them and learn from their experience so that I don't have to make the same mistakes that they did. [Switching to Sponsorship]

Well I ain't ever been a Sponsor, but I have one. And I just know that I can call up my Sponsor 24 hours a day, seven days a week for guidance. So for instance, the other night I was struggling. My husband was gone, because he's gone a lot, and I was lonely and I, I really wanted to use. And I thought about it and I called my Sponsor and I talked to her. I told her how I felt. And she told me a story of how she felt lonely and how she made it through those long nights without using. And I talked to her, it must have been an hour and a half, and you know what, she calmed me down. She told me that it would be okay, that if I just made it through one more day, that if I just took one day at a time, if I separate myself from people, places and things that I will be all right. And she helped me get through that night. And if I need to, I call her the next night and we make it through one day at a time.

My sponsor and I, we kind of hang out sometimes and, you know, we'll go out to dinner when, when nothing's wrong. We'll just go out to dinner or go for a walk. We'll just talk, and I think she kind of knows what I need to hear intuitively, because we'll be walking along and she'll just start telling me a story. And for instance, she told me a story about how she was just a couple months clean and her dealer presented himself in her life again. And now this program, they teach you to stay away from people, places and things. The dealer is one of those people you kind of want to stay away from. And her dealer, he done presented himself in her life and she had the strength and the conviction to walk away. And she talked about how she felt doing that; how scared she felt, how much she wanted to get high, how she loved her dealer, all the things she done did when she was getting high. You know, he was a friend. It's not like dealers are bad people, you know. They're our friends. And it was not the action of her walking away that got me, it was the feelings. You know, because she shared with me how she felt, and I feel those things. I feel that fear, that anger, that resentment, that love, that lust for that drug. But when she shared that with me, I was able to relate to that story, and I learned from that story. Now my dealer has not presented himself in my life yet, but when he does, I reckon I'll be feeling the same feelings that she felt, but I'll already know how to deal with that because she told me how to deal with that. [Switching to transformation]

I reckon I'm more patient now. I'm more open now. Before I was a liar, you know a manipulator, and liar. We don't like to share too much information because you never know when you're going to get caught in a lie. So now I'm just more open. I am willing to share a little bit more about myself because I realize that if I share about myself and my stories and my trials, that my friends, my colleagues at work will understand me better and maybe we can all learn from each other. Before I was secretive, I was silent. And now, because of NA, because of

my Sponsor, I'm more apt to share lessons, stories about my life that have nothing to do with addiction mind. Because I don't share that stuff at work or with my friends, but just, you know, how I might have gotten through a tough time or how I got my child to take her medicine when she was sick. Simple stuff, but it matters, you know. It matters that you share this with people because we learn from each other, we grow from each other.

Mary Lou

So I started with drugs with one of the guys that I worked with at the place I work at now. So I used to drink and didn't have a problem. But when it got to cocaine, all of a sudden now went from a weekend warrior, to I can't get past the MAC machine when I get paid. And it progressed over a four year period of time where sometimes I'd be like whoa, but I'd get it back together. But then when I got pregnant, I couldn't get it back together. I could never just stop long enough to deliver. I was five months pregnant before I could stop for longer than two weeks, three weeks.

And I always say that I never thought I was an addict, but then all of a sudden I went from a 700 credit score to a 550, getting evicted, in a four year timeframe, and I made way more money in that four years and I had nothing. I went from owning a home to renting an apartment to living with my parents in the basement when it was all done. I was without. I lost my marriage, you know. And I'd love to say that it was environmental. It definitely had a part to play because I didn't get introduced to it in college like everybody else. I got introduced to it when I was done with college basically, you know, later in life I believe. I was 28 when I got clean and I was 20 when I started to use, you know. And for me though, I believed that using the chemical was the last thing, but I was an addict all along. I just was really a brat. I didn't have real good social skills. I was a bully. I was just an anger driven person, a very angry, bitter

person all the time. But then when I hooked up with my daughter's father, he was a raging alcoholic before I met him, so he really took me to the accelerated path of the bottom.[Switching to storytelling]

So there were women, professional women similar to my background, that didn't lose their homes, didn't, you know, do things, prostitution, and didn't go to such a level as what I would think an addict was. An addict to me was someone living under the bridge, no, nothing, no chance of recovery. Little did I know it really affected white collar too, you know. So I could sit there and I was like wow, okay, yeah. If I can't make it to pay my bills and sustain my life and not shorten my life, like oh well, I don't need to buy all those groceries. And then all of a sudden now I'm an addict. Now I'm not that person under the street, under the bridge, I actually have a job. I'm successful to society but I'm emotionally crippled and I can't manage my routine without a drug. So that's what made me keep coming back is identifying with those other professionals.

Well I'm either going to share because I have to because I'm jammed up, or I hear something and I can share my experience and they can identify. The therapeutic value of that parallel identification for us as addicts is very essential to our recovery because we now, we've confirmed we're not alone. That's the importance of going to meetings and telling your story.

So what happens is I take their experience and I relate it to if that, like for instance, does that emotion fit what I feel. Can I identify internally to that story? Does that powerlessness, oh okay, it may be not that it's the exact same thing, but the emotion is the same. Either I act it out in these three categories and I can identify that and unmask all that other stuff, and then I'm able to say yeah, okay, I can use that. And now my toolbox, storytelling to me in Narcotics Anonymous is building my toolbox and letting me learn how to navigate. What makes me

unable to navigate is not having anyone to mentor me. That's what going to a meeting and getting their story, their therapeutic value feeding my soul. It is the most important thing about Narcotics Anonymous. And I think that's what makes us successful, personally. [Switching to transformation]

I gathered most of my Sponsees from telling my story. I picked my sponsor on her story because she's a professional woman, had a really high paying job, extremely stressful, and I could, she could relate. She doesn't have children though, but she can relate to the pressures of women in the professional field. And I stick to that because women that come into recovery often are not skilled all the time. And I help teach them that go back to school; your destiny, you can do whatever you want to do. I was fortunate. I was taught that as a child by my parents. Like the sky is the limit, just go get it. So I believe that whole storytelling thing is about what gravitates us to people whose personalities is more of ours and it individualizes our recovery process. I believe that addiction is a disease. I believe it's a mental health issue and I believe that the sooner we as a community learn how to embrace it as a problem to solve and not a crime for someone to pay, we'll get, we'll go a lot further in bringing out the educational piece that we all need before we use as opposed to after.

Vanessa

Well for me, I found Narcotics Anonymous because a friend took me. I started my cocaine addiction in my early 20's. A man introduced me to cocaine and pretty much made sure it was available whenever I wanted to use it. I didn't really realize that things were spiraling out of control until I started lying and rummaging through his house to find the cocaine because he wouldn't give me as much as I wanted. When I couldn't get enough cocaine from him, I started

to make contact with the dealer myself. And at that point, I also had to start paying for it myself. And I was hitting the MAC machine all the time, it was never enough.

Then I started going from just being a weekend warrior to doing it every day, and eventually of course that manifested into doing it at work. And then I realized that I was getting high everywhere, that there was really no turning off. The only reason I'd turn off is if I ran out, and when I ran out, I went and got more. And my bank account started to drain, but more importantly, I was starting to not be so good at hiding it anymore. So a friend of mine called me out and I admitted it to him, and he said you need to get to a meeting. I really didn't know what that was. I couldn't really go to rehab because of my job. I would have lost my job if I would have admitted it. So I went to this meeting and I sat through it and I listened to these women's stories and I realized that I wasn't so different, and for the first time I was actually able to label it well maybe I am an addict. So I found Narcotics Anonymous because somebody dropped me off at the front door, but I stayed because I felt as if I was a member of their society, as if I wasn't alone, as if there were other people out there like me. [Switching to learning through storytelling]

I learn from the other people in NA. I learn from their experiences. So for example, another member of NA will actually talk about an experience that they're having in their life, something that's not going right, some challenge that they're facing. And then they'll talk about the tools that they used to overcome that or the feelings that they felt when they're going through it, their fear, and their anxiety. And I can relate to those feelings. I feel them too. I can relate to that experience because I've had a similar one. And I learn through them telling the group what did work and what didn't work, what tools they used to successfully overcome that challenge or

how they're still suffering with it, so that I don't have to make the same mistake that somebody else has made.

Well the stories that I hear in NA actually reflect my own life or they reflect a life that I don't want to have. So some people in NA have things a lot worse off than I do, and when I hear that story, I learn that I don't want that life. I learn that I don't want that pain and I learn that I need to do whatever I can to avoid that. And it's that relationship that actually changes my behavior or changes my way of thinking, so that story actually changes how I think about myself or how I view myself within my own world.

I'll share a story if I'm struggling with something. If there's something going on in my life that I just can't deal with on my own that I need to share in hopes of someone sharing a story back that will teach me how to overcome my struggle. So I'll share in hopes of gaining guidance. If I'm just listening to stories, it's not that I'm not relating to those stories. It might just be at that moment I don't want to. I don't want to share because I don't want to impact their way of thinking. [Switching to learning through Sponsorship]

When I talk with my Sponsor, I talk about how, the struggles that I'm feeling, the insecurities I'm feeling, the emotions that I'm feeling, and she's able to articulate back on a one on one level how she's dealt with those same challenges. And I change my way of thinking based on the stories that she tells me. I think of, about things differently. I think about my situation differently because of what she shares with me. I'm able to view things differently because she shares her story and puts them in a different light. [Switching to transformation]

Storytelling in Narcotics Anonymous has taught me to listen. When I was active in my addiction, I was loud and I was always talking and I was always right. I didn't want to hear what anybody else had to say because it wasn't about them. It was about me. And going to meetings

and listening to stories, I realized that wisdom comes from silence and listening, and I practice that at my work now. I listen more at work. I talk less at work. I don't need to be the one who's the center of attention. I can be in the background and let my staff shine. I can let them be the ones to teach me. I can let them be the ones who share. So the NA circle has taught me how to be silent and still.

I view the world differently because of the stories in the rooms. I look at myself differently because of the stories in the rooms. If it wasn't for NA, I wouldn't be able to get out of my own way and get out of my own head enough to look at who I am in relation to the world that I live in. The NA stories and these women's stories make me better because I have the stories to rely on and the stories to learn from, and the stories to play back in my head long after they're told. I'm a different person now because of the stories that I've heard and that I've told in the Narcotics Anonymous circles.

#### Serenity Prayer

At the end of each Narcotics Anonymous meeting the participants form a circle, grasp hands and say the Serenity Prayer. "Lord, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference" (Narcotics Anonymous, 2008). The process of interviewing these eight women has given me a sense of serenity, courage and wisdom.

When I first approached the Women's Serenity Group leader about my research and my desire to interview female cocaine addicts I was a bit anxious. I was concerned that I would not be well received and that the women would not want to share their stories with me. But to my surprise, the women opened their hearts to me and treated me as if I was family. After spending hours talking with the women, I feel connected to them now. Each woman had a unique story to

share with me, but their uniqueness also brings a sense of similarity. And the similarity brought a sense of comfort to me. I felt as if these women were not alone in their addiction, that they had each other.

I am honored to have spent time getting to know each of these women. The serenity, courage, wisdom and spirituality embodied by each woman was truly remarkable. Each woman shared with me their personal stories as well as their inner most thoughts and feelings concerning those stories. They shared with me their self-reflection and introspection; their hopes, fears and dreams.

In retrospect I believe that I was destined to meet these women, as if these particular women were put in my life at this juncture to educate me. And after much personal reflection I have learned much more from these women than I ever imagined possible. I have a new sense of serenity, courage and wisdom which I credit to these women and their stories.

## **CHAPTER 5**

### **INTERPRETATION, DISCUSSION, AND IMPLICATIONS**

Throughout my research I have made every attempt to honor the female participants and the Narcotics Anonymous program. For the purpose of this thesis, the application of the Narcotics Anonymous discourse is only that of this researcher and of the participants in the study. I make no contention that this thesis represents the traditions and principles of the Narcotics Anonymous program. The program of Narcotics Anonymous has no political interests in research and therefore has made no claim that their ideologies have application to the fields of psychology and adult education.

This chapter focuses on providing an integration of the Narcotics Anonymous discourse, the study of cocaine addiction, and academic research within the adult education field, as it pertains to the personal stories of the eight women participating in this study. I do not draw any generalized conclusions based on the personal stories of these eight women that can be attributed to the Narcotics Anonymous program. The purpose of this chapter is to reflect upon the stories in the previous chapter, analyze them critically, and place these findings within the academic literature on transformative learning. I discuss similarities across the stories as well as items that are unique to individuals, to connect the knowledge to the literature of adult education.

#### **Similarities and Uniqueness among the Stories**

The women in this study are simultaneously similar while profoundly different. The following section focuses on the similarities and the uniqueness identified within the stories shared by the women.

## Vocabulary: Language of Community

The women who shared their stories are both distinctive and unique individuals while remarkably similar in their struggles and victories. It is possible that even non-addicts will be able to find parts of themselves within the stories that the women shared. One of the most obvious similarities shared by the women was the language of addiction. To an addict, this language seems almost like second nature, like an extended vocabulary, but a non-addict cannot help but to identify and isolate reoccurring terminology shared by these women. For example, every story contained the term “Sponsor.” In this context a Sponsor is someone who mentors and guides the women through their recovery. Connie, Flo, Danielle and Renee also spoke about “getting to a meeting” or “going to a meeting.” The meetings they are referring to are Narcotics Anonymous meetings. However, these women do not need to preface “meeting” with the Narcotics Anonymous predictor. It is simply a common language in this community. Shelby referred to “the rooms.” Jenny used the term “the program” and Vanessa chose the phrase “NA circle.” All of these terms refer to the Narcotics Anonymous meetings. There are other examples of the addict vernacular; for example Jenny spoke about managing “her recovery” while Connie spoke about “other people’s inventory” and “working the steps.” Renee used the phrase “people, places and things” when she spoke about things she needed to avoid to maintain her sobriety. This verbiage is symbolic to the language used throughout the rooms. This is significant because the language used in the rooms is common to the attendees but would be foreign to an external person. This common language creates a sense of familiarity and safety among the participants. Shelby referenced her Sponsor’s “serenity,” which is a direct reference to the Serenity Prayer. All of these phrases are indicative of the shared NA vocabulary utilized by the women who participate in the Narcotics Anonymous program. This shared vocabulary is

indicative of the community in which the women participate. The concept of a common language establishes the community in which learning and transformation occurs.

A shared discourse can aid in fostering transformation by recognizing the inclusive nature of the language. In concert with Nohl's (2009) findings that social recognition is an important factor in the significance of spontaneous actions, the context by which discourse is shared creates a significance of vocabulary.

#### Relationships: The Shared Connection of Fellowship

Another similarity expressed by all of the women in their stories, except Jenny, of whom I speak when I discuss unique qualities, is the concept of relating to others. With the exception of Jenny, all of the women expressed how they could relate to the other women in the Narcotics Anonymous meetings and how they could relate to their experiences. There was a shared understanding among the women that if someone had experienced a similar situation they were better suited to understand their particular circumstances. These shared experiences and understanding created a type of camaraderie, or to use the NA term – fellowship, among the women. Shelby stated, "Because to me you understand it better when you went through it." Flo chose the phrase, "But everybody has a story and I don't think it has to be a horror story to be bad to listen to, to know that you're going to be okay..." Danielle said, "Somebody says something in that meeting that like definitely strikes a chord with me." Connie stated, "...I'll hear something that I can relate to." Renee referenced, "And I realize that while it's not exactly the same, what they're going through is similar to what I'm going through..." Mary Lou said that she shares her story if "I take their experience and I relate it to that, like for instance, does that emotion fit what I feel." Vanessa recalled, "So I went to this meeting and I sat through it and I listened to these women's stories and I realized that I wasn't so different, and for the first

time I was actually able to label it, well maybe I am an addict.” All of these phrases are examples of the importance for the women to be able to relate to similar experiences common to the addicts’ lifestyle.

The connection to the fellowship and to others, specifically the addict’s Sponsor is similar to the “learning companion” concept of Cranton and Wright (2008). The Sponsor, by helping the addict to recognize their own experiences and the shared experiences of the Sponsor can assist the addict in their recovery. The fellowship shared within Narcotics Anonymous creates a safe environment which fosters trusting relationships between the addict and the Sponsor.

#### Uniqueness: The Individuality among the Addict

While there were similarities among the women, Jenny’s story stands out as the most unique story shared with me, specifically Jenny’s statements about feeling judged by other members of Narcotics Anonymous and actually fighting with one of her Sponsees. Jenny stated that “It got to a point where it [the judgments] was being very detrimental to my recovery because there were just so many people that were just causing so many problems.” Jenny’s story and her experiences of receiving judgments or feeling judged within the Narcotics Anonymous program was not an idea illustrated in any other story that was shared with me. Similarly, her experience of fighting with one of her Sponsees was not echoed by any of the other women.

Shelby’s story is unique in that she is the only woman who mentions her religion, Catholicism. Organized religion played a larger role in Shelby’s recovery as she attended a Catholic rehabilitation facility.

Flo’s story is unique in that she speaks of forty years of addiction. She openly addresses being introduced to Narcotics Anonymous in the 1970s but that she had little interest in

participating in the program at that point. She is unique in that she spent more time addicted to drugs than any of the other women I interviewed.

Danielle was the youngest of all the women interviewed. Her story is unique in that she also started using cocaine at the youngest age of all the women, which for her was 12 years old. She continues being one of the youngest women in the Narcotics Anonymous rooms and she speaks of how the age difference between her and the other women in the room was initially a hindrance, but how she has now come to accept and embrace it.

Connie's story begins by her sharing how she began using drugs to try to fit in with her coworkers. While the other women spoke about doing drugs with their friends or siblings, Connie is the only woman who stated that she began using cocaine to fit in with her coworkers. She also later stated that she switched from the powder form of cocaine to the more potent rock form known as crack cocaine because of her boyfriend at the time. Her story is unique in that it focuses on the impact that her coworkers and boyfriend had on her addiction.

Renee found the Narcotics Anonymous program because she felt that she couldn't go to her church or a rehabilitation facility because her husband was a local elected official and she feared the ramifications that a public announcement or acknowledgement of her addiction would have on her husband's career. While her desire for anonymity is shared among the women interviewed, her fear of her church congregation finding out about her addiction is unique among the stories shared.

Mary Lou's story is unique in the way she articulated how the Narcotics Anonymous program has affected her life. Mary Lou is an educated and professional woman who has maintained her status in society in spite of her addiction. In her story, she recognizes how she is a "white collar" woman and she realized by attending Narcotics Anonymous meetings that other

“white collar” women were also addicts. Mary Lou’s story is one of introspection and self analysis which she is able to articulate utilizing a more advanced vocabulary than the other women.

Vanessa’s road to Narcotics Anonymous was because a friend “called her out” on her addiction and she admitted it to him. This is unique because she doesn’t talk about wanting sobriety on her own. She does talk about running out of money and about doing cocaine all the time, inclusive of when she was at work, but she doesn’t mention her desire to get clean until she was confronted about her addiction.

Each woman’s story is as unique as the woman herself; however there are marked similarities that are threaded throughout. For as different as they are, they are much more similar in their addiction and their sobriety than they are different. The common bond shared by these women through their fellowship in the Narcotics Anonymous program provides them with a safe place to share their stories and their struggles and to rediscover the similarities that bond them together. These findings illustrate that storytelling within the context of Narcotics Anonymous creates a safe place and a fellowship which fosters transformative learning among the addicts.

#### Storytelling in Narcotics Anonymous and the Connection to Sobriety

Each woman has her own unique story about her cocaine addiction, from when and how she first picked up the drug; to how cocaine took hold of her and to how she eventually found her way into Narcotics Anonymous. As discussed previously, for the purpose of this dissertation, I have utilized the definition outlined by David Boje (2001) who relied on Rocoer’s (1984) work:

A story describes a sequence of actions and experiences done or undergone by a certain number of people, whether real or imaginary. These people are presented either in situations that change or as reacting to such change. In turn, these changes reveal hidden

aspects of the situation and the people involved, and engender a new predicament which calls for thought, action, or both. This response to the new situation leads the story towards its conclusion. (p. 150)

In these stories the connection will be made between Boje's definition of story and how the women shared their experiences with the researcher.

### Safe Places and Spaces

During Narcotics Anonymous meetings, participants routinely sit in a room, generally in a circle, and share their personal stories. These stories vary in their subject, but all stories are first person accounts of events that have happened in the lives of the participants. "Telling these stories, moving them out of the shadows and into the light, can remove the potency they have when they remain publically undiscussable, and give them new potency as an element of public organizational discourse" (Tyler, 2006, p. 16). Storytellers need a safe place in which to tell their story. The Narcotics Anonymous Women's Group is the place where eight women in central Pennsylvania have chosen as a safe place to share their stories.

Tyler's (2007) concepts of negotiated and un-negotiated storytelling apply to the women in this study. The women spoke of the need to share their story to unburden themselves and also to help other addicts with their desire to stay drug free. The storytellers have determined that the Narcotics Anonymous forum is a safe place to tell their story and that some stories simply need to be told because of a story they heard or because they believe their story will be able to help a fellow addict. Shelby stated "I felt comfortable in most of the meetings that I went to, but what I needed was a place where a woman could talk about other things than recovery." It was because she felt so strongly about the setting of the meeting; she created the Narcotics Anonymous Women's Group to ensure women would have a safe haven in which to share their stories. She

created the Women's Group to allow the opportunity for other women to share their stories and maintain their sobriety in a safe and comfortable place. It is through the recognition of this safe place that the women chose to become either a storyteller or a listener or in some cases, both.

Conversely if a woman does not feel safe in a room, as was the case with Jenny, the story cannot be told. Jenny shared, "People already had their opinions because of the medications that I had chosen to be on, which was really none of their business." The stories shared or not shared by these women to help other women and are an example of a negotiated story. The stories told because the teller believes they needed to be heard are an illustration of un-negotiated stories deciding to "get itself told" because the story determines that "it is going to matter" (Tyler, 2007, p. 10).

#### Resonating Storytelling: Emotional Connection, Helping, and Being Helped

Many of the women spoke about how storytelling allowed them to relate to the other addicts in the Narcotics Anonymous meeting. For these women, storytelling helps them maintain their sobriety by allowing them to connect with other women through shared experiences and acceptance.

Flo negotiates her stories based on the people in the room. She recognizes that her fellow addicts form opinions about her based on her stories. She said, "And I tell some of the stories and people look at me like and you're, you're, and you don't...I mean mentally I'm still here, you know." Flo is identifying that her stories resonate with other women in the room and that by sharing her stories and illustrating that she is still alive, sane and sober that others have the potential to find and maintain sobriety as well. This is consistent with the antenarrative concept outlined by Boje (2001) when he writes about safe places and acceptance when telling a story.

For Danielle, sharing her stories with her Sponsor provides acceptance. “And I’ve never said anything to her that she hasn’t been through or hasn’t met someone that’s gone through, so I feel less judged.” Danielle’s statement identifies how sharing her stories with her Sponsor connects her with similar events shared between the women. The stories maintain Danielle’s sobriety by connecting her to her Sponsor and helping her realize that she is not different, but shares similar experiences with other addicts. She illustrates this further when she stated, “But now like being clean a few years, I go to meetings and sometimes I’ll go to a meeting knowing that I’m going to share because I’m going through something that usually has nothing to do with, like, me wanting to get high. Sometimes it does, but sometimes it’s just like I’m going through something and I know that people can relate.” Danielle purposefully shares stories in meetings to assist other addicts in the room by allowing them to relate to her experience. For Danielle, storytelling in Narcotics Anonymous helps maintain her sobriety by realizing that others can go through similar experiences and stay clean. Danielle’s purposeful nature of sharing her stories can be linked to Tyler (2007) where she writes about the nature of an individual working with the stories inside themselves prior to sharing the story with a listener.

Connie was similar to Flo in how she views storytelling and why she chooses to share a story. She said, “And if I decide to share it’s usually because someone has touched me really deeply with their story.” Connie’s statement personifies how storytelling can resonate with people and can aid in an addict’s sobriety. Connie shares her story when she identifies with another person’s story. It is possible that prior to hearing the other woman’s story that she might not have identified her own story within the context of staying sober.

Vanessa identifies that she wants to be on the receiving end of those stories. Vanessa said that “I’ll share a story if I’m struggling with something. If there’s something going on in

my life that I just can't deal with on my own that I need to share in hopes of someone sharing a story back that will teach me how to overcome my struggle." Renee shares a story if she is moved by another addict's story. Renee stated, "But what prompts me to share is if someone says something that touches my heart." The stories shared between women are meant to not only unburden themselves, but to also to help other women who are going through shared struggles.

The emotional connection of the storytellers helping and being helped by the stories they share and hear affects their perceived reality of the situation and allows them to make meaning of their experiences (Gabriel, 2000; Novak, 1975).

### Story Aliveness and Negotiated Storytelling

There are many reasons why someone shares their story at a particular moment. One of these reasons is because stories are "energetic entities" that have a desire to be told by the storyteller (Tyler, 2007). "The stories negotiate with us in certain circumstances to be told or not told, and when we mutually determine them, we collaborate with each other and with our listeners to determine the way in which they will be told, what we leave in and what we will leave out" (Tyler, 2007, p.8). Stories are told because the tellers and listeners are in a safe location, free of judgment and persecution. Stories are also told because the storytellers identify with the listeners in the room. Mary Lou summarized how storytelling helps her maintain her sobriety. She said, "Well I'm either going to share because I have to because I'm jammed up, or I hear something and I can share my experiences and they can identify. The therapeutic values of that parallel identification for us addicts is essential to our recovery because we know, we've confirmed we're not alone. That's the importance of going to meetings and telling your story." Storytelling in Narcotics Anonymous helped the women in the Women's Group maintain their sobriety by creating a community of support and acceptance.

Mary Lou's example is an illustration of both story aliveness and negotiated storytelling. When she references that she is "going to share because I have to because I am jammed up" she is illustrating the concept of story aliveness. The story is alive within her and feels the need to be told, almost taking on a life of its own. The need for Mary to share her story makes it "alive" within her. Mary Lou's reference to "I hear something and I can share my experiences and they can identify" is an example of negotiated storytelling. The stories that Mary Lou holds inside of her negotiate release when they believe that their outward manifestation will be of benefit to a fellow addict.

Storytelling in Narcotics Anonymous helps maintain sobriety through shared experiences and understanding. Additionally stories and storytelling assist people in making meaning of the events that surround their lives. The act of storytelling provides the ability for the teller and the listener to create, transform, test, sustain and fashion meaning (Gabriel, 2000).

Storytelling in Narcotics Anonymous confirms much of the current literature on the subject. The safety of the environment and the acceptance of the listener is paramount to the context within which a story is told (Boje, 2001; Tyler, 2007). The stories shared by the addicts in the rooms provides all those who are listening with the possibility to construct a personal reality in comparison to the story and to thus make meaning from that story which can then inform their perspective (Gabriel, 2000; Novak, 1975).

There is something unique about storytelling with the context of Narcotics Anonymous. Open Narcotics Anonymous meetings allow non-addicts to be present and to listen to stories, but not to share. Closed Narcotics Anonymous meetings only allow addicts within the room. It would be interesting to further pursue the varying nature of the stories shared in open and closed meetings and how this affects the stories that are shared, if at all. While the stories shared within

the safety of the NA rooms are accepted among the attendees, there is a very deviant nature to the stories that are shared. Due to the nature of the stories shared, it would be interesting to further research how deep into a story the teller actually delves. Is there some level of discretion that is assumed by the teller as to not implicate them into behavior which might be outside the acceptance of their peers?

### Meaning Making through Storytelling in Narcotics Anonymous

Storytelling in Narcotics Anonymous can serve as a vehicle through which meaning making is accomplished, including frames of reference, points of view and habits of mind (Mezirow, 2000). Stories do not need to have a finality, but can continue in a nonlinear fashion. Meaning making for both the storyteller and the listener can be created without the sense of finality (Boje, 2001).

### Relational Meaning Making: Identifying with and Reflecting on Others' Stories

Women learn how to cope with different situations by listening to stories and relating to the context or the subject of the story. Mary Lou spoke quite eloquently about the concept of the relating to others' stories and how she learns from them. She stated, "So what happens is I take their experience and I relate it to if that, like for instance, does that emotion fit what I feel? Can I identify internally to that story? Does that powerlessness, oh okay, it may be not it's the exact same thing, but the emotion is the same. Either I act it out in these three categories and I can identify that and unmask all that other stuff, and then I am able to say yeah, okay, I can use that." Mary Lou is explaining how she relates to the stories and finds similarities within her own unique experience and relates how the storyteller dealt with the situation while simultaneously trying to identify whether or not that reaction was successful for the storyteller and whether or not it could also be implemented in her situation.

This concept of making meaning by relating to other women's stories was repeated by many of the study's participants. Shelby stated that, "I don't think I'd be the person I was today if I hadn't figured, found out, that I was an addict and, and there was a different way to live." She figured this out by making meaning from the stories she related to within Narcotics Anonymous. Shelby spoke of the need to listen to someone else's story because she can relate to what they are going through. "I can feel their pain and I can feel what they're going through because I've been there. I'm no different from anybody." It is her assertion that people understand things better if they have gone through a similar situation. This is why a room full of addicts telling stories about their addiction can be educational.

Flo stated, "Because everybody's got a story, and if you don't learn from someone's story then you are not listening to the storyteller." It is Flo's contention that if you listen to the story someone is sharing with you, you can find pieces of that story that relate to your own situation and make meaning from it.

Danielle references her storytelling experiences with her sponsor and how for every story Danielle shares with her Sponsor; her Sponsor has been through a similar experience. "And I tell her everything; like you know when I'm having a bad day, things that I went through whenever I was using, things that I'm going through now and it's like she had literally been through all the stuff that I've been through." Danielle's Sponsor tells a story relevant to the topic at hand, and Danielle can learn from that experience; she can relate her situation to the situation in the story of her Sponsor. Danielle can make meaning through the stories she hears.

Connie also refers to her Sponsor as a teacher and a guide through the steps of NA. She views her Sponsor's stories as meaning making opportunities. "She is like a teacher that's going, that will guide me through these steps; because without doing the steps, which I've proven in the

past, you're not going to get the program." Connie's Sponsor guides her through the steps by sharing stories of her personal growth within Narcotics Anonymous.

Renee echoed the importance of relating to the stories of her Sponsor when she said, "But when she shared that with me, I was able to relate to that story, and I learned from that story."

Vanessa stated, "I learn from the other people in NA. I learn from their experiences."

These stories confirm what is known about transformative learning and storytelling with regard to meaning making. The environment, the participants, the acceptance of those hearing the stories and the meaning making that results from the stories fosters an environment for transformative learning (Boje, 2001; Cranton, 2008; Gabriel, 2000; Taylor, 2007; Tyler, 2007).

#### Filling Toolboxes with New Tools for Sobriety

People can learn through others sharing their experiences through storytelling. The women in Narcotics Anonymous learn from each other's stories. They learn what works to stay clean and what not to do, what has an adverse affect on sobriety, by listening to the stories of their fellow addicts and making more informed decisions. The frames of reference, points of view and habits of mind identified by Mezirow (2000) were referred to by some women as their toolbox.

Vanessa said, "And I learn through them telling the group what did work and what didn't work, what tools they used to successfully overcome that challenge or how they're still suffering with it, so that I don't have to make the same mistake that somebody else has made." Vanessa had begun to question her previous frame of reference after listening to the stories of how others successfully overcame similar challenges. Vanessa is making meaning from the hard lessons learned and shared through story by her peers in Narcotics Anonymous. Vanessa takes the stories she hears and transforms them into tools she can utilize to navigate her own experiences.

Mary Lou said, “And now my toolbox, storytelling to me in Narcotics Anonymous is building my toolbox and letting me learn how to navigate. What makes me unable to navigate is not having anyone mentor me. That what going to a meeting and getting their story, their therapeutic value feeding my soul. It is the most important thing about Narcotics Anonymous. And I think that’s what makes us successful personally.”

Stories empower people to relate to the experiences of others, thus creating new knowledge, broader perspectives and expanded possibilities (Rossiter, 2007). It is through the shared experiences that meaning making can occur. The women in the study spoke of the many lessons learned from the stories they heard from their Sponsors or the other women in the Narcotics Anonymous program. The women were able to make meaning out of the storytelling experience in Narcotics Anonymous by relating to the stories shared by other women and transforming those stories into tools they could utilize in their own lives.

#### Storytelling and Transformative Learning within the Context of Narcotics Anonymous

Stories educate as instruments of transformation (Jackson, 1995). Some stories lead from that with which we are familiar into that of the unfamiliar; stories can open doors of personal growth and change. When identification can be made by the listener with the story being told by the teller, the listener can envision the possibility of change for themselves (Clark, 2001).

Within the context of the research questions of this dissertation, many of the women in this study shared their personal stories of how they began to use cocaine and how they eventually ended up in Narcotics Anonymous. All of the women shared with me about the moment when they realized they needed help and how NA providing them with an opportunity for sobriety. Embedded within these stories are the ten phases of personal perspective transformation (Mezirow, 1975). Rather than discussing each woman’s journey through the phases of

perspective transformation, I chose to identify a sole woman's experience within that phase to illustrate how that specific phase impacted her transformational learning. I utilize different women's stories to illustrate each phase. For the purpose of this discussion I have grouped the phases into three groups.

#### Events Lead to Introspection

The shared stories consist of the *disorienting dilemma* such as an arrest, loss of home, loss of money and are quickly followed up with a discussion of the *self-examination with feelings of guilt or shame*. While the stories that were shared with me quickly and linearly go from each woman's specific disorienting dilemma into a discussion of self-examination, in reality the process was most likely not as quick or as clean as the story.

Danielle's disorienting dilemma was when she was arrested. As a consequence of her arrest, Danielle was placed into a treatment facility. While in this treatment facility she began to examine the behaviors that resulted in her being in this situation. "And in that treatment facility we went to a [Narcotics Anonymous] meeting every single night." It was within the safety of these meetings that she began to identify her feelings of guilt and shame.

Each woman had a unique moment when the dilemma and the shame prompted them to *critically assess the assumptions* in their lives. For Danielle, this occurred within the NA Meetings. "And I don't know what happened that I started going to these meetings with everybody and really just started to like to listen and pay attention and realize maybe I do belong here. The more I kept coming and talking to people, the more I realized that I did actually need to stay there." Danielle, through the stories she heard while attending the NA meetings began to critically assess the assumptions in her life. She realized that the way she had been living her life, through drug addiction, was not serving her well. Her cocaine use had gotten her arrested

and institutionalized. She began to open up her mind and listen to the stories of others within Narcotics Anonymous.

#### Recognition and Personal Exploration

It was in the NA meetings that they began to *recognize their discontent* with their addiction and that there is a *process of transformation that is shared* among the other women in the room and that *others have negotiated a similar change* that these women were hoping to obtain. For Connie, she began to recognize her discontent with her addiction when she realized there was another way to live, that sobriety was an option. When identifying with another woman at a NA meeting Connie stated, "I've already wanted what she's got." Connie realized that sobriety was a possibility for her and thus became aware of her discontent with her addicted lifestyle. Through her repeated attendance at NA meetings, she began to recognize the process of transformation that is shared among the other women in the room. This process, to Connie, was working her way through the 12-Step process. Regarding another woman's progress she stated, "And she's already doing these steps herself and she's, you know. I don't know what step she might be on, but she'd definitely further than [step] one, and that where I'm starting." After recognizing the process she acknowledged that others have negotiated a similar change in their lives. "So I want to know how she did it, so I'm going to follow the ways she did the step one."

Sitting in the meetings and listening to the stories of other women, allow for the mental *exploration of options for new roles, relationships and actions*. Connie's attendance at the Narcotics Anonymous meetings allowed her to listen to the stories of other women who have negotiated similar changes and growth in their lives. It is within Connie's mind that she begins to ponder the possibility for new relationships with her family and friends and a new life for herself. While she was in a meeting she was listening to a woman talk about her experiences

with her children. And Connie began to think about her relationship with her son and his potential addictive tendencies, but the woman's story allowed her to explore the option for a new mother / son relationship. "And now with my son, I want to go home and enable him but it's, but it's okay, good; they're going to give her feedback and that's going to help me." This example illustrates how by listening to the stories of other women, she is mentally exploring her own interests.

The women, through their continued attendance at NA meetings and through making meaning of the stories they hear, begin to *plan a course of action* that will keep them in sobriety. Connie has learned that she needs to pay more attention to herself and her actions. "And if I focus more on myself, I'll be able to get through these emotions by working through the process of getting through them instead of trying to pick out everybody else's problems." It is the stories that provide the women with the *knowledge and skills for implementing their new plan*, essentially the stories shared within Narcotics Anonymous provide the women with the tools and the toolbox to stay sober.

### Reintegration

Slowly the women begin to separate themselves from the people, places and things that have supported their drug addiction and begin *provisionally trying out their new role*. This slowly *builds their self-confidence and they begin to reintegrate their new assumption* (a drug-free life) *into their life on the basis of conditions dictated by their new perspective*. For Mary Lou, she began to try out her new role of sobriety by giving back to other women in NA as a Sponsor. This process was not an immediate one, but rather one that took years. Through years of Sponsorship her self-confidence began to come back and she began to feel fortunate. "So I

believe that the whole storytelling thing is about what gravitates us to people whose personalities is more of ours and it individualizes our recovery process.”

The women in Narcotics Anonymous have responded to an alternative habit of mind by reconsidering their drug use and revising their prior belief system, thus personifying transformative learning. While it can be argued that one can make most any story fit into Mezirow’s model this research calls into question the context of the storytelling and the people with whom the stories are shared. The need for the female addict to have the Narcotics Anonymous rooms in which to share their stories and thus begin their transformation; illustrates the social nature of the transformative learning process. It can be argued that the addict’s transformation was the result of the acceptance of the group which then gave license for the individual transformation. Transformative learning in this study is consistent with Scott’s (2003) notion that transformative learning is both individual and social.

#### Rational and Extrarational Transformations

While Mezirow’s approach to transformative theory involves rational thought and critical reflection, Dirkx (2006) contends that many of our frames of reference are acquired through largely unconscious experiences. The stories that are spoken in the Narcotics Anonymous meetings impact the listener on an emotional level. The personal relationship the women have with the stories they both tell and hear is an emotional one which can occur both consciously and unconsciously. In every story, at each of the stages of transformation identified in the data, women reported experiences of rational reflection on their situations, and also expressed emotional experiencing that influenced their decision-making and transformation. When the concepts of both Mezirow and Dirkx are brought together, transformative learning can be rational, affective, extrarational, experimental, or any combination (Cranton & Roy, 2003).

The relationship between rational transformative learning and extrarational transformative learning is reflexive. While the women could articulate their narrative in a rational manner, it was when the women were in the process of storytelling that the extrarational transformative learning was observable. For example, when Shelby was sharing her “story” with me, she was really sharing her “narrative” which represents the predictable and liner explanation of the events surrounding her participation in Narcotics Anonymous. However, in the middle of the narrative I observed a physical change in her position within her chair and a demonstrable change in her facial reactions. At this point she broke from her narrative and began telling me a story. This change represents extrarational transformative learning. Her narrative turned to story because portions of her unconscious were being negotiated by her story, which at that moment needed to be told.

#### Implications for Theory

Informing this study is the concept of storytelling and transformative learning theory. Discussion within this dissertation has added to the established body of discourse related to transformative learning theory. In addition, this dissertation has added to the body of knowledge by combining the conceptual framework of storytelling with the theoretical lens of transformative learning. Stories are effective as educational tools because they are believable, memorable and entertaining (Neuhauser, 1993). This stems from the similarities between the stories shared and the experiences with which we can identify, thus perceive as authentic and credible sources of knowledge (Coles, 1989; Neuhauser, 1993; Rossiter, 2007). Stories make information memorable, thus meaning is made, because they involve us in their action, and in doing so invite active meaning making by the listener (Rossiter, 2007). Storytelling can serve as

a vehicle through which various aspects of meaning making are accomplished, including frames of reference, points of view and habits of mind (Mezirow, 2000).

One could assume that other perspectives of transformative learning would have focused on different aspects of the women's stories, honing in on different points. Using the lens of connected or relational learning, for example, might have increased the emphasis on relationships among women who are addicted to cocaine. Additionally, other researchers might have utilized different questions to draw out different points along the transformative learning spectrum. These are all excellent opportunities for additional studies which could focus on transformative learning within the context of adult education.

Throughout this research I witnessed consistency across the constructs of meaning making through storytelling. This research demonstrates the relationship between the essential elements of transformative learning and storytelling. The element of story, as shared by the participants, addressed the disorienting dilemma, self-examination, critical assessment of assumptions, recognition that one's discontent and process of transformation are shared and that others have negotiated a similar change and the exploration of options for new roles, relationships and actions (Mezirow, 1975). It is through this combination of storytelling and transformative learning that this dissertation adds to the current discourse.

The existence of an authentic and trusting relationships allow for the exchange of stories and foster transformative learning (Taylor, 2007). The relationship that the women shared within the Narcotics Anonymous program provided them with the opportunity to experience transformative learning. "Particularly important to establishing authentic relationships was the equalization of power between teaching partners, allowing the learner autonomy and the development of trust" (Taylor, 2007, p. 179). The Narcotics Anonymous setting created the

leveling factor among the women. This recognition that everyone within the room was an addict and had similar experiences created the necessary environment which was conducive to transformative learning. This allowed the women to build relationships between themselves, be it formal in the creation of a Sponsor and Sponsee arrangement or an information relationship among peers. The relationships among the women, in connection with the safe place of the Narcotics Anonymous room allowed for transformative learning to occur.

The restorying process was also relevant to transformative learning theory. Restorying can be central to the process of transformative learning. Restorying is defined as deconstructing any dominant story, in order to develop a story out of fragments (Boje, 2001). The concept of restorying is that when individuals share their own stories, they are better able to locate and assess their own stories within larger cultural contexts (Randall, 1996). Every listener is a potential storyteller. Once a story is heard by a listener, they are often retold by the original listener to a new listener who is hearing the restoried story for the first time. This act of restorying allows for embellishments, elaborations and mutations along the way (Gabriel, 2000; Boje, 2001). Restorying allows a person, in this case an addict, to tell a story she originally heard to a new listener to create an opportunity for dialog about a subject which she might not have had a context to discuss.

#### Implications for Research

This study broadens the understanding of addiction and the role of Narcotics Anonymous in the recovery of its participants. This study also provides pedagogical insights into therapy and treatment options. There is a gap in literature focusing on the role of storytelling in the transformation of female cocaine addicts in Narcotics Anonymous in both the fields of adult

education as well as addiction education. This lack of research illustrates the significance that this study has for both fields.

This dissertation helps to fill the void in research pertaining to the relationship between storytelling and transformative learning and how women make meaning out of the storytelling experiences in Narcotics Anonymous (NA). Conceptually this is significant because the storytelling orientation to education is grounded in an understanding of story as a primary structure of human meaning making and knowledge construction (Rossiter, 2007). More specifically, the actual uses of story in adult teaching and learning are essentially unlimited because they arise from infinite expressions from teachers and learners (Hermans, 1997). Stories hold the power to stimulate an empathic response. As the researcher, I can attest to the emotional responses that I experienced when listening to the stories of the women. It was the particularity of the story, the specific situation, the small details, the vivid images of human experience, which evoked a response (Rossiter, 2007).

Yet little is known about the nature of storytelling within NA due in most part to the NA emphasis on protecting the anonymity of its members. This study assists in providing an understanding of the role of storytelling in the transformation of female cocaine addicts in NA. Additionally, this study provides a greater understanding of how women participants make meaning out of the storytelling experience in NA and further defines the relationship between storytelling and transformative learning within the context of the female cocaine addict's participation in NA.

This study provides a jumping off point for future research into the relationship between storytelling and transformation among other genders, among different ethnicities and cultures as well as different groups or organizations. Additional research could be done to determine how,

if at all, the female only meetings of Narcotics Anonymous affected the stories told within the meetings. There were references within the stories about the female only environment. Specifically, Shelby stated, "...but what I needed was a place where a woman could talk about other things other than recovery." It would be interesting to research how storytelling, above and beyond the topic of recovery has affected the participants, both with maintaining their recovery as well as integrating into a drug-free lifestyle. This study focused solely on women participants. Research could be conducted on a male only population and/or on an integrated male and female population. This study did not delve into the role that gender plays on storytelling; however, additional research could engage this topic. No focus was given to the role of ethnicity and culture with regard to storytelling. Further research into the cultural application of storytelling could provide some insight into how, if at all, the ethnicity or the culture affects the storyteller and the listener. While this research provides for an in depth and detailed account of the role of storytelling in the transformation of female cocaine addicts in Narcotics Anonymous, it is not generalizable to other populations and additional research would add to the body of knowledge in seeking to understand the transformational potentials of storytelling.

#### Implications for Practice

This study has the potential to broaden the understanding of storytelling in therapeutic settings. Also, it provides significance to the field of drug addiction education, as it has been recognized that little is known about storytelling within the context of NA (Kauffman et al. 1997). Roughly ninety-five percent of inpatient addiction treatment programs in the United States incorporate Alcoholics Anonymous and / or Narcotics Anonymous at some level (Nunes-Dinis & Barth, 1993). However, little research is evident whose primary focus is on what about storytelling in Narcotics Anonymous helps the participants maintain their sobriety. Thus

research into the realm of storytelling within NA may bring to the forefront the potential impact that shared stories and shared lived experiences can have in obtaining and maintaining the sobriety of women who participate in drug treatment programs.

This research indicates that storytelling has the potential to affect learning, inclusive of transformational learning. Addiction specialists could utilize storytelling in various ways to increase the learning opportunities for the addict. For example, in a formalized inpatient setting, storytelling can begin as early as the intake process. Outpatient settings can utilize storytelling via various modalities. For example, storytelling can take place in person, through one on one storytelling sessions or group storytelling opportunities. But additional use can be made of technology to increase the opportunities for storytelling. Traditional telephone conversations can utilize storytelling as a means of learning. Video Conferencing is also a means to enhance the ability for outpatient setting to bring storytellers and listeners together.

The concept of safe places can also be utilized within the therapeutic settings of drug treatment centers. The women in this study repeatedly referenced how the female-only setting of the women's group created a safe place for which they felt comfortable to share their stories. Additionally, the Narcotics Anonymous setting allowed for the women to share their stories with other addicts who have similar experiences. These shared experiences created a space where the women felt they would be less likely to be judged. The safe place was critical to storytelling experience. Professionals who wish to treat addicts would be well served to recognize the importance of this concept and how it affects the treatment of the addict.

The basic idea is that when addicts externalize their own stories through storytelling, they are better able to understand their own stories within the larger communal contexts of their NA peers. However, the externalization through storytelling also allows the addict to internalize their

own story as well. These processes open the way for learners to choose alternative narratives. The restorying process (Keyon & Randall, 1997) could be used by professionals, including addiction specialists, as a method to foster positive life change in addicts. The central transformative dynamic is a matter of gaining a more critical and empowered perspective on one's life through telling and interpreting one's self story and the stories of others (Keyon & Randall, 1997).

#### Limitations of the Study

The limitations of this research are a direct result of its strength. In order to obtain in-depth interviews specific to the subject area it is necessary to narrowly define the participant population. In this case, eight women who regularly attended the Sunday Women's Group of Narcotics Anonymous in Central Pennsylvania were chosen. The women were over the age of twenty-five, self-identifying as a cocaine addict, being a chronic user of cocaine, participating in Narcotics Anonymous for at least six months and attendance at the same Narcotics Anonymous meeting weekly. This does not mean that this study does not have applicability to men, or alcoholics or attend a different Twelve Step program; just that those populations were not included in the research design. Application will need to be determined on a case by case basis.

#### Conclusion

This process has been an amazing journey. When I began this journey towards academic growth and understanding, it was my expectation that I would learn about the role of storytelling in the transformation of female cocaine addicts in Narcotics Anonymous. The relationships I made with the women participating in this study and the process of undertaking an intimate connection with them through story provided me with so much more. This journey was not just about how the women in this study used storytelling in their personal transformation; the

intimate nature of the storytelling experience shared with these women has impacted me far more than I had anticipated. This study has strengthened my understanding of women suffering with drug addiction.

The entire process of meeting and working with these women was educational for me. I began by identifying a women's only Narcotics Anonymous group. I was actually shocked to find that there are very few single-gender Narcotics Anonymous groups in central Pennsylvania. After identifying the group I introduced myself to the group leader. I was pleasantly surprised to find how accepting she was of me and my research. Her support opened the door for me to meet with the other women in the group. After my interview with her, several other women were eager to assist me with my research.

The actual interviews were as interesting as the results that they yielded. I gave each woman the opportunity to choose the site for our interview. Most women invited me into their homes. I was pleased by their willingness to allow me access to their personal spaces. This access illustrated their trust of me, and I am humbled by the experience. Since I was conducting the interviews in their homes, I was introduced to several spouses and significant others; I met children and pets. But what continued to surprise me was the willingness of the women to be open and honest with me about incredibly personal experiences.

During most of my interviews the women would begin telling me their narrative, which they had clearly told many times before. But as the interviews continued, many of the women broke from their narrative into their story. There were visual cues when this happened. The physical position of the women would change. They would literally open up, uncross their arms, relax their posture, become more animated. The change was demonstrable.

Since starting this process I now find myself relating to people in a different way. I find myself much more interested in listening to people. I have a renewed interest in understanding people and I attempt to do so by eliciting their stories. This opportunity has given me a new lens with which to view the world and my position in it. My time with these women has made me a better person. I now recognize the strength it takes to make a transformation. While not all of the women were at the same point in their transformation, I believe that they were all at some point in the transformative learning process. And their strength, determination and tenacity has made me reevaluate my own goals and challenges. I believe that these specific women came into my life for a reason. And while this research has concluded, the impact on my life will be felt for many years to come.

## REFERENCES

- Alcoholics Anonymous (1976). *The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism, 3<sup>rd</sup> edition*. New York: Alcoholics Anonymous World Services. (This publication is informally known as the Big Book.)
- Back, S., Brady, K., Waldrop, A., Yeatts, S., McRea, A., & Spratt, E. (2008). Early life trauma and sensitivity to current life stressors in individuals with and without cocaine dependence. *The American Journal of Drug and Alcohol Abuse, 34*, 389-396.
- Bauer, M.W. & Gaskell, G. (Eds.). (2000). *Qualitative researching with text, image and sound: A practical handbook*. Thousand Oaks, CA: Sage Publications.
- Boje, D. (1991). The storytelling organization: A study of storytelling performance in an office supply firm. *Administrative Science Quarterly, 36*, 106-126.
- Boje, D (2001). *Narrative Methods for Organizational and Communication Research*. London: Sage Publications.
- Boje, D. (2006). Breaking out of narrative's prison: Improper story in storytelling organization. *Storytelling, Self, Society, 2* (2), 5-27.
- Boje, D. (2011). *Storytelling and the Future of Organizations: An Antenarrative Handbook*. New York: Routledge.
- Brandell, J. (1997). *Theory and Practice of Clinical Social Work*. New York: Free Press.
- Bristow-Braitman, A. (1995). Addiction recovery: 12-step programs and cognitive behavioral psychology. *Journal of Counseling and Development, 73*, 414-418.
- Bruner, J. (2002). *Making Stories*. Farrar, Strauss, and Giroux: New York
- Cain, C. (1991). Personal stories: Identity acquisition and self-understanding in alcoholics anonymous. *Ethos, 19* (2) 210-253.

- Chamberlayne, P., Bornat, J. and Wengraf, T. (Eds.) (2000). *The turn to biographical methods in social science: Comparative issues and examples*. New York: Routledge.
- Chase, S. E. (1995). Narrative inquiry: Multiple lenses, approaches, voices. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (Third ed., pp. 651-679). Thousand Oaks, CA: Sage Publications.
- Chin, S. (2006). I am a human and I belong in the world. *Journal of Transformative Education*. 4 (1), 27-42.
- Clark, M. (2001). Off the Beaten Path: Some Creative Approaches to Adult Learning. *New Directions for Adult and Continuing Education*, 89, 83-91.
- Cocaine: Abuse and Addiction* (2009). National Institute of Health, US Department of Health and Human Services.
- Coles, R. (1998). *The call of stories: Teaching and the moral imagination*. Boston: Houghton Mifflin.
- Cranton, P. (2006). *Understanding and Promoting Transformative Learning: A Guide for Educators of Adults*. San Francisco: Jossey-Bass
- Cranton, P., & Roy, M. (2003). When the bottom falls out of the bucket: Toward a holistic perspective on transformative learning. *Journal of Transformative Education*, 1 (2), 86-98.
- Cranton, P. & Wright, B. (2008). The transformative educator as a learning companion. *Journal of Transformative Education*, 6 (1), 33-47.
- Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3<sup>rd</sup> ed.). Thousand Oaks: Sage Publications.

- Czarniawaska, B. (1997). *Narrating the Organization: Dramas of Institutional Identity*. Chicago: University of Chicago Press.
- Dirkx, J. (1997). Nurturing soul in adult learning. *Adult Education Quarterly*, 74, 79-87.
- Dirkx, J. (2000). After the burning bush: Transformative learning as imaginative engagement with everyday experience. In C.A. Wiessner, S.R. Meyer, & D.A. Fuller (Eds.), *Challenges of practice: Transformative learning in action: the proceedings of the Third International Conference on Transformative Learning* (pp. 247-252). New York: The Center for Educational Outreach and Innovation, Teachers College, Columbia University.
- Dirkx, J., Mezirow, J., & Cranton, P. (2006). Musings and reflections on the meaning, context, and process of transformative learning. *Journal of Transformative Education*, 4 (10) 1-17.
- Earley, M.D., P. (2002). *The Cocaine Recovery Book*. Atlanta: Talbott Recovery Campus.
- Elias, J. & Merriam, S. (2005). *Philosophical foundations of adult education, 3<sup>rd</sup> edition*. Malabar, FL: Krieger Publishing Company.
- Fontana, A., & Frey, J. H. (2005). The interview: From neutral stance to political involvement. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (Third Edition, pp. 695-727). Thousand Oaks, CA: SAGE Publications.
- Gabriel, Y. (2000). *Storytelling in Organizations: Facts, Fictions and Fantasies*. New York: Oxford University Press.
- Gallop, R., Frank, A., Griffen, M., Thase, M., Crits-Christoph, P., Have, T. & Barber, J. (2007), Differential transitions between cocaine use and abstinence for men and woman. *Journal of Consulting and Clinical Psychology*, 75 (1), 95-103.

- Geisler, M., & Shen, W. (1998). Cocaine addiction: theory, research, and treatment. *The Journal of the American Medical Association*. 279 (6), 477-481.
- Geertz, C. (1995). *After the Fact: Two Countries, Four Decades, One Anthropologist*. Cambridge: Harvard University Press.
- Hermans, H. (1997). *Self-narrative in the life course: A contextual approach*. In *Narrative Development: Six Approaches*. New Jersey: Erlbaum.
- Hopkins, R. (1994). *Narrative Schooling*. New York: Teachers College Press.
- Jackson, P. (1995). *On the Place of Narrative in Teaching: in Narrative in Teaching, Learning and Research*, edited by McEwan and Egan. Teachers College Press: New York
- Jones, S. R. (2002). Writing the word: Methodological strategies and issues in qualitative research. *Journal of College Student Development*, 43(4), 461-473.
- Kauffman, S., Silver, P., & Poulin, J. (1997). Gender differences in attitudes toward alcohol, tobacco and other drugs. *Social Work*. 42 (3), 231 – 240.
- Krieger, S. (1991). *Social science and the self: Personal essays on an art form*. New Brunswick, NJ: Rutgers University Press.
- Lincoln, Y. & Guba, E. (1985). *Naturalistic Inquiry*. Beverly Hills, CA: Sage.
- Lincoln, Y. S. (1995). Emerging criteria for quality in qualitative and interpretive research. *Qualitative Inquiry*, 1(3), 275-289.
- Maslow, A. (1962). *Toward a psychology of being*. New York: Van Nostrand Reinhold
- Merriam, S. B., & Simpson, E. L. (1995). *A guide to research for educators and trainers of adults* (Second ed.). Malabar, FL: Krieger.

- Merriam, S. B. (2002). Introduction to qualitative research. In S. B. Merriam & Associates (Eds.), *Qualitative research in practice: Examples for discussion and analysis* (pp. 3-17). San Francisco: Jossey Bass.
- Merriam, S. & Brockett, R. (2007) *The profession and practice of adult education: an introduction*, Hoboken, NJ: John Wiley and Sons Publishing Company.
- Mezirow, J. (1975). *Education for Perspective Transformation: Women's Reentry Programs in Community Colleges*. New York: Center for Adult Education, Teachers College, Columbia University.
- Mezirow, J. (1978). Perspective Transformation. *Adult Education*, 28, 100-110.
- Mezirow, J., & Associates. (1990). *Fostering Critical Reflection in Adulthood: A Guide to Transformative Emancipatory Learning*. San Francisco: Jossey-Bass
- Mezirow, J. (1991). *Transformative Dimensions of Adult Learning*. San Francisco: Jossey-Bass
- Mezirow, J., & Associates. (2000a). *Learning as Transformation: Critical Perspectives on a Theory in Progress*. San Francisco: Jossey-Bass.
- Mezirow, J. (2000b). Learning to think like an adult: Core concepts in transformative theory. In J. Mezirow and Associates (Eds.) *Learning as transformation: Critical perspectives on a theory in progress* (p. 3-33). San Francisco: Jossey-Bass.
- Mezirow, J. (2003). Transformative Learning as Discourse. *Journal of Transformative Education*. 1 (1), 58-63.
- Narcotics Anonymous (6<sup>th</sup> ed.). (2008). Van Nuys: World Service Office.
- Narcotics Anonymous (2010) Information about NA. Retrieved from [http://www.na.org/admin/include/spaw2/uploads/pdf/PR/Information\\_about\\_NA.pdf](http://www.na.org/admin/include/spaw2/uploads/pdf/PR/Information_about_NA.pdf)

- National Institute on Drug Abuse* (2009). National Institute of Health, US Department of Health and Human Services.
- Neuhauser, P. (1993). *Corporate Legends and Lore: The Power of Storytelling as a Management Tool*. McGraw-Hill: New York.
- Nohl, M (2009). Spontaneous action and transformative learning: Empirical investigations and pragmatist reflections. *Educational Philosophy and Theory*. 41 (3). 287-306.
- Noring, S. (1999). Fast lives: women who use crack cocaine. *American Journal of Public Health*. 89 (5), 775-776.
- Novak, M. (1975). Story and Experience, in J. Wiggins, *Religion as Story*, New York: Harper and Row.
- Nunes-Dinis, M., & Barth, R. (1993). Cocaine treatment and outcome. *Social Work*. 38 (5), 611-617.
- Patton, M. Q. (1990). *Qualitative Research & Evaluation Methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Pearson, E. (1994). *A new look at Maslow's humanism through radical and postmodern criticism*. Ann Arbor: University of Michigan Dissertation Services.
- Peterson, J. Jr. (1988). The international origins of alcoholics anonymous. Paper presented in the Symposium on Alcohol Control Policies: Cultural and Historical Approaches, at the XII International Congress of Anthropological and Ethnological Sciences, Zagreb, Yugoslavia.
- Podeschi, R. (1983). Maslow's dance with philosophy. *Journal of Thought*. 18 (4), 94-100.
- Polkinghorne, D. (1988). *Narrative Knowing and the Human Sciences*. Albany: State University of New York Press.

- Randall, W. (1996). *Restorying a Life: Adult Education and Transformative Learning in Aging and Biography: Explorations in Adult Development*, edited by J. E. Birren et al., Springer Publishing: New York.
- Rappaport, J. (1993). Narrative studies, personal stories, and identity transformation in the mutual-help context. *The Journal of Applied Behavioral Science*. 29, 239-256.
- Ricoeur, P. (1984). *Time and Narrative, Volume 1*, Translated by K. McLaughlin and D. Pellauer. Chicago, IL: University of Chicago Press.
- Riessman, C. (1993) *Narrative Analysis*. Qualitative Research Methods Series: Volume 30. Thousand Oaks: Sage.
- Riessman, C. (2005) *Narrative, Memory and Everyday Life*. University of Huddersfield.
- Rossiter, M. & Clark, C. (2007). *Narrative and the Practice of Adult Education*. Florida: Krieger Publishing Company.
- Rubin, H. & Rubin, I. (2005) *Qualitative Interviewing: The Art of Hearing Data* (2<sup>nd</sup> ed.) Thousand Oaks, CA: Sage Publications.
- Sands, D. & Tennant, M. (2010). Transformative learning in the context of suicide bereavement. *Adult Education Quarterly*. 60, 90-121.
- Scott, S. (2003). The social construction of transformation. *Journal of Transformative Education*. 1 (3), 264-284.
- Steffen, V. (1997). Life stories and shared experience. *Social Science and Medicine*. 45, 99-112.
- Sterk-Elifson, C. (1996). Just for fun? Cocaine use among middle class women. *Journal of Drug Issues*. 26 (1), 63-76.
- Stevens, L. (2002). Cocaine addiction. *The Journal of the American Medical Association*. 287 (1), 146.

- Taylor, E. (2007). An update of transformative learning theory: A crucial review of empirical research 1999-2005. *International Journal of Lifelong Education*. 26, 173-191.
- Taylor, E. (2008a). Transformative learning theory. *New Directions for Adult and Continuing Education*. 119 (1), 1-11.
- Taylor, E. (2008b). Transformative learning theory. In S. Merriam (ed.), *Third update on adult learning theory* (5 – 16). *New Directions for Adult and Continuing Education* (no. 119). San Francisco: Jossey-Bass.
- The twelve steps for everyone*. (1975). Minneapolis, MN.: CompCare Publishers.
- Tisdell, E. & Taylor, E. (2001). Adult education philosophy informs practice, *Adult Learning*. 11 (2), 6-10.
- Tyler, J. A. (2006). Only the shadow knows: Increasing Organizational Polyphony with Liminal Story/telling. *Tamara Journal*. 5 (5.4), 109-126.
- Tyler, J. (2007). Story aliveness and powerful listening. *Electronic Journal of Radical Organizational Theory: Fifth International Conference of Critical Management Studies Proceedings*. Retrieved January 15, 2009 from <http://www.mngt.waikato.ac.nz/ejrot/cmsconference/2007/proceedings.asp>
- Vitz, P. (1990). The use of stories in moral development. *American Psychologist*. 45, 709-720.
- Wengraf, T. (2001). *Qualitative research interviewing: Biographic narrative and semi-structured methods*. Thousand Oaks, CA: Sage Publications.
- White, M. & Epston, D. (1990). *Narrative Means to Therapeutic Ends*. W.W. Norton: New York.

**APPENDIX: SEMI-STRUCTURED INTERVIEW QUESTIONS**

1. How did you come to find Narcotics Anonymous and what have been some of your paramount or peak experiences in the program?
2. How have you experienced learning through your participation in Narcotics Anonymous?
3. What about storytelling in Narcotics Anonymous helps you maintain your sobriety?
4. What is the relationship between the stories you hear in Narcotics Anonymous and your own life?
5. How often to you share a personal story in a Narcotics Anonymous meeting?
6. What prompts your desire to share a story or to stay silent?
7. If you have ever relapsed, what do you believe you have learned from that experience?
8. If you have ever relapsed, do you share this story with others in the Narcotics Anonymous meeting?
9. If incarceration is part of your story, can you speak to how this was a learning or meaningful experience for you?
10. There are several elements to the Narcotics Anonymous program... sponsorship, fellowship, step-work, sharing of stories, reading literature, service-work, reaching out to newcomers, etc. Can you pick 1 or 2 of these activities and talk about how they have played a role in your recovery, and what you learned from participating in them.
11. In your own words please describe your experience(s) with sponsorship.
12. Has storytelling between you and your sponsor provided you with a meaningful experience or a learning opportunity?
13. Has the process of finding meaning in experience through storytelling influenced how you work with the public and/or colleagues in your professional and/or personal life? In what ways?
14. . What kind activities outside of the Narcotics Anonymous program do you engage in to fortify your recovery efforts and general daily wellness?
15. What, if any, is the relationship between storytelling and any transformation you may have made as a result of the storytelling experience in Narcotics Anonymous?

## VITA

Ms. Melissa Ventresca is currently the Chief of the Mission Support Branch for the Emergency Management Institute (EMI) in Emmitsburg, Maryland. She manages various training initiatives in support of the Mission Support Cadres.

Ms. Ventresca has more than eighteen years of experience in emergency management. She directed the emergency management training for Dauphin County Emergency Management Agency in Dauphin County, Pennsylvania. In this position she instructed police, fire and emergency medical first responders as well as local emergency management personnel, increasing their effectiveness to prepare, respond, recover and mitigate incidents involving hazardous materials, weapons of mass destruction and radiological hazards.

Ms. Ventresca also served as Dauphin County's Hazardous Materials Duty Officer. Her primary responsibilities included all aspects of emergency response to hazardous materials and weapons of mass destruction (WMD) events. These responsibilities included coordination with Local, State and Federal law enforcement agencies, evidence collection and custody, field sampling, identification and analysis. Additionally, she provided coordination and support to special security details with various Federal and State law enforcement entities as they relate to WMD to include the Secret Service, White House Security, FBI HMRU and FBI Explosive Device Disposal Units. The nature of the details ranged from dignitary visits, special security threats, major gathering and large venue functions.

In addition to her emergency management experience, Ms. Ventresca also served as a first responder. She served as a Technical Information Specialist for Pennsylvania Task Force One (PATF1) Urban Search and Rescue. She served as a Hazardous Materials Technician and Swift Water Rescuer for Pennsylvania Strike Team One Water Rescue. Melissa has been a volunteer firefighter and emergency medical technician since 1993.

Ms. Ventresca has a B.S. in Public Policy, a M.P.A. in Public Administration and a Doctorate of Adult Education from The Pennsylvania State University.