

Rural women's stories of recovery from addiction

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(Received 9 February 2007; in final form 15 March 2007)

Abstract

In general, much has been written on women's patterns of drug use and the varying factors that impel them into addiction and subsequently into recovery. However, there is a paucity of information on rural Appalachian women and how they make meaning of their recovery processes. Drawing on data collected through informal interviews this article explicates dimensions of the various strategies 25 rural women develop and apply as they shift from using alcohol and/or drugs to their nonuse of such substances through a consideration of their self-change processes: the disgusted self, the aware self, the alternative self, and the stable self. Furthermore, with little access to treatment in this region, data show that participants compensated for that within their own cultural contexts: through the use of family, church, friends, work, school, and self-help institutions such as Alcoholics Anonymous and Narcotics Anonymous. I conclude with a discussion of the implications of these strategies for understanding rural women as they manage recovery processes.

Keywords: *Appalachia, rural women, addiction, recovery, alcohol, drugs, strategies*

Introduction

In order to be better prepared to provide assistance to women who seek help [for their addiction], it is necessary to know how women extract themselves from problem situations. (Blackwell et al. 1996, p. 241)

For the past few decades, social scientists have greatly enhanced an empirical and theoretical understanding of women's patterns of drug use and the varying factors that impel them into addiction and subsequently recovery. However, relatively no attention has been

devoted to how rural¹ Appalachian women make meaning of such processes within a symbolic interactionist perspective. A key objective of this article is to explore a new dimension in the recovery field in order to fill a major research gap that has suffered from “selective inattention” (Dexter 1958). This article presents some results of an exploratory qualitative study of rural Appalachian women’s narratives that documents their agency as they process their recovery from the use of alcohol and/or drugs. As part of an emerging tradition, I am following the lead of individuals who feel more should be done to attempt to understand both women’s addiction and recovery processes (Rosenbaum 1981; Ettore 1992; Adrian et al. 1996; Copeland 1998; Murphy and Rosenbaum 1999; Campbell 2000). My goal in this paper is to contribute to this growing field of research by specifically addressing recovery as a social process for this under-represented group – rural Appalachian women.

In this article, I highlight how 25 rural women narrate their recovering selves, their self-perceptions and their processes of change through exploring several queries: (1) how women perceive, think about, and create lines of action as they practice recovery; (2) how they interact and reflect upon the ways in which they make meanings of such processes for themselves; and (3) how they make sense of their meanings toward an object, such as alcohol and/or drugs, that once was so important in their lives. First, I begin with a discussion of the background and context on which this article is based. Then I briefly examine the research from which this article is derived. Next, I turn to an examination of specific strategies rural women narrate as they process their recovery. I conclude by elaborating on the implications of my findings for understanding recovering women as strategic actors and the ways in which their experiences can inform us about rural women’s recovery processes.

Background and context

As I previously stated, much of what is known about rural women’s experiences in the recovery field fails to address how they think, how they organize ideas, and what is meaningful to them (Ettore 1992; Rosenbaum 1998; Crooks 2001). Although symbolic interactionists argue that individuals have many selves created by social interactions, the “multifocal nature of womanhood” (Crooks 2001, p. 4) has received little attention. As Crooks (2001, p. 9) argues:

Research based on symbolic interactionism reveals the world view of women by seeking to understand the social construction of meaning and action by asking questions about point of view, influences on action, problem-solving strategies, definition of action and situation, effect of past experiences, and, finally, future plans.

Research has revealed that addiction and recovery processes present challenges to women that differ from those confronted by men (Van Den Bergh 1991; Abbott 1995; Campbell 2000). Gender differences exist with regard to alcohol and degree of drug use and associated behaviors (Grella and Joshi 1999), as well as to rates of use for various drugs, biological impacts, risk factors, nature of substance use problems, and recommended responses (Dell and Garabedian 2003). Much of the literature generates stereotypical images of women who use drugs and alcohol, distorting their experiences and minimizing their challenges (Plant 1997; Campbell 2000). So too concerns about women and their use of such substances has had an intensely moral tone around essentially moral issues: the

supposed effects of alcohol and other drug use on women's "maternal instincts," their ability to care for children and partners, their sexualities, and destruction of "female purity" (Blackwell et al. 1996, p. 229). Moreover, female users have generally been considered more pathologic than male users (Clark 1996).

Various authors have researched the recovery process (Becker 1953; Biernacki 1986; Denzin 1987; Haas 2003), but these studies have primarily involved male addicts. However, two significant studies have considered women's lives through a symbolic interactionist lens: one on urban women addicted to heroin (Rosenbaum 1981), and one on urban pregnant women using drugs (Murphy and Rosenbaum 1999). Another important study is Raine's (2001) work in England on urban women's perspectives on alcohol use and the centrality of gender in their lives.

There are a growing number of studies that consider women's patterns of drug use (Beckman 1978; Ryan and Popour 1983; Celentano and McQueen 1984; Wilsnack and Beckman 1984; Reed 1985; Pihl et al. 1986; Blume 1990; Olenick and Chalmers 1991; Underhill 1991; Ettorre 1992; Grover and Thomas 1993; Miller and Downs 1993; Long and Mullen 1994; O'Connor et al. 1994; Rubonis et al. 1994; Weinberg 1994; Abbott 1995; Graham et al. 1995; Lammers et al. 1995; Nelson-Zlupko et al. 1995; Blood and Cornwall 1996; Bernard 2001; Raine 2001). Such studies examine why women turn to and, ultimately, leave their use of substances, but there is no research on how rural Appalachian women experience or "make meaning" of such processes for themselves. How structural and cultural constructs of location modify rural Appalachian women's recovery processes is absent from the literature.

In this research I draw upon Blumer's (1969) work in symbolic interactionism along with concepts of self and reflexivity. Three basic assumptions underpin the symbolic interaction paradigm: (1) people act towards things based on the meanings these things have for them; (2) meanings arise out of social interaction; and (3) meanings are modified through an interpretive process that involves self-reflective individuals symbolically interacting with one another (Blumer 1969). As Blumer (1969) argues the self is a perpetual process of becoming, involving a person taking account of her own actions and positions with regard to other people, and using that account-taking to help her define how the situations should unfold. Within this framework, I argue that a central feature of women's recovery lies in their ongoing symbolic and interactional relationship with alcohol and/or drugs.

The 25 participants in this study strategize in various ways in order to activate their recovery processes. How do they accomplish these things? What resources do they manage to acquire and make use of in their efforts? What strategies do they develop? And how do they reassert a sense of positive selves? Finally, how successful are these strategies in enabling them to manage and/or transcend their previous self-images? These are the questions I address in the following pages. In the process, I hope to shed light on both the women as strategic actors and the social dimension that helped them reassert their sense of selves.

Setting and method

This article is based on data gathered from an exploratory qualitative study² of 25 formerly addicted women's recovery processes in a rural Appalachian community in the eastern United States. The Appalachian region where the study took place is where a higher proportion of the almost entirely White, largely rural population is poor. Rates of poverty and unemployment are well known. Half of the residents have an income of under \$20,000

and half are unemployed or homemakers (Rosswurm 1996). This region has traditionally experienced higher poverty rates, lower education levels, and limited access to health care as compared to the nation as a whole (Portnoy 1995). Further, the region has few options when it comes to treatment for substance abuse; only 8% of Appalachian counties had a provider of hospital-affiliated substance abuse outpatient services in 2002, and only 20% had hospital-affiliated mental health services (Stensland et al. 2002).

Traditional barriers faced by many women who use/abuse alcohol and/or drugs in Appalachia were consistent among participants in this study: extreme poverty, lack of transportation, lack of childcare, inability to pay for services, family violence, and low self-esteem (Tatum 1995). Substance abuse has been found to be one of the major long-term psychologic effects of childhood sexual abuse (Long and Mullen 1994; Blood and Cornwall 1996; Copland 1998; Grella and Joshi 1999). In this study, 18 of the 25 participants experienced sexual abuse in their childhoods, while three experienced violence with partners in adulthood. This finding mirrors other research (Rosenbaum 1981; Denzin 1987a; Haas 2003) that suggests that many former addicts may come from family backgrounds where stories of abuse figure prominently.

In the county where the research took place there is a 32% poverty rate – the highest in the state. There are only two programs in the region that address the gender-specific and cultural needs of substance abusing rural Appalachian women and their families (Stensland et al. 2002). Obviously then, as this research shows, the daily struggle for survival is clearly visible in this area, as alcohol and other drug use become a common way for participants to escape from the harsh realities of their lives.

Participants were recruited by placing posters in the local newspaper and various public forums in the community inviting women to call for an interview. Sampling criteria asked that women be 20 years of age or older and in recovery for 18 months or more. Interviewing women who had been abstinent for at least 18 months attracted participants who were more apt to be stable in their recoveries, and who felt confident in discussing their past experiences. Nine women responded to an advertisement placed in the local paper. Another 10 women were interviewed through snowball sampling; that is, those I had interviewed recommended the study to others they knew. Five women responded to posters placed at various locations around the city. Finally, one participant heard about my study from an Alcoholics Anonymous (A.A.) member. Thirty-one women were screened, and the lack of at least 18 months in recovery was the major reason for excluding six women from the study. Participants were given \$25 (US) for their time.

The mean age of participants is 40 with ages ranging from 20 to 75 years. Twenty-one participants earned between \$10,000 and \$19,999 in the year (2003) prior to the research, while the remainder had incomes over \$20,000, with one participant earning the largest salary, over \$50,000, in her nursing career. Thirteen participants had some type of a post-secondary education and close to half were unemployed, students, or retired. Eight participants were married while the rest were single, divorced, or separated. All but eight participants had children. Twenty-two participants stated that their ethnic background was white and of English origin. One participant was of Cherokee Indian descent and two stated that they came from Italian and German backgrounds, respectively. Time in recovery ranged from 2 years to 24 years with a mean recovery time of 8 years. Participants' drug(s) of choice included alcohol ($n=13$), alcohol and marijuana ($n=7$), marijuana only ($n=1$), cocaine ($n=2$), Ecstasy ($n=1$), and Darvocet ($n=1$). Data were collected during semi-structured, intensive, audiotaped interviews, whereby women were asked to describe their addiction to and recovery from alcohol and/or drugs in detail. Interviews lasted

between 1½–2 h and were transcribed, coded, and analyzed using grounded theory (Miles and Huberman 1994).

Grounded theory offers “avenues for broadening our understanding of how human beings make sense of their worlds and choose to behave in response to particular life circumstances” (Benoliel 2001, p. 1). As Crooks (2001, p. 6) notes, “grounded theory is one means to give women a voice.” Listening to the women’s stories allows us a greater appreciation of the complex ways in which women manage and strategize their recovery processes. Therefore, in carrying out this study, I follow a qualitative approach by including women’s experiences as they voice them. Participants are not objects of study, but subjects of critical importance.

My method of research can be described as “the study of human experience-in-the-world in all its forms” (Reinharz 1992, p. 173). Such methods recognize feelings, not just ideas about observing, describing, and analyzing one’s own inner experiences and reflections. Reinharz (1992, p. 173) has labeled this approach “experiential analysis” in order to distinguish it from existentialism and phenomenology, to avoid connotations of rigidity connected to a specified philosophical school, and to create a term that is descriptive of a specific activity that provides an analysis of experience. Research that is experientially based provides a richer database with greater detail. This, in turn, leads to greater descriptive power in the resultant analysis. Although some work has been done on women’s health within a grounded theory approach (Crooks 2001), there is nothing in the literature on how rural Appalachian women specifically process their recovery.

Therefore, using grounded theory allowed me to incorporate an inductive method, to explore women’s views of reality and, subsequently, to establish a theoretical understanding of the generated concepts that emerged from the initial coding, characteristics, and patterns (Kirby and McKenna 1989; Reinharz 1992; Miles and Huberman 1994; Wolcott 2001). In other words, through the resultant rich description of my data, my goal was to analyze and finally interpret what I found in participants’ narratives (Wolcott 2001). As the researcher, I was able to gain insight into the women’s attitudes, feelings, and other subjective orientations to their experiences. Interview data display cultural realities and practices. The data are neither biased nor accurate, but are “real” in the sense that they express social structures, meanings, relations, and practices (McMahon 1995) for the women I interviewed.

Strategies for recovery

As participants attempt to process their recovery from use of alcohol and/or drugs, I argue that they use strategies that allowed for meaningful action through various changing processes: the disgusted self, the aware self, the alternative self, and the stable self. Strategies as used in this article are defined as a process of creating new social environments and new courses of action, a process of forging new social bonds and social structures in order to help participants depart from previous habits of using substances. Strategies are common among former addicts (Rosenbaum 1981; Brown 1985; Stephens 1991; Terry 2003), and in this study such strategies reflected the conscious activities participants were engaged in as they broke away from addiction and were necessary components in their recovery. I describe a range of strategies in each category.

The disgusted self

In what I term the disgusted self phase of participants' addictive careers, the women³ talked about how they felt about themselves as they began to consider recovery. Slowly they had to deal with the effects of alcohol and/or drug use and how it had affected them over the months or years they had been using. My purpose in this section, then, is to explore how participants' individual selves became self-loathing and how alcohol and/or drug use began to "turn on them".

The substances they had been using in addiction were no longer making them feel good, either physically or socially. For example, as one participant, Nancy, states, "I was thinking suicide. I became thoroughly disgusted with myself. I was so self-loathing." Problems with existing lines of action within the disgusted self phase were catalysts for new lines of action due to significant tensions and strains (Ebaugh 1988; Terry 2003). Strain and tensions occurred on different levels, followed by the desire to take some kind of action to reduce this stress. For example, feelings of self-disgust and worthlessness were common among many participants. Others mentioned how depressed and "terrible" they felt toward the end of their addicted phases.

It is obvious that participants' sense of selves was changing in this phase. This was expressed in a variety of ways. For instance, Kathleen, comments on her feelings of self-loathing by stating, "I was just, ah, couldn't stand being inside of me and I didn't see any solutions. I really was at the point of putting a gun to my head."

As Lynn considered quitting, her feelings were of self-hate, something that she has trouble with in her life:

I'm still trying to figure out why I hate myself. However, I'm getting better. I still want to know why I don't feel good [about myself]. I want to know why I hate myself and I want to stop that.

Health concerns plagued some participants. For example, Hannah provided a good overview:

Like I said, I always smoked marijuana. That was like the core element to everything, but I went through this period of [taking] pills, and I would even like crush them up and snort them like that and, you know, I would get nose bleeds and I was starting to vomit all the time, and I wasn't eating and, um, I think that was sort of like the beginning of the end. I guess the things inside of me started to shift and started to change.

Hannah became suicidal as a consequence of her bad health as did several other participants. She highlights these thoughts: "There was this repetitive thought in my mind, 'You are not going to wake up, you are going to die.' So it was like the fear of dying and not wanting to die, but yet wanting to die." Hannah provided a further succinct comment on the control aspect of drugs and how she experienced it. Although drugs had been "functional" for her in addiction, she came to see them as "dysfunctional" in that they were no longer "fun" and no longer had a purpose for her:

When it got to the point where they [the drugs] control you, you don't control them, and it totally controls your life, that you become dysfunctional, you don't have any purpose, you don't have anything else to give, then they're not fun anymore.

There was a parallel in this phase of participants' lives. Most participants had turned to alcohol and/or drugs due to a lack of a sense of control in early experimental and

addicted phases. Conversely, as they were beginning to leave addiction, they were also beginning to lack a sense of control in their use of drugs. I argue that in this phase, while alcohol and drugs were still physically addictive to participants, these women still saw themselves very much as authors of their own behaviors, able and responsible for developing new lines of action as they moved towards recovery.

Linda's comments mirrored Hannah's as she explained how her thinking about what she was doing to herself begins to change:

I guess I was getting sick. I mean, I was having really bad hangovers. I was working and I can remember what I was doing, I was waiting tables, but I just needed to stop being sick all the time. You know, I mean, I just felt yucky and I knew I wasn't going to get anywhere if I didn't straighten up. I just didn't feel like drinking anymore. I think, I think it was just time for me to stop. I don't want to do this to myself anymore.

Carol's life as an addict was becoming impossible because she was constantly sick from her alcohol use. She was raising two daughters as a single mother and was starting to realize that her use of alcohol was becoming "my first thought in the morning before I thought of feeding my kid a bowl of cereal." She talked about how she realized that she had to do something about this:

I mean I was throwing up blood. I was very sick, I could not eat. All's I could do was drink beer and, um, it was making me physically sick. I was puking blood. I wouldn't eat for three or four days. I was just laying there drunk in a pile of beer cans mainly every day. I mean, it was always my first thought in the morning, you know, so I knew what I had to do.

Rhonda also stated directly that her drug of choice, alcohol, had "stopped working," making her feel miserable and not fulfilling its previous function: "The alcohol wasn't doing anything for me anymore, making me feel totally miserable."

In the disgusted self phase, although many participants had been ill for a period of time, there came the moment when they could no longer continue to feel this way. Something had shifted in their feelings about themselves, along with their feelings about the substances that had "stopped working," as Rhonda attests. The key to a successful exit from substance abuse was to stop because they no longer wanted to be users, in short, to do it because they wanted to change their selves.

Ebaugh (1988) in her study of role-exit addresses an important question: the 'whys' and 'hows' of becoming an "ex". Ebaugh's (1988) work on role-exit considered 12 ex-alcoholics (six females and six males) out of a total of 185 individuals who were exiting other roles. She argues that this potential for new lines of action is part of a role-exit that leads to cuing behavior indicating discontent with one's role. The cues for participants in this study were similar in that there were those signs, conscious or unconscious, that showed that they were feeling dissatisfied in their current roles (Ebaugh 1988). For example, Shirley's drinking was "killing" her which was a cue that something had to change in her life as she said, "And it just got to the point that I knew I had to do something about it because I felt like I was killing myself, I mean, I drank all day long."

Several researchers (Biernacki 1986; Maruna 2001; McIntosh and McKeganey 2002) argue that rock-bottom episodes are a common occurrence in former addicts' lives. Although participants interviewed in this study did not mention rock-bottom episodes *per se*, they highlighted how these feelings toward their selves were helping them to see that if they did not change, they might have nervous breakdowns, go "crazy," die,

or commit suicide. For example, Pat stated that she was about to be overcome by the effects of drug using:

I think I was kind of having a nervous breakdown and what it was, I wasn't going to drink but I didn't have anything in its place and so it was like I wanted to drink, but I just thought I was going to die. I just thought I was going to explode, you know, and I really had this feeling of suicide, so I thought it was just going to happen, that it was going to just overcome me.

Tracy described how her life was "falling apart" and her thoughts were of suicide: "Everything kept falling apart. I tried to commit suicide. I got tired of living [this way]."

A number of these women referred to two factors in this phase: (1) how drug usage was "killing" them, or (2) how they thought about attempting suicide. I argue that these two factors were related: either way, participants' actions were taking them to negative ends. Perhaps they were becoming disgusted with addictive selves because they saw themselves engaging in a self-annihilation that was unacceptable to them.

One way or another, participants talked about how dysfunctional the alcohol and/or drugs had become for them in this phase. The women highlighted the fact that substances no longer had a purpose for them. Something had shifted in participants' feelings towards themselves, along with how they were now constructing different meanings towards their drugs. The cost of continuing alcohol and/or drug use had become too great to continue, they no longer wished to be part of the addicted life; therefore, they began to evaluate alternative lifestyles for themselves (Ebaugh 1988).

This section has highlighted how participants finally had begun to consider stopping their use of alcohol and/or drugs and some of the varying feelings they were having about themselves that compelled them to begin to do so. Even though there were common characteristics among most of these women in the disgusted self phase, perhaps Robbie stated it most clearly when she evaluated how her drug of choice "gave up" on her and how she had a glimpse of an alternative self: "It gave up on me. It was no longer my dream, my lover. I was no longer in love [with the alcohol]."

In this section, I have explored participants' insights into what I argue is their disgusted selves. I now turn to an exploration of how aware selves were beginning to evolve among participants.

The aware self

If a stable form of a new behavior toward . . . [an] object is to emerge, a transformation of meanings must occur, in which the person develops a new conception of the nature of the object. (Becker 1953, p. 242)

In developing aware selves, participants evaluated how their alcohol and/or drug use had interfered with their health, as well as the personal and emotional lives they sought to live. The purpose of the following discussion, the aware self, is to understand how participants began to strategize as they became aware of how their sense of themselves was beginning to change as they began to process alternative, nonaddicted selves.

Many participants had used alcohol and/or drugs with others; they had been part of a community of users. Their "situated identities" (Hewitt 2003, p. 102) had provided them with the framework whereby they acted as addicts; they had been immersed or engrossed in addictive lifestyles for some time. As participants became aware of their need to change,

they understood that they needed to acquire new selves within new social locations. For participants, it involved making sustained connections and interactions with nonusing others in order to recover from addiction. As discussed below, in the aware self phase we start to understand how, through their insights, participants begin to be aware of their need to change. Martha gives us some inkling of how the aware process is beginning to work for her as she states, "My inner self changed. I am more aware of what's going on. I prayed every day to stay sober."

As Martha's quote suggests, participants found some important elements in the aware self phase. Participants related that they were beginning not only to see a different world for themselves but also to feel "different" from previous selves. For example, explanations of these new self-images incorporated descriptions of "a new identity," "a restructured identity," "a new stabilizing self," "a spiritual experience," "a reincarnation," and a "transforming process".

The following discussion illustrates how participants made initial decisions to end addiction, a process by which they redefined their alcohol and/or drug-using experiences. This section begins to answer the question: "How are participants processing changes as they become aware that they need to change themselves?"

In the aware self phase, participants became cognizant of their need to change their lives in order to leave addiction behind and to enter recovery. In order to activate such changes, participants "must fashion new perspectives and social world involvements wherein the addict identity is excluded or dramatically depreciated" (Biernacki 1986, p. 141).

I argue that participants' experiences of using were being transformed and that these experiences contained the "seeds of cessation" (Waldorf et al. 1991, p. 223) as many of the originally sought-after pleasures began to diminish or disappear. In other words, the original euphoria slowly became dysphoria for participants, and the women were feeling unwell and unhappy with a diminished sense of well-being, thus helping them create new versions of themselves that were much more desirable than the old ones. A change in one's life, a social crisis, or a loss of some type may create both upheaval and opportunity. Denzin (1992, p. 26) argues, "epiphanic experiences rupture routines and lives and provide radical redefinitions of the self."

Various scholars suggest that addiction comprises a "master role" (Biernacki 1986; Denzin 1987; Ebaugh 1988, p. 203; Stephens 1991; Granfield and Cloud 1999) in individuals' lives. Therefore, it can be argued for this study, that, when exiting a "master role" (Ebaugh 1988, p. 203), a person experiences important changes in self, role, and identity, a fact that makes the exit process a major decision with repercussions in terms of adjustment and adaptation to a new self, a new role, and a new identity (Stryker 1981; Denzin 1987; Ebaugh 1988).

Participants had to activate their changes by establishing or reestablishing meaningful relationships with individuals whose lives were organized around sobriety (Rudy 1986; McIntosh and McKeganey 2002). This action involved engaging with significant others in different social environments, what Ebaugh (1988) argues is a process of disengagement. As participants illustrated, former drug-using environments contained potential hazards to recovery. Their solutions were to remove themselves from such risks by putting distance, both social and physical, between themselves and former drug-using companions. Further, participants were beginning a process of disidentification (Ebaugh 1988), that is, their former roles as addicts begin to shift and change. They begin to think of themselves apart from the people they were in the previous role (Ebaugh 1988; Granfield and Cloud 1999). Participants needed to change what they had been doing (their addiction) because it was no

longer working for them. Rhonda highlights this point by stating a comment about her alcohol use: “It no longer was a success story.”

The essence of the symbolic interactionist concept of self lies in the idea that individuals can be objects to themselves; it is a fundamental fact of our human existence (Blumer 1969; Sandstrom et al. 2003). As participants talked about a changing sense of self, they were referring back to themselves. Because the self is a social object, it constantly changes because it is defined and redefined in social interactions. It is a process rather than a stable entity (Mead 1934; Hewitt 2003).

So the ways in which participants viewed themselves and defined themselves in the following quotes depended on changing social interactions. For example, when I asked Theresa about how she became aware of her changing self, she commented that it was only by becoming a different person and leaving her addiction that she was able to generate a new self. She emphasized the fact that she became a “different” person as she processed recovery: “I think I’m more aware of what’s out there. When you’re addicted, I think it’s almost blinding. It’s like a bright light shining into your face [and] you can’t see around it.”

For Nancy, her “original” self was also present, but it had been damaged during her addiction. However, she did highlight the transformation of this “original” self into a “caring” self and described this transformed self more positively:

I don’t think it’s a new me. I think it’s the original me, the original me before all the damage was done is allowed to come back to life. I believe there is a transformation—from self-loathing to caring. But that’s the transformation, because everything I do now is an action that I care about myself where everything I did before was an action that I didn’t. Which enables me to make a new identity for myself, a positive one. I was a totally different person [in recovery]. Really everything changed, you know, I was reincarnated.

The recovery process is one of construction and reconstruction of one’s identity and resultant view of the world (Brown 1985). A new developmental structure, one based on a new identity, is being formed. People in recovery are experiencing a new structure of self-knowledge. Much of the addicts’ interpretations of selves and the world no longer fit (Brown 1985; Denzin 1987b); therefore, both must be reconstructed. Addicts have to begin to interpret themselves differently along with significant others in their lives. “Restructured” was the descriptive term that Robbie attached to her identity as she related how she had changed her sense of self as she moved into recovery. This restructuring involved a sense of her “owning” her past:

Q: Would you say that you got a new identity in your recovery?

Robbie: Restructured, I guess, restructured.

Q: Okay, in what sense?

Robbie: Well, it took a long time before I connected with the past, before I could own the past. It was like there and I could not believe that I had done any of that stuff and then this new life. It took a long time before I could say, oh yeah, I did that. It was a long time. And I am grateful that it all worked that way for me.

Phoebe talked about how, in her self-change, she began to “like” herself more. As she states, “My identity changed, I like myself today; I’m not a bad person. I have a whole new outlook on life. I just gained a whole new respect for myself. I have more self-esteem.”

The foregoing discussion has considered participants’ awareness of their needs to construct alternative selves or to restructure their selves as they began journeys into recovery.

As participants did so, they were able to engage with new social others. New social worlds and new situations provided them with feelings of connection or “embeddedness” (Maruna 2001, p. 119) with nonaddicts and into nonaddictive lifestyles.

I now turn to the following section which highlights women’s processes of strategizing for alternative selves. Overall, they began to redefine experiences with alcohol and/or drugs and relationships to themselves.

The alternative self

I started going back to school. I made new friends. I really changed my environment; I didn’t hang out with people I was hanging out with before. I wasn’t partying with them, I stopped going to bars and doing drugs. (Rivka)

I argue in this article that participants’ ongoing recovery consisted of strategies or “contexts of action” (Kiecolt 1994, p. 61), which incorporated both changes in themselves and changes in communities in which they were involved. Both these alterations enabled them to relinquish addictions. In developing social agency, then, these women were strategic actors and their behavior can “be interpreted to represent a dynamically adaptive process” (Lewin 1985, p. 125).

Once participants became aware of the need to activate recovery, then, they had to strategize to put it in place. Maruna (2001) argues that change for individuals is more than a discontinuance of undesirable conduct. Those who have reformed (or ceased using substances) have had to relinquish an old self and invent a new one. He further argues that an individual is truly reformed from bad habits/behaviors when she/he has “acquired new purposes, a fresh set of meanings and a satisfying new role” (Maruna 2001: p. xvi). When individuals undergo such a transformation, they feel confident and are motivated to assist others with similar problems. Maruna called this orientation a “generative goal” (2001: p. xvi), a useful dynamic in sustaining one’s personal change. Maruna (2001) further suggested that generativity is a product of both inner drives and social demands.

As addicts recover, they must learn to be authentic in recovery (Maruna 2001). Not only must a person accept conventional society in order to maintain recovery, but society must accept that person, as well (Meisenhelder 1982; Maruna 2001). For example, during one interview, one woman showed me her “before” picture, a photo of who she was before she became addicted. Then she proceeded to tell me how she is now “like that” once again. Another participant gave me her 5th-year medallion from her A.A. program. She said that she valued my research and thought I would like to have it as a memento (I did). But she also, I think, wanted me to trust her as she told me her story and to believe that she was honest about recovery and that it was strong. Maruna (2001, p. 156) calls these “authenticity tests.” I argue that addicts use these tests to reduce skepticism among others about their claims about recovery.

Change in the shape of recovery from use of alcohol and/or drugs is not something that is visible or objective in the sense it can be proven. It is a construct that is negotiated through interaction between an individual and significant others in a process of “looking-glass rehabilitation” (Maruna 2001, p. 158). Cooley (1996, p. 63) states that “a social self of this sort might be called the reflected or looking-glass self.” The self evolves as new circumstances, situations, and associations with others come into play: “People act according to their interpretation of these events, the way they see themselves, and the way they think others will react to them” (Terry 2003, p. 12). Therefore, until former addicts are

formally and symbolically recognized as “success stories” (Maruna 2001, p. 158), their changes may remain suspect to significant others and to themselves. In other words, participants had not only to trust themselves but trust that significant others would eventually trust them as well.

The following section highlights women’s processes of practicing alternative selves. They began to strategize through various ways. For example, membership in A.A. was a common strategy for many participants as they struggled to stay sober. Several others, who were addicted to cocaine, availed themselves of N.A., while one woman had memberships in both A.A. and N.A. Participants stated that it was hard work and something that they had to do to “work” their recovery. For example, Sally underscored her support through A.A.: “I work the program generally four times a week. I will always have to go to meetings. I will always have to work a proven method of recovery.”

Participants believed that the help they were receiving in A.A. and/or N.A. was teaching them how to live relatively “normal” lives. Ten of the women also had counseling and/or sponsors to help them in recovery processes. For example, Tracy talked about working her program “four times a week” and having a capable sponsor. She commented on how she was beginning to strengthen her recovery:

I went to A.A. and N.A. meetings, working the twelve steps, praying, having a good sponsor, doing all the things that were suggested to me by those members who I had seen having a significant clean time and having significant changes in their lives. It’s making a decision to have recovery over getting high.

Eight women who recovered without institutional help were clear about what types of support they needed. For example, Grace mentioned the help she received from her husband and mother, “Well, my husband helped me and then when my Mum realized what, what I was going through, she, she kinda helped me a little bit too. She would, you know, understand the issue and keep my kids for me.”

Susan depended on her husband and parents for her support as well. She attended A.A. for a month or so, but then decided it was not for her. When I asked her, “So, why didn’t you go to A.A.? Why didn’t it work for you?” she answered:

I guess that A.A. works, it’s just, once you feel you don’t need them, you shouldn’t go back. I mean you get to the point where you feel uncomfortable, or you feel like you’re saying the same things over and over because they’re asking you the same things over and over, then it’s time not to go back.

As many participants stated, help within memberships at A.A. and/or N.A. was giving them proper tools to assimilate themselves into a new social world that included new associations, new and necessary structure, support, knowledge about addiction and recovery, love, the opportunity to relinquish old ways of thinking, and a commitment to something besides alcohol and/or drugs. Many women stated that their membership in A.A. and/or N.A. provided them with an extended family that, as many participants stated, “cared” about them and the fact that they stayed sober. Self-help groups, such as A.A. and/or N.A., dramatically reoriented some participants’ meanings toward alcohol and drugs and provided them with alternative communities that socialized them into lifestyles of recovery (Brown 1985; Terry 2003).

Breaking one’s ties to the drug scene often requires relocation and eight participants moved away from former communities. Such physical relocation is referred to as a

“geographic cure” (Maruna 2001, p. 153). Maruna (2001, p. 153) suggests that the “geographic cure” may be part of how addicts manage to desist when they move away from former using neighborhoods. For example, Hannah stated, “I felt if I didn’t move, I wasn’t going to make it. There was just no question. I can’t be around these people [her former using friends]. So I had to move, you know, move someplace where I didn’t know anybody.”

Mary had lived several years in New York City. Her time there was difficult. It was where she had prostituted for a time and where she had become a mother to two children. Finally, when she became pregnant with her third child, she realized that she needed to move away from her addictive community in order to provide some sense of normal life for her children. Thus, she decided to move “back home”. She explained her move from New York and stressed the importance of not moving back there: “I left New York and moved back home. It was kind of like I just knew; don’t go back to New York. I just kept telling myself, don’t go back.”

As these women strategized to recover, they signified that they also had to rebuild structure in their lives as they entered into sober social worlds. Women recognized that they needed alternative activities as necessary components for recovery. Such activities helped them reintegrate into mainstream society. In recovery, seven participants began working, and six were either attending school or had plans to do so in the near future. Work and school provided stability in participants’ lives in this phase and gave the women a sense of purpose and a sense of empowerment. For example, Phoebe became a county service worker in a group home for the mentally challenged and disabled, a job that she “loves” to do: “I work with some pretty serious folks and I love it. It’s a humbling experience.” Martha does volunteer work, both in the community and with women who are addicted: “I’m working with Rehabilitation Services Commission. In the past year, I helped to organize the CAC [Consumer Advocacy Council]. I work with the Rural Women’s Recovery Program.” Marie became an entrepreneur and decided to run for political office in her community: “I started my own paper; I started networking with all kinds of small businesses. And then I actually ran for township trustee two years ago.”

Six participants went back to school. For example, both Shirley and Lynn attended the local university, working towards their degrees. Other women were planning on continuing their education. For Nancy, this was an important goal in her abstinence: “A degree in communications and a broadcast journalist is what I want to do. I did nothing before, but I, everyday now, I do something and it’s different everyday.” Empowerment is about “learning through doing” (Henry 1994, p. 299), and such accomplishments increased participants’ sense of self-efficacy.

Four participants found that church attendance gave them new meaning and a sense of community in conventional society. For example, Hannah returned to her church and became active in it once more as she counsels people: “I talk to them, you know, so I give back to people.” Ann also stressed the importance of church in her life: “My son and I went to church. We talked to other people who went to church; I had the preachers come to my house.”

The patterns that instigated changes in participants’ lives varied in this phase, yet all participants were similar in their approaches as they attributed different meanings to themselves. Whether it was through attendance at A.A. and/or N.A., gaining support from significant others, moving away from addictive communities, or rebuilding structure through various activities, the women were redefining experiences as they strategized their recoveries. As they redefined experiences, participants were learning to “live” again.

The following section analyzes participants' stable selves. How they saw themselves as they stabilized recovery was key to understanding this process. As one participant stated, "I trust in myself now."

The stable self

I trust in myself now, working the program and I, I just don't have anything in my system. I believe in my instincts, you know, and like when I feel pain or fear and stuff, I thank God. My job is to like listen to that and kind of act appropriately and accordingly as I'm weaving through life. (Carol)

In this section, I discuss the final phase of ongoing recovery for participants: the stable self phase. This section shows how participants exercised and stabilized alternative lives for themselves in recovery processes. In addition to considering important others in their lives, these women exercised plans for their futures and strived for new relationships. They were more recovered than addicted. Even though the balance had shifted, struggles persisted. They talked about ongoing challenges in recovery and the difficulties that existed as they struggled to maintain abstinence.

As women talked about this phase, they mentioned how involved they were in volunteer work in their communities, activities they talked about with great pride. Of importance to 22 participants was "giving back" to their community. A sense of "social citizenship" was relevant in their lives. Connections to something larger than the self (Maruna 2001) are a vital part of recovery processes. This was an important aspect of recovery because it helped participants "keep their sobriety". For example, Lynn says:

It's the giving back, the showing up at meetings to help the new people [in A.A.]. If someone new comes up, be there to help them, sponsor someone. Help someone. You won't be able to keep your sobriety if you don't.

By volunteering and helping others, participants were managing recovery processes. Wanting to help others was a reciprocal gesture for participants because many had received such help themselves. Such activity allowed participants to "live with the world as opposed to against and above it" (Granfield and Cloud 1999, p. 97). Perhaps, in a real sense, this activity represented an investment in healthy social relationships that provided them much happiness and satisfaction with recovered selves. In order to fully recover, participants needed "not only motive, but also method" (Leibrich 1993, p. 51).

Method, then, was giving back to the community. Participants had been introduced to more than one option and, as a consequence, they chose not to go back to the "devil" they knew (Maruna 2001, p. 126). I argue that, as well, volunteering was a type of rehabilitative therapy for participants and was empowering. Whitmore (1992, p. 5) argues "people will change simply by 'doing' for somebody else."

Two salient quotes summed up these women's views about themselves as they stabilized their identities: "I'm not that person anymore" and "I'm happy within myself." In this phase, participants were constructing different meanings toward themselves and toward others. For example, Carol highlights these feelings:

You know I feel perfectly fine about myself and I don't need to drink 100 beers because I'm so unhappy with the way things are. And I don't care about what anybody thinks any more. Just me and my girls, they're happy, I'm happy, and vice versa, you know.

For Deb it was finding enjoyment in her life: "And, you know, I think it was just, you know, that transition for me, just finding my way again of what I enjoyed."

Among some participants, the word "control" had a strong meaning. Although they felt in control of their lives and their selves, what they did to gain such feelings related to individual strengths gained by putting themselves in situations, where they had control, that is, work, school, community activities, and so on. Participants were working at getting control in their lives. As Phoebe states, "I'm in charge of my life. I have taken control and I like being in control. I've taken my life back. I'm not chained to a beer can or a whiskey bottle."

The move from addiction to abstinence requires fundamental changes in the central premise of control (Brown 1985). Brown (1985, p. 18) argues "the individual shifts from a belief in self-control to a recognition of loss of control." As addicts became addicted, they lost control over their usage of substances. Ultimately, as they gained back control of their selves, participants also gained a sense of control over their use of alcohol and/or drugs.

All participants talked about their present and future plans with joy. One woman, who owns her own farm, is working to make it profitable for herself. Several participants intend to continue their education, as Shirley highlights: "Oh, I'll get my nursing degree and work and I want to get more degrees. I want to go to law school. That's what I really want to do."

These quotes illustrate the women's hopes and sense of optimism. Engaging in such activities, participants stated, enables them to find something of value in their lives and gives them a sense of control over their destinies. It was obvious during the interviews that they talked about their plans as cemented within a sober social world and with clear eyes to their futures. Participants had varying strengths including courage, honesty, hope, perseverance, resourcefulness, planning for their futures, work ethics, and responsibilities (Geiger and Fischer 2006). The possession of such strengths gave rise to a sense of confidence and self-efficacy perception for participants (Bandura 1993).

Participants were very aware that struggles and dilemmas will persist in recovered lives, but they now had the knowledge that they need to live sober lives. Overall, participants were no longer afraid of their selves and they had more of a chance to be successful in their endeavors. For example, Theresa explained how, for her, it was going to be a constant "fight" and a long recovery:

It's like if you are addicted once I think you are always going to be addicted. I mean, I think you may not have to fight it every day but you're going to come to times when you are going to have to fight it and I believe that, I may not desire it but who knows, I may desire it Sunday. I think it's always going to be a long recovery.

Many participants mentioned that they were now "in control" of their lives; they were now "in charge." Overall, the women's narratives showed that their power now was greater than the power alcohol and/or drugs had had over their lives at one time. Participants had gained their personal power back, signifying "less a relinquishment of 'power' than a clarification of personal power's finiteness" (O'Reilly 1997, p. 23).

Participants now had investments in their everyday lives. Such investments often are taken for granted and rarely receive much attention (Waldorf et al. 1991). These women were committed to their everyday lives. Personal resilience seemed to provide participants with incentives not only to change but also to continue with abstinence. The strength of these individual selves and social identities is shown in the following insights as they remembered their former selves and described and defined their present, stable lives. For example, Nancy emphasized not forgetting her former self: "I don't ever want to forget. I have enough

sobriety now under my belt that I don't have the cravings, but I have the knowledge that if I don't continue going to meetings that I will forget where I came from." Carol also reiterated her insights, "I need to be in recovery at some level for the rest of my life. To go into a meeting and to see that new woman come in, in the excruciating pain that I was in, to remind me, oh my God, that's what it was like when I first got sober. I don't want to do that again."

As I listened to these women's narratives, I felt as if they had an obligation to their selves to stay clean, to stay sober. Tracy stated that she sees herself as obligated to cement her recovery, "I'm not in recovery to stay clean; I'm in recovery to become the person God intended me to become in the first place."

She gave a critical view of recovery when I asked her to define it for me: "Recovery is the absence of insanity." For participants, their addiction and recovery processes had been arduous journeys, journeys of coming back from their "insanity." The knowledge gained through these journeys provided participants not only with new selves, but also with wisdom, which enabled them to move forward as they constructed new lives.

Summary and conclusion

In a practical manner, what suggestions can be made in terms of policy to the substantive focus of this study—25 rural Appalachian women who were formerly addicted to alcohol and/or drugs? As highlighted earlier, poverty and unemployment rates are high in the area where the study took place; there are lower educational levels and limited access to health care (Portnoy 1995), as well as a lack of transportation, a lack of childcare, oftentimes the inability to pay for services, family violence, and low self-esteem (Tatum 1995). Perhaps most significantly, the region has few options in terms of treatment for substance abuse (Stensland et al. 2002). Yet, despite these barriers and problems, this study shows that participants compensated for that within their own cultural contexts: through the use of family, church, friends, work, school, and self-help institutions such as A.A. and N.A. Therefore, I suggest that each woman's account offered insights into further recommendations that evolved from this study. The following discussion highlights these recommendations.

There is a need to validate rural women's experiential knowledge and to acknowledge them as "knowing agents" in their addiction and recovery processes. A key necessity is a policy base that respects women's differences and women's knowledge production. A respect for their multiple voices is needed, along with an integration of their legitimacy in policy making. Researchers should integrate theory and praxis when working with rural women as they process their addiction and recovery. Treatment programs should integrate a more holistic theory of women's lives into training modules for counselors and therapists in addiction and community centers (i.e., family violence centers).

In conclusion, I offer the following suggestions for further research on the issues of women's addiction/recovery processes. First, more research needs to be undertaken in order to enrich the literature on rural women's addiction and recovery processes. As stated earlier, most empirical research on women gives very little information about rural women's true consciousness or rural women's individual and social history (Fine 1992). Therefore, more attention should be focused on rural women's experiences in order to continue to close

the gap in the literature that heretofore has considered a “masculinist” truth (Ettorre 1992, p. 146) about such processes. More research is needed that considers either the convergence or divergence between urban and rural women and between rural women and rural men. Through bringing rural women’s experiences into the description of social life a necessary balance to scientific inquiry is generated.

Second, little is known about how rural women, in particular, start and stop their use/abuse of alcohol and/or drugs. Therefore, future research should consider such self changes as individuals process these experiences. As Fine (1992, p. 227) argues:

Knowledge is best gathered in the midst of social change projects. Such research is important as it is at once disruptive, transformative, and reflective; about understanding and about action; not about freezing the change but always about change.

Third, as Ettorre (1992, p. 3) argues, the development of a gender-sensitive perspective on addiction/recovery remains in “the infancy stage.” Therefore, more studies would contribute to this lack in the literature and research fields. Finally, most addiction/recovery studies do not consider individuals’ subjective experiences (McIntosh and McKeganey 2002). It must be remembered that “[t]he individual is a participant in that interaction as much as anyone else involved” (Anderson, 1991, p. 351).

Women have different life experiences and rural women experience life differently as this study has shown. This has given rise to different, but equally valid, interpretations for those experiences (Fine 1992). The personal testimonies of my participants are a source that enlarges the overall scope of knowledge of rural women’s recovery processes. Because the study materials consist of retrospective information, I cannot state with certainty whether participants will stay in their recovery. Still, it is also clear that these women ‘broke’ their processes of addiction for lengths of time and have substantially changed their lives.

The world of rural women has not been discussed widely and therefore is not known by those within the addiction and recovery fields to any great extent—unless they specifically seek to know. I argue that we need to encourage rural women to speak and to find words for their experiences. In doing so, rural women will be recognized as important partners in civilized society (Crooks 2001).

Symbolic interactionism views the self as a social force in its own right. Socialization endows the individual with the capacity to cooperate in social acts with others; but the individual is not an automaton who unflinchingly reproduces the meanings and actions she or he has been taught. It is the individual who acts, who does the interpreting, naming, and coordinating, that permit joint actions to proceed or that disrupt or derail them (Hewitt 2003). To have a self is to be one who chooses, who decides, who exerts control over one’s own conduct and that of others. The existence of a self endows the individual actor with the capacity to recognize and act in the pursuit of self-interest and, most importantly, to conceive of herself or himself in opposition to the social world and not just as dependent on it. The sentient being is as much responsible for the creation of the self as is the surrounding social world. Most importantly,

[t]hrough their capacity to rebel, to innovate, to resist social influences, and to apply social knowledge creatively in an effort to solve problems, individuals make felt their influence on the social world. (Hewitt 2003, p. 262)

The women I interviewed for this study mirrored Theresa's comment as she stated, "I do not necessarily have to be who I have learned from others I am." As Hewitt (2003, p. 266) further argues:

There is in symbolic interactionism the underlying idea that people are not stamped out by their environment or by their socializers, that regardless of how others define us, there is also the fact that individuals will interact with themselves, develop their own identities apart from others, overcoming in part the power of social interaction.

Through their new definitions of selves, participants found real alternatives by which they could guide their lives and continue in a new direction as they processed recovery. Overall, the participants in this study are potential innovators, inventors, and creators of new forms of conduct for themselves (Hewitt 2003).

Notes

- [1] My definition of the term rural as used in this article is taken from Websdale's (1998, p. 36) suggestion that rural as a descriptive term is "commonly understood to refer to the countryside or small towns as opposed to cities," and is "not simply a physical place but a social place as well" (Weisheit et al. 1994, p. 564).
- [2] This article is taken from a larger research study that includes my dissertation.
- [3] I encouraged participants to choose pseudonyms in order to protect their anonymity and for their own safety.

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