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“WE ARE NOT RESPONSIBLE FOR OUR ADDICTIONS, BUT WE ARE RESPONSIBLE
FOR OUR RECOVERY”: A QUALITATIVE EXPLORATORY STUDY OF THE LIFE
HISTORIES OF HOMELESS ALCOHOLICS IN RECOVERY

by

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B.S. Florida State University, 2005

A thesis submitted in partial fulfillment of the requirements
for the degree of Master of Arts
in the Department of Sociology
in the College of Sciences
at the University of Central Florida
Orlando, Florida

Summer Term
2008

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ABSTRACT

This is an exploratory, qualitative study of homeless, recovering alcoholics and the problems they encounter maintaining sobriety. Using semi-structured interviews, I analyze the experiences of ten men in their forties, who are in a recovery program designed for homeless men. I ask them how they stay sober without a place to live. Three kinds of problems are inferred from their narrative histories. First, the men have difficulty identifying as alcoholics. They have trouble fully integrating into the AA program. Second, the men struggle to form relationships with others, especially with a sponsor. Third, the process of “working the steps” is adapted complexly, more than in a normal twelve-step setting. The findings indicate that homeless men face special barriers to achieving and maintaining sobriety. I conclude by discussing the larger implications for sobriety, homelessness and social change within this community.

ACKNOWLEDGMENTS

This project would not be possible without the open-minded friends of Bill willing to share their private stories. Many thanks to those who contributed to this project along the way: James D. Wright, David Gay, Elizabeth Grauerholz, John Lynxwiler, Jana Jasinski.

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CHAPTER ONE: INTRODUCTION

One of the most common themes regarding the condition of homelessness is alcohol and substance abuse. Images of skid row bums, drunkards, and junkies have not ceased to appear in the minds of many when discussing the homeless. Alcoholism, substance abuse and homelessness are complex topics, correlated and difficult to separate (McNaughton, 2008). However, despite the hopelessness and stigma often attached to these individuals, some “pull themselves up by their bootstraps” and recover (Tracy et al., 2007). So who is telling their stories – the true “success stories” of homeless addicts who manage to recover? Stahler and Cohen outline the problems with getting sober among this population:

Within the substance-abuse-treatment community, the homeless can be expected to receive lower priority than non-homeless clients because...those who are higher functioning, who are ‘better’, more desirable clients, tend to receive better services from treatment programs” (Stahler and Cohen, 1995, p. 172).

When homeless individuals seek treatment for substance abuse, they usually need more medical attention than housed individuals, but they have less resources (Daiski, 2007). This inverse relationship applies to various other types of organizations as well such as other medical communities, educational centers, and occupational services. Although individuals suffering the condition of homelessness receive inadequate care in many of their activities, the ones who are overcoming barriers, getting and staying sober, seem to be poorly represented in the substance abuse literature.

The purpose of this study is to tell the story of the recovering homeless individual. My key goal is to discover problems in the experiences of recovering homeless individuals. With a working knowledge of the specific problems associated with recovery among homeless

individuals, more effective treatment strategies may be uncovered. With a body of literature already existing that describes the stories of recovering individuals in general, I aim to compare these experiences to the homeless. By examining these problems, I hope to expose the barriers to sobriety that face the homeless recovering individual, from their viewpoint. Further, I contend it is important to assess the degree to which recovery programs aimed at homeless individuals help or hinder their recovery. This research on this population clarifies how individuals with no homes get and stay sober.

This paper is separated into four main sections. First, I review the literature on homelessness, alcoholism, and substance abuse. Second, I specify my methods for carrying out the research for this project. Third, I provide an analysis of the data collected, followed by a final concluding section that interprets the analyzed data.

CHAPTER TWO: LITERATURE REVIEW

The literature on homelessness and substance abuse is expansive and covers a wide range of topics (Dietz, 2007; Hesse and Thiesen, 2007; Susman, 2007). These reviews are informative and pave the way for this updated evaluation of the overlap in the two areas. Therefore, I have organized this literature review into broad themes. First, I provide a brief overview of getting sober within Alcoholics Anonymous, the main vehicle of sobriety I plan to examine. Second, examining the literature on homelessness, I connect the two topics and move into the research on the combined topics.

Getting Sober in Alcoholics Anonymous

Alcoholics Anonymous: A Brief History

Attending AA meetings is a popular recovery choice among many, perhaps due to the lack of financial requirements of the fellowship. Beginning with one of the first members, co-founder Bill W., AA has functioned on donations rather than membership fees. Bill had difficulty keeping a job due to his drinking, suffered debt due to the stock market crash, and often depended upon his wife's department store job to survive (AA Comes of Age). In the early days of Alcoholics Anonymous, there were differing opinions about how much money the organization would, or should, have. While some members wanted AA to remain as bill free as possible, other members wanted to endorse hospitals and other causes. After much discussion, the early members took from the philosophy of St. Francis of Assisi.

For the purpose of his society Francis thought corporate poverty to be fundamental. The less money and property they had to quarrel about, the less would be the diversion from their primary purpose. And just like A.A. today, his outfit did not need much money to accomplish its mission. Why be tempted and

diverted when there was no need for it? (AA Comes of Age, page 110)

Taking from this philosophy made AA membership possible for individuals of all economic backgrounds. The tradition (see Appendix E) that formed from these developments stated that “Every AA group ought to be fully self-supporting, declining outside contributions.” Today, this is often read at Alcoholics Anonymous meetings before passing around a basket for members to donate. Some groups may add statements such as, ‘If you have a buck, throw one in, if you don’t, keep coming back and you will.’ The principle of this tradition is explained further in an AA pamphlet titled “The Twelve Traditions Illustrated”.

Perhaps, especially when we are very new, our contributions clink, rather than rustle. The first members were in the same fix, and it seemed to them that A.A. would need more outside help than the modest gifts then coming in. (1971)

In Alcoholics Anonymous groups where group members have little money to donate to the basket, the responsibility usually falls on the donations of members from other groups. A group of AA members may bring meetings to treatment centers, correctional facilities, or homeless shelters, with no expectation that these individuals will donate to the basket.

The Structure of an Alcoholics Anonymous Meeting

The fourth tradition (guiding principle) of Alcoholics Anonymous states: “Each group should be autonomous except in matters affecting other groups or A.A. as a whole.” This means that one AA group may vary from another AA group in any number of ways. However, there are certain themes that are familiar in most AA groups across the United States. Most groups take care to ensure that an AA meeting starts and ends on time, usually lasting one hour. There is usually an appointed group member to lead, or steer, the meeting for the hour. This person

generally has a decided upon length of sobriety that is appropriate, and determined by each group, to take on this commitment. A meeting will generally start with a moment of silence or a prayer. Some general announcements will often be made such as the location and price of coffee and other refreshments. The meeting chairperson may ask if there are any newcomers or visitors to the group. At almost all Alcoholics Anonymous meetings, the group will decide upon some combination of readings. This reading is generally published by Alcoholics Anonymous, and may be read by everyone present at the meeting, or a designated few volunteers. Frequently, a portion of the text “Alcoholics Anonymous” is read, the Twelve Traditions, and sometimes a reading that changes from day to day.

At most meetings, there will be a time dedicated for everyone in the room to introduce themselves. This is usually done in the manner of “Hello, my name is Bill W., and I am an alcoholic.” This trend continues around the room until all present have introduced themselves. Shortly after this, time is dedicated to opening the meeting up for discussion. Perhaps someone in the group will have a topic in mind they would like to discuss, or the meeting has a predetermined format (beginners’ meeting, speaker meeting, book study, etc). Group members will share their experience on the chosen topic for most of the hour. At some point during the meeting, the chairperson will often set aside a few minutes to pass the basket, collecting donations for the group’s expenses. The chair may often read the seventh tradition, “Every AA group ought to be fully self-supporting, declining outside contributions.”

Some other activities an AA meeting might include are group announcements, information about literature, and some information on sponsorship. Towards the end of most meetings, it is common for a group member to “do the chips”. Some groups have chip systems

(usually using poker chips) to reward, or celebrate, differing lengths of sobriety. For example, some groups may offer newcomers a white chip as a sign of surrender. Chips are often offered in intervals varying from 30 days to 9 months. It is common for the group to require the member to stand and walk to the front of the group to receive this chip with a hug from the volunteer passing the chips out. The final step to a meeting is often the members forming a large circle and ending in a prayer, most commonly The Lord's Prayer.

Working the Steps

During the sharing session of an AA meeting it is common for members to discuss "working the steps". This topic varies widely, and sharing sessions may take on many different tangents during the hour. The Alcoholics Anonymous website lists suggested topics for AA meetings. First, they suggest six general topics:

1. The Twelve Steps: Some groups discuss one Step a week. If there is a newcomer attending for the first time, the group may change the topic to focus on the first three Steps.
2. The Twelve Traditions: Following the conclusion of the Step meetings, some groups will discuss the Traditions so that every thirteenth meeting the group focuses on a Tradition.
3. The Big Book, Alcoholics Anonymous: Some groups discuss one chapter from the Big Book each week. Other groups read from the Big Book weekly and discuss each chapter as they go along.

4. Readings from *As Bill Sees* (an Alcoholics Anonymous text): It can inspire sharing on discussion topics.

5. *Living Sober* (An Alcoholics Anonymous text) also has many topics used by groups.

6. Some A.A. slogans can be used as topics—such as “Live and Let Live,” “Easy Does It,” “First Things First,” “One Day at a Time,” and “H.A.L.T.” (Don’t get too Hungry, Angry, Lonely, or Tired). (Accessed at www.aa.org on February 1, 2008.)

Alcoholics Anonymous groups are autonomous, as mentioned before, and have no obligation to follow these suggested topics. Also common is the meeting starting off with one of these topics and perhaps changing course throughout the meeting. The website also suggests another forty-four topics ranging from acceptance to working with others.

Although autonomous, meetings across the country have shown similarities according to earlier studies (Rayburn, 2007). However, previous studies lack information about AA meetings mainly occupied by a homeless population. How does the normative structure of Alcoholics Anonymous change or conform to these populations? In what ways do homeless members have to change to meet this structure, or do they change the structure to fit their circumstances?

Research on Alcoholics Anonymous

Originating in the 1930s, the fellowship of Alcoholics Anonymous has provided a large body of empirical research. The small group dynamics of AA have fascinated sociologists for decades (White and Gaier, 1965), and the expansion of AA to other countries has sparked interest in cultural analysis (Butler and Jordan, 2007). To narrow the topic of AA research, I am focusing

on research dealing with the process of becoming a member of Alcoholics Anonymous without housing.

Homelessness complicates the process of recovery in several ways. For example, homeless individuals have weak social networks in comparison to those in housing (Hawkins and Abrams, 2007). Without friends or family to turn to for support, they may have a lonelier road to recovery than others. The difficulties of sobriety for the homeless may be as simple as not having a place to sleep for the night, or as complicated as not being able to fill a prescription for a severe medical condition. The hurdles to getting sober are complex, overlapping, convoluted and difficult to separate and treat. The day-to-day activities that a sober housed individual is availed of may be completely non-existent for the homeless. Food, transportation, social networks, and shelter are all variables that cause difficulties in sobriety. Alcoholics Anonymous meetings are often tolerant of these circumstances, becoming a prime treatment option for homeless alcoholics (Lewis, Boyle, Lewis and Evans, 2000).

One of the first studies on becoming an AA member was by Greil and Rudy in 1983 that found the AA conversion process was similar to religious conversions in several ways. The similarities included close relationships with the group members, reduced interaction with members outside the group, ideological homogeneity, and acts of commitment. The two sociologists began attending meetings in a Midwestern city for five months, and began developing relationships with AA members who were able to talk with them in and outside the meeting halls. They conducted interviews, but the questions they asked were fairly structured. Overall, they felt the story of AA membership could be explained in six stages: hitting bottom, first stepping, making a commitment, accepting your problem, telling your story, and doing

twelfth step work. I am interested in how these stages apply, or do not apply, to the homeless Alcoholics Anonymous member.

Several years later, in 1987, Norman Denzin wrote a classic piece on alcoholics titled “The Alcoholic Self.” In the chapter “The Recovering Alcoholic Self”, Denzin suggests several categories to becoming an AA member: maintaining contact with AA and learning how not to drink on a daily basis; becoming a regular member of AA; learning the steps; and becoming integrated into an AA network, finding a sponsor, and working steps four and five (See Appendix D and Denzin, 1987). In the same year, Denzin also authored the text *Treating Alcoholism: An Alcoholics Anonymous Approach*, explaining the “leveling” philosophy of AA. He writes about how AA emphasizes that all alcoholics are equal, regardless of race, class, or gender. These texts have influenced countless qualitative pieces on sobriety, and have served as general guidance to me throughout this research. I am curious how these phases of becoming an AA member, and the general ideology, apply to the homeless.

Affiliation with Alcoholics Anonymous has been difficult for researchers to measure, since it often involves differing ideas of what exactly it means to be a member. Although the preamble of AA states that “the only requirement for AA membership is a desire to stop drinking”, often a more specific definition is alluded to by those researching or participating in AA. Cloud, Ziegler, and Blondell (2004) categorized AA affiliation into the following groupings: Attending meetings, working the 12 steps, identifying with the program, experiencing a spiritual awakening, using program resources, and being involved in higher level AA activities. The authors give some explanation of these categories, agreeing that calling oneself an AA member was indicative of affiliation, along with organizing one’s life around the program of AA.

Other concepts determining affiliation include talking with other members of AA, having a sponsor, reading AA literature, using a higher power, and praying. Some of the higher-level activities referred to include celebrating sobriety birthdays, being a sponsor to other members, and interacting with AA members outside the doors of meetings.

Homelessness and Sobriety

In the previous section, ideas about becoming an AA member are articulated. Yet these ideas about membership are certainly complicated by the condition of homelessness. Previous studies have shown increased success in AA with accessibility to meeting locations and with a telephone – but getting sober is even more difficult when an AA member has no home (Campbell and Kelley, 2006). More specifically stated by Bazemore and Cruise:

The AA philosophy of stressing alcoholism...above all other problems may lead to significant difficulties in extending and adapting social model programs to address broader needs of populations who require, among other things, affordable housing and stable employment” (1993).

Any research focusing on the homeless recovering population should take into account both ethnographic information and program design information. These studies are lacking, perhaps because of the time and difficulty in completing both of these tasks. One example of a previous study using this approach is the work of Trice and Romans (1970). This study examined 378 white males treated for alcoholism in a state hospital. This was one of the first studies to focus on “full-fledged” Alcoholics Anonymous affiliation. The current study follows in the tradition of Trice and Romans paying special attention to AA affiliation.

Many studies over the years have focused on Alcoholics Anonymous groups, yet very few have focused on the life change from being an active alcoholic to a recovering alcoholic.

Research has shown that both services received and treatment observations are important and valuable foci (Kaskutas et. al, 2005). Therefore qualitative studies where researchers emphasize the importance of telling the natural recovery story with attention to cultural contexts remain quite important. These stories, however, are not always easy to document. Alcoholics Anonymous groups do not keep records, or document the process of recovery among members. The AA recovery process is lifelong; an alcoholic is never cured, making an assessment of recovery difficult to monitor (Bazemore and Cruise, 1993). For several reasons such as non-intrusiveness, ease of attendance, and affordability, AA meetings are one of the most common approaches of sobriety for the homeless alcoholic (Merrill, Galanter, and Lifshutz, 1991). Due to AA basically being free to attend, researchers may develop creative methods to draw conclusions about the homeless recovering population.

The Bazemore and Cruise study is one of a few that examine Alcoholics Anonymous and homelessness simultaneously. The authors collected data while staying in a program for homeless recovering alcoholics in Los Angeles, California. Field notes included activities that went on inside the residence, during AA meetings, during therapy sessions, job education programs, and from casually talking to the residents. The authors' use the term "mini-ethnography" to describe their short-term research project.

From this study emerged two general concepts, specific to grounded theory, that the authors believed needed further exploration. First, the noted disparities in the social statuses of clients may create very distinct subgroups. Second, the philosophy of Alcoholics Anonymous emphasizes recovery from alcohol above everything else, which may present a problem to homeless individuals who are pressured to find housing. For example, Alcoholics Anonymous

has several slogans to remind members that their alcohol problem is the first problem they should deal with. Some AAs say “first things first,” some use the acronym SLIP (“sobriety loses its priority”). No matter which way an AA member chooses to say it, there is an understanding that sobriety must be the most important thing in a recovering alcoholic’s life. For an individual living in a homeless shelter, priorities may be different. Do AA meetings that use a homeless shelter to meet still emphasize the same ideas? Do program directors of twelve-step based homeless recovery programs place alcohol as the first problem? With the directors usually having personal experience with recovery themselves, how do they influence the decisions about which problem gets priority?

Due to the exploratory nature of the Bazemore and Cruise study, these questions were not posed in advance and were never followed up on. I contacted the researchers and asked whether these questions were ever addressed in subsequent research. One author explained that this project was done in graduate school, and he had since moved (physically and mentally) onto other projects. To my knowledge, no study since has methodically evaluated either of these questions and issues.

One program evaluation project came close in similarity of topic but did not fully incorporate ethnographic data. The New Orleans Homeless Substance Abusers Project (NOHSAP) put much time and funding into documenting the process of recovery among the homeless addict (Devine, Brody, and Wright, 1997). The first important finding of this project is the need for researchers to focus on structural and individual homelessness issues simultaneously (Devine and Wright, 1997). A second finding is the importance of documenting the long-term nature of recovery. That is, a single-curing event in recovery is unlikely; long-term projects over

the course of several months may prove to be more insightful.

One way to concurrently study individual and structural problems is to ask homeless recovering addicts about their perceptions. Aside from researcher observations of recovery programs, the perceptions clients themselves have about rehabilitation services are important to study (Sosin and Durkin, 2007). One study in this area surveyed homeless individuals to assess their needs, as opposed to the more frequent strategy of surveying “experts” and policy makers about the needs of the homeless (Acosta and Toro, 2000). Participants in the survey rated physical safety and education much higher than their need for reasonably priced housing. Policy makers largely ignore these two areas of importance. The idea of asking clients what they feel their needs are, what their ambitions are, is a topic rather unexplored by researchers. The voices of the homeless regarding their recovery from alcohol are largely neglected as well, making an ethnographic based program evaluation superficial. Put in a larger scale, society does not ask about or listen to the needs of homeless individuals. In recovery from alcohol or not, we tell them what their needs are and how to fulfill them.

The life histories of homeless persons are inadequately understood yet very important in trying to reduce the consequences of homelessness (O’Toole et al. 2007). While some argue that homeless alcoholics should make sobriety a priority, others put emphasis on housing first. With a life full of serious risks (Booth, Sullivan, Koegel, and Burnam 2002; Metraux, Metzger, Culhane 2004), it is questionable how these individuals should begin. Researchers have shown that having an economic base and a place to live are almost requirements to sobriety maintenance (Stark, 1987). Yet staying sober, finding a job, and securing a place to live simultaneously seem nearly impossible.

One current and popular topic within homelessness research is the study of the dually diagnosed homeless population, those with an addiction problem and a mental illness. Studies have begun to evaluate treatment schemes for these individuals, including areas of post-traumatic stress disorders and schizophrenia (Lester et al., 2007). Previous research (Merrill, Galanter, and Lifshutz, 1991) has indicated that a majority of the homeless addicted population is dually diagnosed. Although likely to encounter some of these individuals in my research, I choose not to extensively cover the dually diagnosed literature, for it is beyond the scope of this study. Regardless of the co-occurring disorders these homeless recovering alcoholics and addicts may have, the focus of this research is on the process of becoming an AA member as complicated by the condition of homelessness.

In conclusion, there is a lack of research showing how homeless alcoholics get and stay sober. Some researchers estimate that about one third of all homeless individuals have alcohol abuse or dependence problems (Glasser and Zywiak, 2001), while others range higher around seventy percent (Fischer and Breakey, 1991). Although these studies found varying rates of alcoholism, both findings are significantly higher than the 3-5% of the general population (Grant et al., 2004). Perhaps, out of all recovering alcoholics, this population has the greatest chance to benefit from Alcoholics Anonymous. Individuals who have supportive networks such as friends and family may not need AA as much as the isolated individual (Bond et al., 2003; Project MATCH Research Group, 1997). It is for these reasons that research should be conducted at the intersection of homelessness and Alcoholics Anonymous.

CHAPTER THREE: METHODOLOGY

The purpose of the present study is to identify common problems and barriers in the experiences of homeless AA members. In the preamble of Alcoholics Anonymous it states that members should “share their experience, strength, and hope” with each other, and this study hopes to elucidate some of those stories. This study needs to be conducted because it is important to understand process from the recovering alcoholic’s point of view. This study investigates the stories of homeless recovering Alcoholics Anonymous members.

Description of Participants

Recognizing that various parts of the country may have cultural differences regarding alcohol, as well as the autonomous nature of Alcoholics Anonymous meetings, general statements about all AA groups are not possible from this study. This study tells the stories of homeless, recovering AA members in the Central Florida region. After providing informed consent, ten homeless, recovering alcoholics were interviewed during the early months of 2008. All participants were recruited from The First Steps Program – an organization that provides substance abuse treatment and prevention, created by the Coalition for the Homeless of Central Florida. This program helps men recover from alcohol and substance abuse while living at the Coalition. The participants were all participants in Alcoholics Anonymous support groups.

First Steps includes frequent participation in Alcoholics Anonymous and Narcotics Anonymous. The program of Narcotics Anonymous was modeled after the program of Alcoholics Anonymous, using the same twelve-steps with the word alcohol replaced by drugs. The NA program, founded in 1953 has another set of basic texts, the first published in 1962

(Narcotics Anonymous, 1983). Within the Coalition, an Alcoholics Anonymous Group meets on Wednesday nights, and a Narcotics Anonymous Group meets on Thursday nights. The Coalition staff also transports the First Steps clients to three outside Alcoholics Anonymous meetings, and 2 outside Narcotics Anonymous meetings weekly. The First Steps program has thirty-six beds for members, ten of which I interviewed.

Individuals were asked if they were interested in participating by the program director. Those interested were then introduced to me, and assessed for potential eligibility. To be included in the study, participants had to be self-identified alcoholics, at least 18 years of age, homeless, and able to understand the written informed consent.

Ten men participated in the current study. Participants averaged in age from their mid-forties to late fifties. Eleven men were approached and asked to participate in the study, but one refused indicating that he did not want to be part of a study. About half of the men completed high school, the other half had dropped out. All of the participants were born in the United States except one from Jamaica. Most of the men had been living in the Southeastern portion of the United States for most of their lives. Almost all of the men had been married at one time in their lives. Almost all of the men had children they were estranged from, many from multiple women. Eight of the ten men were black, one Hispanic, and one was white.

Program Description

First Steps, created in 2002, is a recovery program based inside a large pavilion supported by The Coalition for the Homeless of Central Florida, Inc. The Coalition, formed in 1987, provides food, shelter, education, job training, and case management services to women, children and families. However, the First Steps program is located within the men's pavilion and is

available to men only. In 2006, the Coalition provided nearly a quarter of a million nights of shelter and over 300,000 meals (Coalition for the Homeless of Central Florida, 2008). Along with providing shelter to men and women, the Coalition provides housing to nearly 200 children on any given night.

Along with funding from the Coalition, the First Steps program also receives funding from the Orlando Area Trust for the Homeless (OATH). The program emphasizes a social model approach which highlights the importance of a positive sober environment, employs paid staff to help with the support groups, and uses community resources to help with the program (Institute of Medicine, 1990). As articulated in the First Steps program brochure:

Recognizing the uniqueness, dignity and value of every individual, case managers work closely with each man to develop detailed plans and goals to address his specific needs. The plan is designed to help the client achieve success through inspiration, encouragement and moral support. The rehabilitation includes group sessions, educational and employment training, recreational activities and 12-Step recovery strategies.

The First Steps program strives to achieve several goals before the program is complete, starting with maintaining sobriety. Other goals include obtaining a stable source of income such as a job or veterans' benefits, which will lead to an increase in financial stability. Another key goal of the program is a move into a more independent housing environment. The goals of educational attainment and employment are usually emphasized after a 30-60 day probationary period.

As mentioned earlier in this paper, it is important to understand how the clients of the First Steps program adapt, or fail to adapt, to the common structure of Alcoholics Anonymous meetings. This question has not been studied among researchers in the field of homelessness and Alcoholics Anonymous before, and may be important to evaluate programs that employ this social model.

My first experience with the First Steps program was an initial meeting to go over some of the basics. I was given a tour of the men's pavilion and the First Steps living area. The First Steps room is actually part of the men's pavilion, separated by a plywood wall. The pavilion is a rather simple structure, comprised mostly of a large cement floor and a ceiling. Painted on the floor are fading rectangular squares meant to divvy up spaces for the men to sleep at night. Special sets of these rectangles are along the wall of the First Steps room. About a foot off the floor a pink sign reads "First Steps Intake." Although the First Steps program is a cut out piece of the larger men's pavilion, it is a high demand accommodation. Stepping through the door of the First Steps program reveals 36 bunk beds, a television viewing area, and more secure area to hold belongings.

By reading a document prepared by First Steps employees, I learned more about success in the program. I needed to learn how First Steps measured terms such as sobriety and success. Successfully completing the First Steps program is contingent upon four requirements: maintaining sobriety, obtaining a stable source of income, increasing financial stability, and transitioning to a more independent living environment (Coalition for the Homeless of Central Florida, 2007). "Maintaining sobriety" is the first on the list, but no other description of what that means is given. To my knowledge, First Steps does not employ the use of drug or alcohol

testing. However, the quarters are so close, and the employees work so closely with the clients, it would be difficult, but not impossible, to drink or use drugs without someone finding out.

The First Steps living area is no utopia. There is still no air conditioning, and the room is basically exposed to outdoor elements. The space, although more roomy than the general pavilion, is quite tight. It isn't meant to be comfortable – it's meant to be a first step. At any given time there are always men wanting to become part of the First Steps program. There seems to be no lack of homeless men suffering from a drug or alcohol problem. This is how the intake system developed. These pink signs signify a reserved place to sleep in the general men's pavilion. It is common that a man will sleep here a week or two while the First Steps director gets to know him. The Director looks at his willingness to become part of the program, a true desire to become a sober individual. He also looks for signs of problems; not all the men seek entry into First Steps for the same reasons. Some are just looking for safety, for a bed, for meals three times a day. It is up to the director of the program to identify real problems of abuse and genuine desires to change. As he says, "After all this time, I've become a pretty good judge of character."

During this first introduction to the recovery program, I learned a lot about the schedule of clients. The majority of our time was spent discussing recovery and how the program is constructed. I inquired about how many Alcoholics Anonymous meetings they attended per week. The director explained that the coalition cafeteria acts as a meeting place two nights per week: Wednesday nights are the AA meetings, Thursday nights are the NA meetings. Although the AA meeting was relatively new (a few years), the NA meeting has been well- attended for at least triple that time. I was impressed that so many outside recovering individuals came to the

coalition to support the recovery process. After discussing these two meetings, one of the First Steps guys who was sitting adjacent to me said, ‘Oh yeah, and we go to this meeting during the day on Mondays, and Thursdays during the day, we take the bus to this meeting downtown.’ As I frantically wrote down the names, locations and meeting times of these groups, the director named a few more meetings that the guys attended. I looked up from my writings amazed at how they got 36 men to so many different meetings around town. I had been to treatment organizations before with half the number of clients and they struggled to get to one meeting per week. In addition to official 12-step meetings like AA and NA, more informal meetings were held at the coalition by alumni of the First Steps program.

I sat in that meeting and felt content: not only were these men exposed to a variety of different recovery tools; there was no lack of research opportunities for me in the process. This is one problem that I had anticipated might be a methodological problem and it was already solved. With the strong desire to become a member of the First Steps program, was it possible that I was going to meet guys that said they were in recovery, but were really just “faking it till they make it” as 12-steppers, say? I understood the intake process, and that guys were screened by the director about their intentions, but I still felt nervous about a lack of AA affiliation. That initial meeting cleared up any doubts I had about this predicament. To further clear up this issue, I started asking questions about step work – the primary component of Alcoholics Anonymous. The director made it clear that the guys in the program were heavily pressed to find a sponsor, or step guide, to help them through the recovery process. Additionally, with all the outside meetings they had ample opportunities to meet other men that could help them with recovery. At this point, I again felt relief. These First Steps guys seemed to be actively involved in the local

recovery community – but what if they couldn't find a sponsor? Perhaps, I thought, homeless men had a more difficult time finding a sponsor at an AA meeting than a non-homeless man would. With knowledge about homeless stigma, I posed this question to the director of the program. He replied that he would work the first four steps with the client until they were able to find a sponsor.

Being somewhat familiar with the amount of time and ardor it take to listen to another man's fourth step, I asked again 'You mean that you listen to several of these guys' fourth steps?' He smiled and nodded, 'Yes, I do.' At first, I understood that the same 36 guys were in the program, and they might have a graduation ceremony once or twice a year. However, after spending some time at the program, I learned there were no requirements to stay and no locks on the doors. Rather, the men were free to come and go as they pleased. Therefore every week might consist of some gains and losses, creating a line of men that might be ready to "make a searching and fearless moral inventory" and to further be willing to share it with "another human being" that so happens to be the director of the recovery program (Alcoholics Anonymous, p. 59).

Leaving that first meeting, I created a checklist in my head of all the positive aspects of the program. First, the men are exposed to several Alcoholics Anonymous meetings a week, most of them have sponsors, and if they don't, they have a caring program director willing to fill in. These are addicted, alcoholic homeless men "who have recovered from a seemingly hopeless state of mind and body" (Alcoholics Anonymous, xiii). I felt I was surrounded by ideal circumstances to find out more about just how they were doing it, and so I moved forward with the tools I had been given.

Method

Life histories have been important to study in various social worlds such as religion, feminist movements, hate movements, and sobriety. This study seeks to understand more about the process of becoming a member of Alcoholics Anonymous among the homeless population. Surprisingly, there are few studies that document (1) the life history of a homeless individual from having a drinking problem to recovery, and (2) the process of becoming an AA member. Often in AA groups, members are encouraged to share “what it was like, what happened, and what it is like now”, a rough outline of the qualitative study of the life history of a homeless recovering alcoholic. In fact, this is the basic outline of an AA speaker meeting. In this meeting format, one group member will share their story for the entire hour length of the meeting. The AA Group pamphlet describes a speaker as follows: “One or more members selected beforehand ‘share,’ as described in the Big Book, telling what they were like, what happened and what they are like now” (The AA Group, 2005). Other methodological techniques have been taken from the “active interview process” outlined by Holstein and Gubrium (1995). By focusing on less structured interview techniques, Holstein and Gubrium created an interview that relies on penetrating through conversation. The interview is focused more on a natural exchange of dialogue, therefore uncovering the reality and truth of the interview as it unfolds.

As with most qualitative research designs, I was careful not to impose my assumptions onto the interviewee. Experts in the fields of sociology, psychology and mental health were conferred with during and after the study. The initial interviews were done using a convenience sample of five First Steps graduates. Revisions to the interview processes and sampling method

were made as necessary after the first several interviews and were re-evaluated by the consultants.

Last year, I conducted a qualitative study of Alcoholics Anonymous groups using the participant observation technique, collecting data by writing notes immediately after the meeting (Rayburn, 2007). The guiding question I sought to answer was if AA groups were difficult to attend for persons with the dual diagnoses of a psychiatric disorder and a substance abuse disorder. I attended approximately 30 AA meetings, afterwards writing down the topics and happenings of the meetings with no identifying information. What I sought and what emerged were completely different, showing me the importance of emerging concepts in qualitative research. While the results of that project did not follow my expectations, notes revealed a particular pattern of the AA member's story. When sharing, the AA member tends to share "what it was like, what happens, and what it's like now."

Before I could start telling the life stories of AA members, there were several methodological issues I had to repair from my first study. The first problem I encountered was "naïve realism" (Hammersley, 1992, p. 50). I wanted to separate myself from the AA meeting so I could see, objectively, what was occurring. I tried to separate myself, without realizing that was impossible, which mucked up my research tremendously. Consequently, that is what my field notes showed, a shallow account of brief life stories among alcoholics. To understand the story of the alcoholic, I first had to understand that I was a part of the research, and I could not become independent under any circumstances.

Over the months I acted as a participant observer, I noticed on several occasions that there were controversies in relation to homeless AA members. On several occasions when I observed

AA meetings, a seemingly homeless person would enter the meeting (usually late) only to be greeted with much trouble. Other AA members would question the individual about their motives, or instruct them that they could not leave their belongings outside the meeting room. The members of the group would often take one of two sides: that of the homeless, or that of the inquisitor. This situation happened on more than one occasion during my observations, and led me to specifically study how homeless AA members get sober, especially if not welcomed into AA groups.

To help understand problems of reflexivity within my research, before I began the interviews of the First Steps clients, I started with one of the most popular types of methodologies within homeless research: hanging out. I began spending time at the homeless shelter with them, listening to their stories, and attending their meetings. Building relationships with the AA members became a vital step before I started the interview process. Like the primary author in the 1993 Bazemore and Cruise study, I made no attempt to hide my status as a researcher.

During the interview, AA members were allowed to talk for as long as they like, on whatever aspects of their AA membership they would like. The interviews ranged in duration from one to two hours. I did not lead the members into any direction, but did have some prepared questions. Participants were identified and recruited through me asking the person if they would be willing to participate in the study by telling me their AA story for research purposes. I started interviewing First Steps clients that I developed relationships with and the ones that had been in the program the longest, and moved out from there. I conducted in-depth interviews, and some participant observation during the AA and NA meetings the members

regularly attend. All participants were 18 years of age or older. All names of members in the study were coded and changed to protect confidentiality.

The members of Alcoholics Anonymous were not identified in anyway, and therefore did not need to provide personal information about the research. However, an Institutional Review Board (IRB) must approve studies that involve human subjects. The details of this study were sent to IRB and exempted. I felt the need to make every precaution to protect the participants of this study and to ensure scientific integrity.

Analytic Strategy

Using a tape recording device I collected data from the interviews. At least two days after the interview, I transcribed and reviewed the tapes with the help of a professor familiar with qualitative methodologies. The life histories of the members were categorized by themes, and summarized, while I analyzed the interview data from front to back in repeating loops, to ensure reliable accounts.

An exploratory design was used to investigate the previously identified issues.

Questions were divided into the following sections:

1. What was your life like before you came to Alcoholics Anonymous?
2. What was it like sobering up in AA?
3. What has your life been like after becoming an AA member?

Although this project is qualitative in nature, data were gained from the transcribed notes. After I finished transcribing for all the interviews, I started noticing the same problems over and over again throughout the interview. Once I noticed a theme, or reoccurring problem, I would start back at interview one and listen and read through the interview again.

I hoped to understand the life story from the AA members' point of view through these unstructured interviews. One goal of this study is to document the AA member's story "on that individual's terms, unaltered by strategies of analyses, unshaped by theoretical predictions, and unhampered by technical verbalizations" (Monte, 1999, p.537). Therefore, this study does not have a testable hypothesis, and only a vague idea of what will be exposed. By using grounded theory methods (Glaser and Strauss, 1967), I looked for emerging problems, not try to prove that themes do or do not exist before the research is conducted. More specifically, I located and compared individual, organizational and structural barriers to the Alcoholics Anonymous treatment approach that confront homeless individuals. How do these barriers compare to non-homeless individuals in recovery and how do they constrain the men's efforts for success? What are the problems in how AA operates that are real for homeless individuals, but not for others?

CHAPTER FOUR: ANALYSIS

This paper focuses on the stories of homeless AA members, how they get and stay sober. In conducting the analysis, I focus on stories that illustrate problems that occur for the homeless AA member trying to maintain sobriety. The many men of the First Steps program collectively experienced three major problems in sobriety. First, homeless AAs had difficulty identifying themselves as alcoholics and thus, had problems fully becoming a member of an AA group. Second, the First Steps clients' sponsorship relationships were weak or nonexistent. Third, "working the steps" takes on different meanings for the First Steps clients, creating a non-traditional twelve-step recovery program.

Identification

The program of Alcoholics Anonymous emphasizes identification with part of the fellowship. The first step states, "We admitted we were powerless over alcohol, that our lives had become unmanageable." By taking this step, individuals align themselves with part of the larger recovery system of AA by using the term "we". However, the condition of homelessness obstructs this concept, making it difficult for homeless individuals to fully become part of the AA recovery community. When interviewing the members of First Steps, it was not uncommon for them to make it clear that they did not feel they belonged to or were part of a group. There are several things that influence this feeling of "being a loner" as one client states.

At the First Steps program, there are two general options for how to recover within a twelve-step setting. First, there are meetings that are held in the cafeteria of the homeless shelter, attended by outside AA members. This is the same idea that is often employed in other

institutional settings such as outpatient facilities, rehabilitation centers, and correctional facilities. With this option, AA members from the surrounding area often go to the homeless shelter once a week to attend this meeting. Some of the individuals attending have lived at the homeless shelter before; others may go because they feel there is a need there to be taken care of. These outside members attending the AA meeting at the shelter often understand the difficulty of homeless AAs getting to and from meetings, and feel they are doing twelfth step service work by attending. However, these outside AA members get to get in their cars and go home when the meeting is over. Further, the First Steps guys are aware of the outside AAs coming in and seeing them as “service work”. One of the First Steps members shared a bit of this frustration about outside AAs bringing meetings to the shelter.

Cause down there, they didn't have nothing but a 7:00 mandatory chapel. Groups, and people coming in, stinking, and sharing. People with 20 years clean, coming in and sharing about how they did it, and what they still go through now, even after 20 years clean.

Yet the expression of frustration of one member at this type of meeting is the most meaningful form of hope for another in recovery.

Interviewer: What about the strength of the meetings here?

Participant 6: Yeah, that plays a major role in your recovery too. To know that people have been there where you've been. And you know, to know that, they stayed clean that long to give you hope. It gives you hope, you know what I mean. I love it, I love to sit there and listen to them talk about things. And then, they still have problems too, and just don't pick up. That's the main thing...that's the main goal of it all...just don't pick up. (“Picking up” is a common term used to mean picking up a drink or a drug.)

Nearly the same type of meeting with the same type of person sharing produces two extremely different reactions from First Steps clients. The first is frustrated hearing members share their stories of long term sobriety. The second discovers hope and enjoyment in the same sharing.

This is support for the individual aspect of recovery that the same type of treatment does not work for everyone.

The meetings at the shelter are an exciting event for many; the room is filled with cheer, new people, coffee, and friendly faces – certainly a different type of atmosphere than usual. In fact, the room can be so inviting that other non-alcoholic homeless individuals may come in for the hour-long meeting. They will often sit in the back of the meeting, mostly sitting quietly and drinking coffee. The First Steps guys set up the room with chairs and tables for the outside AAs to attend, and clean up after they leave. There is a verbal and physical divide between the two groups of individuals, and no matter how they agree or relate on alcohol issues, they are different types of people regarding housing.

The second type of twelve-step recovery process is that the First Steps clients are taken by bus to outside AA meetings. This is often a common practice with outpatient recovery, and sometimes in in-patient treatment centers too. There is generally one van that is used to take the First Steps clients to outside meetings. This van is not large enough for all of the 30+ clients, holding a little less than half. Getting to an outside AA meeting becomes a first come, first serve event.

My first observation of this process was on a Thursday morning, one of my first days as a researcher at the coalition. I had no plans for doing interviews for at least a few weeks until I could attend some of the meetings with the guys. I tried to get to the coalition about an hour earlier than that so I could either ride along in the van, if there was an empty seat, or follow them in my car. As I approached the men's pavilion entrance, I spotted two of the First Steps guys smoking by the door. Picking out a First Steps client among the other men is made easier by the

distinct nametags they wear. I introduced myself to one of the men, and explained what I was doing there. I said I knew they went to a noon meeting today, and was hoping I could tag along. ‘We want to go to a meeting today too, but the van is full of stuff, and we aren’t sure if we will be able to go.’ I looked over at the bus; it indeed was full of miscellaneous donated items for the coalition. The man then let me know that the program director was at a meeting, but would be back shortly. The two guys then went and rounded up some of the other clients to see if they could unload the bus, put the seats back in, and go to the noon meeting. That idea was approved, and they proceeded to unload the van, which took almost the entire hour. I started to wonder if this would have happened if I hadn’t shown up. Right before we departed, the program director showed up from his meeting, greeting me with the traditional First Steps hug. ‘This is how we do things here, we don’t shake hands.’ About a dozen of us that would fit loaded up into the van; the director turned the air conditioning and radio on and we waited for our driver. A few of the guys in the back started thanking me as he walked away. ‘We never get this kind of treatment, I’m glad you are here.’ ‘Are you going to be coming here more often?’ I smiled, told them I’d do what I could, but felt a little funny that I wasn’t getting the true picture of what their lives were like. The true picture, that I would later come to see, was that the lives of homeless recovering alcoholics are commanded by hundreds of incidents, or unforeseen happenings which they have no control over. Eating dinner is dependent on volunteers who are dependent upon donations of food. Whether they go to a meeting depends on the van and a driver being available. This list of possibilities is long, and begins with whether the homeless individual happens to be at the shelter at the time of departure.

We pulled out from the coalition through the front entrance that I had missed when I first

pulled in earlier. There are no signs that the coalition is a shelter, to help protect the clients. Yet there are always at least twenty or so people hanging out right in front of the gates. Our driver was very nice and polite as well, but we were in a hurry to get to the meeting on time. It was supposed to be 'right up the street', but it took us at least ten minutes to get there, making us just a little late for the meeting. The drive was surreal; we zipped past another homeless man with a full shopping cart that the guys mocked. The man sitting closest to me spent the ride catching up on an old GQ magazine, while the driver told them to 'shut their mouths' when his song came on (Fleetwood Mac – "Dreams"). We pulled up to a small building in a church parking lot; we entered the already-started meeting. With almost no place to sit, several of the First Steps guys pulled down plastic children's chairs and made do. So there we were, a room full of mostly black men, sitting in a children's church room, talking about drugs. The format of the meeting was 'shotgun' meaning that there was no real topic to discuss, but as soon as one member got done sharing, another one jumped in. A line quickly formed in the kitchen for the free coffee, and one after another, several NA members shared their stories. Others of the groups, shaking hands and hugging one another as we walked in, greeted several of the First Steps guys. The meeting went by quickly, but most of the First Steps guys never raised their hands to talk. This might have been because we walked in late, because of the difficulty of getting to speak in a 'shotgun' meeting, or because they felt uncomfortable at outside meetings. After the meeting ended, we stood outside and talked for a while; the First Steps guys seemed to have friends within the group that they talked with.

On several occasions I questioned and critically inspected my presence among the men at the First Steps program. The First Steps clients and I were different in several ways. Earlier I

gave a demographic description of the men in the First Steps program, and in many ways, I am on the opposite end of the spectrum. Being female, white, young, and educated was apparent to everyone at the shelter, especially the First Steps clients. This is one reason I decided to initially “hang out” at the coalition before starting the interviews. Participants would frequently ask me why I was at the coalition doing these interviews, why I was interested in hearing their stories. My explanation always seemed to dissolve a large amount of external differences. I first pointed out that no researcher has ever conducted a study on the First Steps program, and several people wanted to know how the program was working. I explained that for numerous reasons, I was the most competent graduate student in my school’s department to conduct this research. Further, I wanted to be there doing this type of research. Any problems I had with being “different” went away during that process, and it seemed that the participants concerns tapered as well.

The First Steps clients are usually bussed to the same meeting, at the same time, on the same day of the week. Therefore, group members of the chosen group become aware that “this is the homeless AA day,” and make their decisions on attending meetings based on that awareness. Some of the local groups’ members will make it a priority to attend the meeting that the First Steps clients are bussed to, while others choose not to attend. The meeting therefore will often become focused on “them,” a different type of alcoholic. Some of these outside AA meetings are able to easily adapt to the needs of the homeless community. For example, some groups have larger spaces, with more seats, and abundantly flowing coffee. However, other groups may be having trouble keeping their finances in order, are often squeezed into a space, with little budget for extra supplies. These groups may get defensive, or feel resentful that their space is being taken over by non-members, making it difficult for homeless AAs to integrate.

For these reasons, it may be more difficult for homeless AA members to find a “home group” than non-homeless AA members. “The home group” is a term often used in official Alcoholics

Anonymous literature:

Traditionally, most A.A. members through the years have found it important to belong to one group which they call their “Home Group.” This is the group where they accept service responsibilities and try to sustain friendships. And although all A.A. members are usually welcome at all groups and feel at home at any of these meetings, the concept of the “Home Group” has still remained the strongest bond between the A.A. member and the Fellowship.

With membership comes the right to vote upon issues that might affect the group and might also affect A.A. as a whole—a process that forms the very cornerstone of A.A.’s service structure. As with all group-conscience matters, each A.A. member has one vote; and this, ideally, is voiced through the home group.

Over the years, the very essence of A.A. strength has remained with our home group, which, for many members, becomes our extended family. Once isolated by our drinking, we find in the home group a solid, continuing support system, friends and, very often, a sponsor. We also learn firsthand, through the group’s workings, how to place “principles before personalities” in the interest of carrying the A.A. message.

Talking about her own group, a member says: “Part of my commitment is to show up at my home-group meetings, greet newcomers at the door, and be available to them—not only for them but for me. My fellow group members are the people who know me, listen to me, and steer me straight when I am off in left field. They give me their experience, strength and A.A. love, enabling me to ‘pass it on’ to the alcoholic who still suffers.” (The AA Group pamphlet, Page 13)

The excerpt from this pamphlet again emphasizes the bond between an AA member and the fellowship of Alcoholics Anonymous, citing it as “the strongest bond”. Therefore, it is especially important within facilities such as homeless shelters to pay attention to this connection.

Sponsorship

In most of the interviews with the First Steps clients, sponsorship was a difficult topic to address. Sponsorship seems to be a topic that has unique problems within the community of homeless recovering individuals. Alcoholics Anonymous defines sponsorship loosely in the pamphlet “Questions and Answers on Sponsorship.” “An alcoholic who has made some progress in the recovery program shares that experience on a continuous, individual basis with another alcoholic who is attempting to attain or maintain sobriety through A.A.” The two problem words in this definition, for homeless in recovery, are “continuous” and “individual”. They expand by writing that “constant, close support” is an important component to sponsorship. First, there is little to no continuity in the life of a homeless individual. Circumstances change from day to day regarding the regular activities that most take for granted. One may or may not have a bed to sleep in, a meal to eat, or a place to shower. Depending on needs, the bus to transport First Steps members to meetings may or may not be available. In other words, the daily activities of a recovering homeless AA are difficult to predict. As one client says:

And I got caught out there this time, to where I ended up homeless. I got a sister and brother here, who do fairly well. I coulda said some good stuff, “I’m tired, I’m gonna change” And went and stayed with either one of them. And I knew that by me being sick, I wasn’t gonna do nothing but create bad blood with the only close family that I got. So I said, no I can’t go there. I need to go somewhere where I can get my head out of the clouds. And I can begin, I ain’t never been homeless, this is my first time on the streets, and boy that’s a rough life, man. I’m talking about with nowhere to sleep. In the rain, that’s a rough life. So, it took me to hit that point.

The problem with the second term, “individual”, arises as the sponsor is expected to spend individual time with the homeless recovering AA. However, the homeless have no individual

space, it does not exist. There are group sleeping conditions, group meals, group showers, and group meetings. Homeless individuals occupy public space, leaving them with no space to call their own. Therefore, there is a tremendous strain on trying to have a private, individual conversation with a sponsor.

Aside from physical difficulties, there are mental barriers to sponsorship as well.

Homeless male AAs seem to have a strong bias against another male telling them what to do in any way. One client says:

Participant: I struggle with a lot of stuff that I hear in recovery, you know, but I keep an open mind, like the big book suggests. And I still go through with it, although I struggle with it.

Interviewer: Could you think of an example?

Participant: The example is like – getting a sponsor. I got one, but I struggle with it. I had a real deep struggle with it, because at first I said, “I’m not getting no sponsor man.” For me to get a sponsor, is just like saying, I don’t trust in my higher power. And then a sponsor is just a human being, just like me. You know, I’m not gonna have nobody telling me, No, don’t talk to her. Man, I like this lady I just met, and I think we...you not ready for no relationship. NO, cut him. I just wasn’t ready for that. The sponsor I got, he cool you know. By me keeping an open mind, and trying it, I found out that it ain’t that bad. He really showed, opened some, enlightened me on a lot of stuff by me having one. So I see what they mean by keep an open mind. So I see what it means by keep an open mind. And just go through with it. I’m at the point will I’ll try anything to keep clean. Just to keep off drugs. So I don’t care if I don’t trust it, or I don’t believe in it. So I tried it, and it ain’t that bad.

The interview with this client, participant 2, was the only interview that indicated a traditional relationship with a sponsor. This participant had been sober for a year and described the difficulty in having a relationship with a sponsor. There are two other types of categories of sponsorship that the remaining clients fit into. The second group is individuals with a sponsor that is also a friend or a counselor, someone who works at the First Steps program. A third

group of individuals indicated that they had no sponsorship relationship whatsoever.

Sponsorship with a Worker or Friend

After noticing that First Steps clients had difficulties forming relationships with sponsors, I started asking questions about how they perhaps did meet a sponsor if they had one. In one case, a client indicated the importance of having a sponsor, and offered some insight into how a homeless individual may choose a sponsor.

Interviewer: So do you have a sponsor who you've been working with?

Participant 6: Yes, I have a sponsor, his name is Paul. And...we stay in contact with each other, you know. Sometimes things get hard. I don't think about going and using. But, for me being the type of person that I am, you know. A lot of people misjudge me by my size and think that I'm a bully. Or because I'm so straightforward in speaking, "you's a bully." And...a lot of times I have to talk to him and stuff. Cause it makes me angry for them to feel that way. And when I really be trying so hard to deal with them. And guide them the right way. Cause a lot of things they do, they'll never make it like that. They'll end up going back. You know. Yes, I gotta good sponsor. Sponsor is a very important thing in working the steps.

Interviewer: How did you guys meet?

Participant 6: Well, me and him met, He was working here. We talked all the time, and I felt really free to talk to him about any and everything. And so...as time went on by...I turn it back around and I was like...well, since I'm always talking to you anyway, would you mind being my sponsor. And he was like, "why me?" Because, you know, I feel free to talk to you, and I know that you will give me the right answer. You won't tell me something just cause I wanna hear. You'll tell me the truth. And that's very important too.

In this instance, the client found it easier to talk to an employed recovering alcoholic rather than an AA who solely attends meetings. Another employee of the first steps program confirmed this trend. During a discussion with a First Steps counselor, he indicated that he would often act as the sponsor of the recovering man until he found another outside sponsor. However, when

presented with a sponsor, it is difficult to tell if the recovering AA will seek out another sponsor, or simply rely on the First Steps employee. In a similar situation, participant 1 found it easier to have a former friend act as his sponsor.

Interviewer: You have a sponsor here?

Participant 1: Yes I have a sponsor here. Well, a friend of mine, years ago, when I used to preach at the mission. And when I walked in here, after about three days, he saw that I was in the program and he walked up to me and said I'm gonna be your sponsor.

A sponsor appointing himself to a person that is new in the program is uncommon, but not unheard of. In this situation, participant 1 seemed to be comfortable with the appointment because the individual was a friend; things may have been different if he was a stranger.

Almost all the First Steps clients find sponsors within the homeless shelter setting itself, they almost never find sponsors at the outside meetings. Another participant shares his experience with meeting his sponsor:

Interviewer: Where did you meet him?

I met them in the coalition meetings. The reason being, that I click with these guys here, they been where I been. And they understand where I'm at and where I'm going. They don't tolerate my intellectual BS. When I'm wrong they tell me, look your wrong. When I think I know too much they say, look you don't know nothing, sit down and read the book and learn and listen. And, the great thing they do for me, is they humble me down a lot. They keep me humble and meak. I'm a very aggressive and arrogant person. I like to go get what I want to get. I learn now there's such thing as discretion and discernment. Along with wisdom, you got to wait and you got to operate with patience. You can't just execute everything on impulse. Then you run into a wall. That's pretty much where I'm at right now. I've come a long ways, I'm standing pretty good. But I don't never forget, addiction the disease walks beside me, waiting for the right time to strike.

In the two above categories, having a sponsor and having a sponsor that is a worker or friend, the relationships are still strained. In all of the interviews with clients who had sponsors, they spoke about the communication and availability of privacy being tough. Participant 7 also describes the difficulty in working with a sponsor. He indicated that instead of having one sponsor to talk to, he had a temporary sponsor with two co-sponsors. Although there are no rules in Alcoholics Anonymous, the practice of working with three sponsors is generally not recommended.

So tell me about your sponsor.

I got a temporary sponsor, at this time, his name is Al. Al's real good, he's there for me all the time. Al drills me in step work. All the good preliminary stuff that I know so far. I'm only a 6 month man. I don't really know all the profound literature that comes out of the NA books, But you know what I mean, anytime I have an issue, I can call him up. So I needed to go to someone and talk about this, and find someone's opinion and knowledge about it. And I talked to him about it. I got two co-sponsors and both of them are very profound. One has got 10 years, and his sponsor, which is my co-sponsor too, has got 21 years.

In participant 7's case, he spreads the communication difficulty out over three individuals, perhaps instead of relying on one, he makes ends meet where he can. Also, he may open up to them in different ways, not letting any one person get to know him. The program director also confirmed the second possibility; he expressed frustration at the men not opening up and sharing more in group meetings. Further, he told me that it was good I was doing these interviews so the guys would have someone to talk to. After exiting the first couple of interviews, he asked me how I was able to get the guys to openly talk with me. I told him it was not difficult for me, I just asked a few general questions and they usually continued to talk. At this point, he suggested that perhaps I run a group with several of the guys, that maybe they

would feel more comfortable. I felt that taking on this position of group leader, or counselor would be troublesome for the clients and for this research project, so I declined.

No Sponsor

The remaining First Steps clients indicated that they did not have a sponsor. It seems that although the program director, the other clients, and outside AA members all emphasize the importance of sponsorship, First Steps clients hesitate to ask someone to be their sponsor. After three weeks of living at the coalition and attending meetings, many clients had still not met a sponsor.

Perhaps one of the most upsetting instances of weak sponsorship is that of participant 4. He had been through the First Steps program, attained almost two years of sobriety, established residence and employment, but wound up back at First Steps. During the interview, he was visibly upset, agitated, and irritable. After lunch we sat down and talked about his relapse.

Participant 4: I came from this program, the first steps program. It blessed me with a lot of things. And the people here helped me to accomplish a lot of things. But ugh...I was here, but, you know, I had a good girl in my life. So basically my girl was like my sponsor. I never reached out and got a sponsor. You know I stayed clean for like 18 months. I never did step work. Trouble started going on in my life. Without that step work and a sponsor, you got to have something to build on, something to hold onto. But um, It just was a beautiful thing. And I'm kinda mad about, I'm not really mad about it, it's just another process. Another learning process. This time, I shoulda had things in order from the first time. You know, they blessed me. You know I got a house through scattered sites. I had a 2 bedroom home, I had 2 trucks. And...You know what I'm saying...it just was...You gotta ask me some questions.

This client felt extremely uncomfortable talking about his relapse. Although he tried to remain optimistic, it was obvious that he was very angry about being back at the homeless shelter.

Interestingly, he mentioned using his girlfriend as sort of a makeshift sponsor. Other recovering

homeless men also described being able to open up to a woman much more easily than opening up and talking with another man.

Interviewer: Have they talked anything about getting a sponsor in the program?

Participant 3: Yeah, yeah.

Interviewer: Have you picked anybody you'd like to work with yet?

Participant 3: Well, I haven't picked anybody yet. You know, I'm still looking. Looking for a sponsor. Right now I'm just looking. I'm planning to be here for a little while, maybe another 90 days, hopefully. Get to go back home. Go back home to my girlfriend.

Similarly to participant 3, another client talks about not having picked a sponsor "yet". That it is something he plans on doing, but does not see any reason to rush things. Both individuals feel hesitant because they feel they are going to pick the wrong sponsor and have to switch at a later time. They express concern about having to go through this process.

Tell me about your sponsor.

I don't have one at the moment, my sponsor is the group. Um, this has become so important to me, I don't want to jump from one sponsor to another. I need to have the person that, because I have to become too dumb for this. I have become very stupid for this. And I have become very stupid, very simple.

In this situation, the client indicates his sponsor is "the group". When individuals are having difficulty finding a sponsor (or even a higher power in some cases) they may be instructed by others to use G.O.D. (Group of Drunks). In this instance, the client relates getting a sponsor to the saying "keep it simple". He feels he has a tendency to complicate things, and until he gets over this problem, he is unable to ask someone to be his sponsor. Trying to work a program of recovery with no sponsor is highly discouraged within Alcoholics Anonymous. Although these men may be stalling or refusing for a variety of reasons, they are in a dangerous situation for

they do not have someone to discuss personal problems they may have with recovery. With the increasing number of men in the program, 41 by the time I completed the project, the time with a counselor is decreasing. If a recovery program is based on a twelve-step model, but not all of the components are followed, difficulties such as those in the following section may follow.

Step Work

Another problem, perhaps brought about by the problem of sponsorship, is step work. In the Alcoholics Anonymous pamphlet “Questions and Answers on Sponsorship” there is a section titled “What does a sponsor do?” That segment gives many sponsorship suggestions, one of which is that the sponsor “goes over the meaning of the Twelve Steps and emphasizes their importance.” Without the guidance of a sponsor, an AA member might have difficulty interpreting the steps, knowing how to “work” them. It would not be uncommon in an AA meeting discussing sponsorship for a member to emphasize the importance of working the steps with a sponsor; it is generally frowned upon for a member to indicate they are working on them alone. In one interview, when asked about which step he was working on, the client misinterpreted the question.

Interviewer: What step are you working on now?

Participant 1: Wonderful, wonderful. Ugh, I’ve...Right now I’m in the process of getting ready to attend [a program] to become a counselor, a drug and alcohol counselor. I’ve taken my test, like I said I’ve been out of school for a while now, and I held my head up above water pretty good. So, my grades are not lacking or anything. So just a few things I gotta get in line, such as.... Gotta, wait until the revenues, and once they are in place. Which is, once you start being honest, a door opens to you that opens many other doors. And so that’s what I’m into now. I talked with Johnny Little, we already went through the schedule, my counselor, Tony, he set up an email for me through his house rather, on his home computer. And they are gonna send him all the stuff that I need. And from there we are

gonna go on, And Ms. Beth who teaches over here at the women's and the children, she's been wonderful too. And that's what I like about it here, if you want the help it's here. Everybody's pushing me. I found out about being a licensed ordained minister, that's just half of it. What about the people who don't believe in Christianity? See, the honesty of recovery includes everybody. So I have to be certified the right way, or the way of the government or the state, or whoever. So that's what I'm doing. I'm not just sitting around I'm gonna do, the freedom I have now, just what my addiction tried to do to me. I'm gonna use it to the fullest.

After that part of the interview, I felt a little confused that a person in twelve-step based program would misinterpret a question about step work. To find out more about this situation, I inquired about his sponsor. At this point of the interview, we learn a few things about how the sponsor relationship may form in this type of rehabilitation program. First, the man who approached participant 1 told him he was going to be his sponsor. In most instances, this relationship is reversed; the sponsee asks another recovering member to sponsor him. Although the process of a sponsor appointing himself is not unheard of, it is certainly less common. Secondly, the two individuals had a prior relationship, as friends. This may also be an uncommon arrangement in the twelve-step world, a topic to be further investigated at a later date. Still trying to get more information about this relationship, I probed questions further.

Interviewer: Is your sponsor here?

Participant 1: Yes he's here. And he tells me...and my sponsor, I love him to death, but he won't let me get past step three. I go steps one two and three, and he says, go do them again.

From this part of the interview, I learned that the sponsoring individual was also a member of the First Steps program, and that participant 1 felt frustrated with the progress of their step work together. Other First Steps clients had also expressed a similar frustration at being instructed to not go further than working a certain step.

Interviewer: So what step are you working on now?

Participant 7: To be truthful with ya, I'm still on one, I study one a lot. I'm going towards two. And, that's pretty much, I got the type of sponsor, he ain't in no hurry to rush me through the steps. Ok, you just read one, and you call me and we'll talk about one. I said. Can I go to step two, he say no, read step one again, and call me back, and we'll talk about one. And I'll do that. And even director said, they only been in the program three months, and they're already on the 9th step.

At this point, I questioned the participants about the fourth step, which reads: "Made a searching and fearless moral inventory of ourselves". This step is also talked about in AA meetings as the most despised step of the twelve. It is the first step that requires writing, and often brings back difficult memories. The fourth and fifth steps are sometimes lumped together in discussion though; the fourth step is where members write down their inventory, the fifth step is where they tell another person about it. Step five reads, "Admitted to God, to ourselves, and to another human being the exact nature of our wrongs." This process of writing and revealing is often referred to in AA as "the fourth". The most common practice for doing a fifth step is for an AA member to ask their sponsor to listen to their fourth. However, in some rare situations, as the text Alcoholics Anonymous suggests, some of the more religious members may choose to have a priest listen to their fifth step in the style of confession. In response to participant one's frustration with his sponsor limiting him to the first three steps, I inquired about the fourth.

Interviewer: So you are ready to get that fourth out of the way?

Participant 1: I mean, well, I've done the fourth step. I've been through all the steps. But I'm just now realizing what my sponsor's telling me. Just because you go through the steps in a year, you don't graduate, don't get too complacent. Because you done had a spiritual awakening, and you try to carry this message to other addicts. Try to practice these principles in all our affairs. It's routine. Because we use drugs the same way everyday. I didn't change the way I used drugs. I just changed the drugs that I used. Same thing with recovery, just

because it's repetitious, doesn't mean it don't work. It mean it get stronger in you. At first I was getting a little mad at my sponsor, because he always said, man I just finished step twelve. Go back do one, two and three. Man, I just done step one, two and three with you last week. I have two tablets about full. And I think the steps that he accepts is only 1-3. Fourth, I got that for myself. I went over with my counselor and stuff, he won't even read my 4th step. And the fifth step through the ninth steps is you admitting it to yourself and making amends. And then ten through eleven is about you taking on a higher power. Well he doesn't even wanna hear that, and I'm now beginning to see why. In order to stay recovered, I must stay basic. And to always remember that I'm powerless over any situation.

Although this client has a working knowledge of the terminology of the AA program, he admitted to working the steps without a sponsor, a practice usually frowned upon. With the self-appointed sponsor not wanting to hear his sponsee's fourth step, it is again apparent that these men have difficulty opening up and sharing with another man. The recurring theme of using a counselor to do step work is also apparent.

Other First Steps clients also indicated that they did step work on their own, even against the suggestion of their sponsor. In one case, an individual described working the forth step, making a moral inventory of himself.

I remember having an issue with vindictiveness. I was doing a moral inventory on myself. I can't stand for nobody to do me wrong. But you got to deal with life on life's terms. There's wrong in the world. There's wrong people, and there's wrong things in life. You can't always retaliate with negativity and hope that there's gonna be a positive resolution.

Time Constraints

One guiding question of this research has been how, exactly, a homeless individual stays sober. Balancing differing requirements in a recovery program with must be difficult, and the story of Participant 2 gives some clarification into the specifics of this complicated problem. First, there are certain requirements I mentioned earlier that the First Steps client must fulfill. One of these requirements is early morning community service after breakfast. Participant 2 had been in the First Steps program six months at the time of the interview. Prior to this, he had been sober another six months at another similar program for homeless men. Therefore, he had recently celebrated his one-year sobriety birthday. I assumed that by being in recovery for a year, he had been through most of the steps, and I proceeded to ask him about it.

So you working on a step now? You've been through them all, I guess?

No, you know...I just... I been here like 6 months, and I just got a sponsor. You know, I just got a sponsor. I just got a step-working guide. And I just worked the first step. Yeah. See, I'm doing other things. See it's...Recovery is first, I realize that. But you have to...I try to balance it. Cause there's other things I got to do too. I got to live when I get up out of there. You know, So I got to try to go to school, work, I cook at a restaurant.

At this juncture of the interview, I paused to put things together. Perhaps I had been a little ignorant in that I assumed step work and sobriety would be the top priority in these men's lives. I associated homelessness with unemployment and free time, which turned out to be far from the truth. After eating breakfast at 6 am, and doing his community service work (picking up trash after other homeless individuals), Participant 2 had to go to work.

How far away is the restaurant you cook at?

That's like an hour ride on the bus. Everyday, this help me though. *Points at walkman CD player*. I listen to the radio and I read, you know, I take books in

my little pack, and I be there before I realize it. I got a recovery bible that I read. Then I got a Scofield study bible. And there's other self-help books that I read.

So after breakfast, community service, and an hour bus ride (everyday), Participant 2 works an eight-hour day serving up meals. After the hour ride home, dinner, and a meeting, it's time for Participant 2 to go to sleep. However, he still has to find time to squeeze in studying for his GED, talking to his sponsor, finding a place to live, and working on getting a better paying job. (The 8-hour day everyday as a restaurant cook won't support living in an Orlando apartment.) These homeless individuals must structure their schedules carefully to balance all necessary life responsibilities. Further, most of these men I interviewed are convicted felons, heavily weighing on their ability to work or return to school. Therefore it seems doubtful that they will ever get a job that pays much more providing than a job as a short order cook.

Also contributing to this seemingly hopeless situation is that these men are in their mid-forties to early fifties. In a society that is increasingly moving towards technological advancements, these men find their manual labor occupational experience less and less needed.

CHAPTER FIVE: CONCLUSION

The guiding question that generated this research is “How do homeless alcoholics get, and stay, sober?” After analyzing the stories of ten homeless First Steps members, the answer seems to be adaptation. Overall, I detected that programs such as First Steps do the best that they can with the resources available, often making slight changes to a twelve-step program. The First Steps programs, and the clients, blatantly change the AA program to fit their needs. However, the adaptations are on micro-levels and ultimately facilitate the recovery of homeless alcoholics. These adaptations take on three forms: 1.) responsibility, 2.) aggregated ideologies, and 3.) grandiosity. These adaptations are assumed by the First Steps members and create an atmosphere in which they are able to recover.

Responsibility

Time and time again in interviews, First Steps clients mention responsibility. Perhaps this theme of recovery helps them stay sober. They mention a strong drive to give back to society, to do their part, to give instead of take, and to become useful. Ideas of contribution are strong. They often talk about helping other homeless individuals, and helping other alcoholics.

One client describes his hopes for helping others in the future:

One of the things that kept me in my addiction, one of many things that kept me out there so long; I kept looking for excuses, and then struggling. I know everybody struggle, life is a struggle. But, to be working two jobs and still barely making ends meet. It kinda makes you like...man what the heck am I doing this for? I don't wanna be caught like that. Just be able to take care of myself. Without any...coming...you know...being able to take care of myself. That's why I'm back in school. Once I become certified as a mechanic, I can take care of myself and I can do stuff to help other people too. I ain't just doing this for me. I wanna be able to help somebody. I wanna be able to start something. If I wanna go to the grocery store, and out of my pocket, buy lunchmeat, cheese, and

a couple of cases of soda, go out on a Saturday, where people at, and just hand out food I wanna be able to do that. Without, “Oh man I don’t know what I’m gonna eat tomorrow.” I spent that money feeding them homeless people, I don’t wanna live like that. I don’t wanna live like that.

This client mentions three times that he wants to be able to take care of himself. He shows frustration on having to rely on others in society for housing and food. To overcome these feelings of frustration, he feels that when he gets back on his feet, one of his main goals is to be able to help other individuals. He indicates, as other First Steps clients do as well, that they are not just trying to stay sober for themselves, but they want to be able to help somebody down the road. Specifically, the men in the program feel the need to “start something”, to bring about a new form of a recovery program, or a new way to help homeless individuals.

Other clients gave similar indications of wanting to help others, specifically homeless individuals. When asked about going to church in conjunction with staying sober, one man indicated that after he graduated the First Steps program, he began giving back to the homeless population. This practice seemed to be a very important component of staying sober outside of the treatment program, and adapting to a new life.

When I was in, when I stayed clean, every Sunday, I don’t care rain or shine, I was ...I used to get up on Sunday morning, I used to go downtown to the church I used to go down there and volunteer to serve the homeless people. And I would come back, and I would go to my regular church, but I would imagine three or four weeks went by, and I didn’t go to church, I didn’t go to help the homeless people. And you know, it was like...we all need God in our life. When I really look at it today, I turned my back on God. God showed up in my life to show all the things in your life I help you accumulate, I take them away from you to bring you closer to me. And I’m here today, rebuilding, the last two Sundays in a row, I have been in a church service. And looking forward to going to one this Sunday. You know they say NA isn’t a religious program, spiritual. I think in order for you to stay clean, God plays a big role in that too.

In some ways, this man seems to feel that not going to help the homeless led to his eventual relapse with drugs. He indicated that he felt not helping the homeless individuals at church was turning his back on God, and he recently resumed participating in local church service activities.

First Steps clients have a strong desire to give back to society reminiscent of Brown's 1991 study on the professional ex. In this study, the professional ex from a deviant career becomes a counselor. The clients of First Steps, in a way, are legitimizing past deviance by using it to transform themselves into roles that are of a helping nature. The men of the First Steps program openly admit not fulfilling their responsibilities in life thus far, and perhaps above all, they hope to remedy this. Some of the clients feel they can be of service by helping other alcoholics and addicts, having hopes of becoming alcohol and drug counselors in the future. The idea of one day being able to offer something to someone else in need is a great driving force within this population.

...I gotta go get certified, what I wanna do is facilitate a drug and rehab program. I wanna know...You know what, without recovery, without knowledge and wisdom, until I fell in love with my freedom, I had nothing to offer anybody. I love it, I love it, I love it.

While some individuals such as the man above have very specific goals and precise ways they want to pay society back, others have the same ideals, but share in more general terms. Participant 6 felt strongly about correcting his past and living an honest life but did not know exactly how he was going to fulfill these goals. He knew that he wanted a life with stability, a modern life (opposed to the regressive life on the streets), and to stay out of jail.

Interviewer: What about plans for the future?

Participant 6: Pretty much day by day. You have goals that you have set. To try to accomplish you have short term and long-term goals. One of my long-term

goals is to live a stable life. A modern life in society, I won't have to worry about going to jail for nothing stupid that I've done, or being involved in activities that cause me to go to jail. And, live, uphold my responsibilities.

For many of these men, these responsibilities include providing for their children.

Almost every First Steps client I interviewed had more than one child by more than one woman.

When probed about the relationship with these children, some became upset, describing estranged relationships.

Kids? Got one boy. That wasn't from my marriage, from Sebastian.

How old is he?

Ugh, 15.

You guys get along?

He knows about me, you know what I mean, I regret saying this, he knows about me, but we don't...we haven't interacted much. The sad thing of it is, he needs his dad in his life. But he was fortunate enough, to where he came up, his mother is from old money.

The clients described years of prolonged drug abuse histories, taking money that should have gone to their children to use on alcohol, drugs, and prostitutes, leaving the mothers of these children as the sole providers. Some shared stories of being high on crack during the birth of their child, never making it to the hospital to visit. Many of these children are now fully grown, and repairing the years of wreckage seems a far off goal for these men. The clients at First Steps seem more comfortable trying to help others at the same level that they are, i.e., homeless alcoholics. The principle of helping another alcoholic is common in Alcoholics Anonymous, but perhaps emphasized more among the homeless recovering population, taking on a more prominent role in recovery.

AA + NA + Christianity = Program of Recovery

First Steps members use the terms Alcoholics Anonymous and Narcotics Anonymous interchangeably, showing little known difference between the groups. They also heavily incorporate the Christian bible into their recovery programs, sometimes using a recovery bible. The First Steps clients also do not seem to have a preference on these types of recovery theories, but generally maintain that addiction itself is a problem. Some admit that they have been addicted to drugs, alcohol, and women. They talk generally about addiction and maintain, “a drug, is a drug, is a drug” and that something within themselves, not the substance, is what needs treatment. For example, many of the men describe situations in which they experience drug like behaviors, without actually using drugs.

Obsession. Wanna obsess everything, compulsion. Spur of the moment, you know, so I say wow...when I see it...wow...it ain't drugs no more, it's coming in other areas.

From this client's experience, he feels that he has an obsessive personality. Now that he has abstained from drugs for a period of time, he does not obsess over drugs; the obsessive personality has merely shifted. In this situation, he was referring to a new relationship with a woman that he was interested in. He felt compulsive when interacting with her, often having to apologize later for what he had said or done.

Along with the beliefs that addiction is general, and not limited to one specific drug or behavior, clients establish multi-faceted recovery programs as well. They take ideas, themes, trends, and suggestions from three main organizations: Alcoholics Anonymous, Narcotics Anonymous, and the religion of Christianity. One individual described this mixture of different program components:

I attend meetings, I got a sponsor, I done work the first step, but I don't put everything in one area. That ain't this kind of program. Like I hear in the rooms, what worked for one, don't work for all. So what I had to do is find out what works for me. Some people, some guys, they be like brainwashed with this thing. They wake up with it, they go to sleep with it, I ain't saying nothing bad about it. That might work for them, it won't work for me. My mind is other places too. Like how I'm gonna live.

In this man's situation, he feels hesitant to give himself fully to just one area of recovery. It makes more sense for him to take pieces here and there along the way to help him with sobriety. He indicates that "this program," the First Steps program, is a mixture of aggregated ideologies. The program realizes that each individual may have different circumstances and may need a variation of treatment. This style is a bit different than the typical one size fits all types of programs that usually exist in low-income treatment arenas. This is a general goal of the First Steps program as outlined in their brochure:

Recognizing the uniqueness, dignity and value of every individual, case managers work closely with each man to develop detailed plans and goals to address his specific needs. The plan is designed to help the client achieve success through inspiration, encouragement and moral support. The rehabilitation includes group sessions, educational and employment training, recreational activities and 12-Step recovery strategies.

One way they are able to achieve this detailed plan is to simply figure out the comfort level of the individual participant with the three organizations. While one client may feel very comfortable with Alcoholics Anonymous and Christianity, they may have some internal bias against the Narcotics Anonymous program practices. Therefore, they are able to customize and tailor a program with little to no financial cost. Other clients I interviewed wanted their main emphasis to be on Jesus Christ, with Narcotics Anonymous following as a second component. This recovery plan does not take long to figure out; within a couple meetings the client usually

can address the preferred focus of recovery. The ideology of mixing and matching is apparent in several of the men's stories, although they realize they are alcoholics just like everyone else in the program, they also realize that they may have different beliefs they do not want to compromise. The men are free to experience the three different organizations of recovery at their own pace, and make their own decisions about the importance of each program in their life. They also seem to voice an open-mindedness about the other men's choices in this respect. That is, if one man chooses a different organization that is more important to him, the other clients do not seem to influence his choice.

In another interview, a participant describes how he mixes different components of AA, NA and the Christian religion:

...I take time now doing my inventories, daily, I sit back and I look. I read and I study both books. NA and the Bible. And I must tell you this, now, as of 2006, I became a licensed ordained minister. But prior to that I had been teaching and preaching, before that. And I find that, for addicts, or people of an addiction, without AA or NA you won't truly get to know God or your higher power. So I totally support NA and AA. Because I tried it, in just the church alone, and I ended up going back and using. I tried it with just NA alone, without working...going to NA, but not working the steps, but going to church instead. It didn't work.

Clients in the First Steps program often have a main preference for one of the three organizations, and then have a supplementary organization that takes the second seat. For example, one participant may feel that the Christian religion comes above NA and AA, stating that God created the organization. In this man's situation, he had a very rich history of being involved with the Christian religion. For years he had tried to fully dedicate himself to Narcotics Anonymous, then he would fully dedicate himself to the church. When he came to the program at First Steps, he learned how to mix the two together.

Now don't get me wrong, nothing comes before my Lord and savior Jesus Christ. But now I know that he instituted NA for the addict, AA for the addict. God forgive me for being so...All I saw was God my way. I could preach alcohol out of you. But yet, I wasn't delivering, and I couldn't deliver you. I have accepted NA, as a companion to my Bible. They work together, but don't get em confused. Don't try to make your NA and AA your bible. There's a balance. So many people want recovery; they think they are accepting the bible. Some of them think they can just go to NA and not get a higher power, it won't work. They gotta go together.

This man felt guilt over years of trying to convince AA and NA members that Jesus Christ was the only higher power they could have. At the First Steps program, he learned that there are many different ways people believe and worship God. Therefore, he finally was able to become part of the 12-step program while remaining a part of the church. However, another participant may say that NA or AA brought them to God, and therefore that program comes first, not God.

If you got any kind of drug or alcohol addiction, trust me, NA and AA is the way to the God of your understanding. So many people, as well as myself, at first made the mistake that when I came in because I knew some scriptures, cause I used to go to church, because I was raised in the church, I knew something of everything. But every time I left, church and all that left me, my addiction ate me up. So this time I'm learning that AA and NA, It is ordained, it is strength, and if you follow those steps honestly, open-minded, and willingness. You'll see the difference. That's why it don't bother me talking to you. I can talk all day long, cause I don't fear my disease no more. I know it's out there, and the only way that it's gonna get me again is if I don't take my medication. What's my medication? The NA and the AA. But that's my medication, you know. One thing that I'll tell, is we are not responsible for our addictions, but we are responsible for our recovery...

In this instance, the client feels that he must put AA and NA first, and worship God second. They feel this way because they tried to get sober in the church earlier in their life. This client felt that because they knew the teachings of Jesus, they should not have to seek help in AA or NA, that Jesus should be able to help them with alcohol problems.

Although these men are usually tolerant of each others' beliefs and support their chosen priorities, some clients feel very strongly about this topic, and it can be a source of animosity and anger. When a client who feels that God comes before a 12-step program meets with a client who feels the other way, controversy may arise. One participant shares his feelings on this topic:

See I believe, and this is my own personal belief...people get clean, and I hear it all the time, they get clean, and they give all the praise and the credit to NA. I never think that NA saved my life, I know who saved my life, my higher power saved my life. Now he implemented NA, nothing bad I can say about NA or AA, they saved millions of people. But they don't get the credit. God inspired all of that, he over all of that, so he gets the credit. Ain't no way I'm gonna say NA or AA saved my life. God saved my life. He led me to this spot, and I know that there's more to it than God. In order to stay clean, you gotta have a little bit more. Not saying that God ain't sufficient, cause he is sufficient.

This example is another way in which each individual adapts these programs to fit their specific needs and beliefs. The participants at First Steps often meet with their counselors to work through these issues. While some homeless recovering individuals place Christianity first, with AA and NA to follow, others may rearrange the trio depending on their religious upbringing. Being able to set these priorities seems to give the First Steps clients a feeling of control over their circumstances and situations, a feeling of hope that they can overcome their adversities. It is also an alteration of recovery principles to pre-existing religious sentiments and to the practical realities of recovery in a homeless context.

Grandiosity

The main text *Alcoholics Anonymous* has a passage that sums up a great deal about the alcoholic according to the program, and perhaps this is even more true of the homeless alcoholic.

...we learn that alcoholism is a complex malady; that abnormal drinking is but a symptom of personal maladjustment to life; that, as a class, we, alcoholics are apt to be sensitive, emotionally immature, *grandiose in our demands upon ourselves and others; that we have usually "gone broke" on some dream ideal of perfection; that, failing to realize the dream, we sensitive folk escape cold reality by taking to the bottle*; that this habit of escape finally turns into an obsession, or, as you gentlemen put it, a compulsion to drink so subtly powerful that no disaster, however great, even near death or insanity, can, in most cases, seem to break it; that we are the victims of the age-old alcoholic dilemma; our obsession guarantees that we shall go on drinking, but our increasing physical sensitivity guarantees that we shall go insane or die if we do. (Emphasis added)

Almost all of the interviews I conducted showed evidence of this grandiosity. However, I cannot tell if these grandiose ideas the men hold give them hope, or prevent them from getting out of homelessness and alcoholism. In almost all of the interviews I asked questions such as “what are you currently working on?” or “what are your plans after leaving the coalition”? Excluding one interview, the answers were almost always extravagant. For example, one man answered that he would like to be able to go on a cruise whenever he felt like it, and purchase an entirely new wardrobe when he felt tired of the one that he had.

I want to be situated... at a space, at a spot in my life to where I can take care of myself, and it don't take that much for me, cause I'm not materialistic. I like nice things, but that crap ain't nothing to me. You know what I'm saying. I don't really even care nothing about money. I'm that way. I wanna be at a spot, at a level in my life, where I can take care of myself. Hell if I wanna go and just up and go and take me a cruise, I wanna be able to do that. If I wanna decide one day, that stuff look kinda old, I'm tired of wearing that stuff, just clear my closet out, and come down here and donate it to some people and start all over with it

except what I got on. If I wanna just do that one day, I just wanna do that kind of stuff without it being strain, or without it being stressful.

However, in conjunction with this, he expressed the theme of responsibility by noting that he would like to pack up coolers of food and help other homeless individuals in the park.

Most of the men in the First Steps program revealed goals of some “dream ideal of perfection” as the AA text reads. Perhaps in some situations, these dreams keep the members going, keep them sober. However, it might also be true that just as often they “fail to realize” the dream, and start using again. At this juncture of the project, I would suggest the latter. As mentioned before, most of these men are extremely poor, convicted felons, with no identification, well into middle age. Many of them on probation are unable to travel outside of the city without permission from their parole officer, much less to cruise to the Bahamas.

Other individuals in the First Steps program gave similar indications of pomposity, even though they were obviously living in a homeless shelter. They had difficulty admitting their circumstances, and often tried to lead me to believe they were not as low as they seemed. In an interview with one client, he originally told me that he chose to come to the homeless shelter. He owned a house, but said that he walked away from it, that he wanted to come to the homeless shelter.

Participant 3: But, I decided to come here. I still have my house, just walked away from my house. Left my kids, something I wanted to do. Left everything and I came here. I been here like three weeks. It's ok so far. It's okay, you know. Hopefully I'll get back up on my feet again. Right now I try to get me a job. Hopefully I'll get a job pretty soon. Start back all over again.

However, later in the interview he admitted that he no longer had a house, that he had lost his residence he originally indicated he had.

But right now I'm working, and getting everything back, my license, my car. Get a brand new house hopefully. Start back over again.

This theme of unrealistic planning for the future is shown throughout many of the interviews I conducted. Participant 3 did not just want an apartment to live in, he wanted a "brand new house." Along with pretentious ideas for housing, many of the First Steps clients also hoped for similar ideals in regards to employment. Many of them indicated that they did not just need a job, they needed a job that paid over 20 dollars an hour, had benefits, and a retirement plan.

I got a friend was in the program already. He told me, hey man come over. And I said, if he do it, I can do it too. So that's when I come. Right now, he do work he make like 21 dollars an hour. I said, if he do it, I can do it.

For other First Steps clients, 20 dollars an hour was not enough, they set their eyes on almost triple that.

What about long term and short term goals?

That's a good question. Short term goals is to get my life right, get my driver's license straight, secure good employment, get into a training program that would help me secure good employment, I keep talking about heavy equipment, crane operator, these guys get paid \$75 an hour, work at that. Branch out and do things that I'm invested in: real estate, stock brokering, small town entrepreneurship within 5 years. Ranging from 5-10 years, looking at a ministry, some type of rehab, or outreach facility that will help people that are enslaved in addiction like myself.

Again, from this segment of an interview, it can be seen that this unrealistic sense of financial planning is quite common among homeless alcoholics in recovery. The client's long-term goals again show the desire to help others in similar circumstances, to give back to society.

Otherness

On several occasions, the clients of First Steps referred to other homeless individuals as “the homeless”. They spoke as though they were not homeless themselves. In one situation, we were driving to a meeting in the van, and one of the First Steps guys made fun of a homeless guy for pushing his belongings in a shopping cart. This practice indicates that he did not have enough money or resources to have another homeless person watch his belongings while he traveled. “The homeless” are actually stratified into several different classes of individuals. To learn more about this topic, how the homeless view the homeless, I investigated prior research but found nothing on this topic. However, when I spoke to other professionals in the field of homelessness, they confirmed this trend. Recent focus group research at the coalition for the homeless confirms this trend:

One participant – we’ll call him Donte – believes that within the homeless world, “there are three classes of people: women and kids, people in the programs, and then us. The men. We are at the bottom of the ladder.” The “program” that Donte refers to is First Steps, an on-site drug treatment program available to Pavilion men. There are 36 slots in this program and a long waiting list. Men in First Steps receive case management and individualized treatment plans, sleep in bunk beds rather than mats on the floor, are quartered in a walled-off room that affords considerably more privacy than other men enjoy, are given more responsibilities in the facility, are also given more slack, and more attention is paid to them. For example, unlike other men, they are not required to leave during the day and are not expected to work at least for their first month or two in the program. To Pavilion regulars, being in First Steps is a privileged status into which only a select few are invited. And indeed, a few of the men in the sessions had been through First Steps, two were currently in the program, and several were considering it. But it is very much a minority experience. (Donley and Wright, Chapter 4, *Homelessness in America*, forthcoming).

This theme, while barely touched upon in this project, is one to be examined at a further date. The attitudes about “the homeless” among homeless men dives into an interesting study of stratification that usually is not examined.

Program Suggestions

The findings of this study provide insight into some ways similar programs such as First Steps may design or improve themselves. To begin, these participants need to understand the idea of belonging to a “home group,” a place where they feel most comfortable in AA meetings. At this group, they may meet up with their sponsor, give service to the group, and voice their input about group issues. Having a home group will make the transition to living within the community one step easier for these recovering men.

After establishing a presence in a specific recovery group, either one that meets where the program is located, or an outside meeting, the clients should be given specific instructions about sponsorship. First, it should be emphasized that the men need to make more friends in the recovery community; they should avoid asking a newly sober former friend they drank with to be their sponsor. In addition, it should be discouraged to rely on an employee for any amount of time. This is disadvantageous because it limits and narrows the client’s recovery group, and it puts an unnecessary burden on the already overworked and underpaid social work system.

Following a connected relationship with a sponsor, a continuous regular study of the twelve steps should be employed. If a social model program is based on the twelve-steps, and the twelve-steps are not being completed, the program has a weak structure if any. The clients should be encouraged to start step work early, within a month, and continue working through the steps. Although these men have long histories of alcohol and drug abuse, they should not be limited to only working the first step. Many times in AA meetings, there is an analogy that is employed to make the importance of the steps clear. Going to meetings and not working the

steps is like going to the doctor and not taking your prescription. In other words, the clients fail to gain a necessary component of the twelve-step program: the steps.

Those who do not have alcohol or drug problems, or those who have successfully recovered from these difficulties may need to be reminded that this process takes time. Most of these men have abused alcohol and drugs for decades, and there is no quick solution to rehabilitation. Programs such as First Steps have monumental goals to achieve in rehabilitating these individuals: cleaning them up physically and mentally, finding them employment, educating them, and securing stable housing. Further, the budget for these goals is often very limited, or nonexistent. These programs are accustomed to making ends meet, being creative with resources, and using what is available. The time bind is not just a phenomenon of housed individuals, but the homeless population as well.

The adaptation of responsibility should be fostered within recovery programs of this nature. The hope of helping another individual in the future keeps these men going, and gives them something to look forward to in recovery. In the First Steps program, the men are encouraged to do community service work, often gaining valuable experience from these jobs. One of the individuals shared how much one service opportunity affected him:

The other day, people here they told me they wanted me to go and do a little service work. We picked up some art display cases, and carried them over to the college, and I had never really experienced what the inside of a college looked like. You know students going from here to there. And the people was nice enough after we did the little work, they treated us to lunch right in the cafeteria, right where the students come together and eat. If I could live again, that college life, everybody had smiles on their face. Everybody mingling with one another. To me it looked like it's a beautiful thing.

Another idea that may be fostered, with care, is the individual program emphasis on components of Alcoholics Anonymous, Narcotics Anonymous, or a religious teaching. The history and principles of the AA and NA program should be made clear to these individuals. Many books are available to describe how these organizations formed, and what they stand for. Perhaps one of the daily meetings could focus on this topic so the clients are informed about the program with which they are aligning.

Finally, clarification should be made regarding the differences between goals and dreams. Realistic financial planning should be a topic of discussion among this population. Homeless individuals that are trying to get back on their feet may hold on to unobtainable or nearly impossible ideals. While these dreams should not be shattered, the shorter-term, more practical goals should be emphasized first. Although the large dreams of taking a cruise or becoming stock broker may help keep these individuals going, they may also prevent them from ever achieving a stable lifestyle.

Reflection and Expansion

I began this study with an unclear idea of how homeless alcoholic individuals journeyed into sobriety. Some of the findings were not that shocking, for I had an idea that homeless men might have difficulties with sponsorship. However, I had no idea how deep these problems would run. I imagined the basic physical problems associated with sponsorship, but did not completely understand the lack of privacy before experiencing it. Even after coming to the shelter for weeks, it still was very difficult to find a quiet private place to conduct these interviews. A social worker, another client, or an employee interrupted almost every interview I conducted, giving me first hand knowledge about the difficulty of privacy.

Most likely, all institutions (or all clients of an institution) that employ an Alcoholics Anonymous “model” diverge in some way or another. The “Minnesota Model” originally started the incorporation of 12-step recovery concepts within a treatment program back in 1949 (Spicer, 1993). In this respect, First Steps itself is an adaptation of the original concept. Although another treatment center within a homeless shelter may have the same concept for recovery, the mix of AA with other components will vary by institution (Humphreys et al., 1999).

What this research project does is offer a view of these modifications; it examines how these specific adaptations work within this setting. As a case study, like all studies of this type, this project offers a narrow, in-depth view of sobriety among the homeless. This view becomes one of this project’s strengths and weaknesses. Another weakness is the idea of contrived accounts versus real histories. It is possible that these men viewed me as an authority figure and told me what they thought I wanted to hear.

As far as the larger sociological implications of this project, a few speculations can be made about homelessness and recovery. Many individuals in society would like for the homeless to sober up, take a shower, and get a job. These interviews have shown the difficulty of that order regarding identification, sponsorship, step work and time management. In recovery, these homeless men take bits and pieces of the Twelve Steps, the Alcoholics Anonymous program, and conventional Christianity to piece together an adapted program that works for them. The answer society gives to homeless recovery is often one of conformity – homeless individuals need to make themselves fit into that which already exists. Yet this study indicates that adapting might be a better strategy.

Two white men that still had wives began talking to one another in a bar, and that's what created the fellowship of Alcoholics Anonymous. Many years' later, differing groups along the way have taken this message and made it work for them. A directory of AA meetings indicates that there are women's groups, gay groups, and young groups. Alcoholics Anonymous publishes specific recovery tools for the African-American, the alcoholic in correctional facilities, and those unable to read or write. Adapting the Alcoholics Anonymous program to fit particular needs has been embraced by the self-help community – there are groups for gamblers, debtors, co-dependents, overeaters, and sex addicts. It seems foolish that homeless individuals recovering from alcohol should not acknowledge their specific shortcomings and adapt the program in stride. It may be the case that while society has learned some degree of tolerance for the many troubles mentioned above, we still believe that there is inherently something “wrong” with the homeless that needs fixing – and this fixing should be done our way, without negotiation.

A popular saying within AA tells members to put “first things first”; sobriety should come as a first priority over other things in life. It is this same ideology that First Steps has incorporated into their treatment program. First Steps believes that alcohol and drug problems should be taken care of first, and housing will follow. This would mean that if alcohol caused homelessness, taking care of the alcohol problem would take care of the housing problem. Yet First Steps clients continue to get and stay sober and have little to no chance of finding affordable housing. If there are no places these men can afford to live, they must be asking themselves: what’s the point? Perhaps this is the question that researchers and policy makers should be asking as well. Although First Steps can produce sober homeless men, they cannot produce affordable housing for this large community. If we refuse to provide housing for different income levels, how can we be surprised when homeless individuals refuse to sober up?

APPENDIX A: INFORMED CONSENT

INFORMED CONSENT TO PARTICIPATE
"Stories of Alcoholics Anonymous Members: A Qualitative Study"

A research project is being conducted on the life histories of Alcoholics Anonymous members by Rachel Rayburn (Department of Sociology) at The University of Central Florida. The purpose of the study is to determine how AA members tell their stories about becoming a member.

You are being asked to take part in this study by completing an interview that may take approximately one to two hours to complete. This interview will collect information about your life history regarding membership in Alcoholics Anonymous. Please be aware that you are not required to participate in this research and you may discontinue your participation at any time without penalty. You may also omit any interview questions you prefer not to answer. You must be 18 years of age or older to participate in this study.

There are no risks associated with participation in this study. If you have further questions about your rights, information is available from the contact person listed at the end of this consent form.

Your responses will be analyzed and reported in the aggregate to protect your privacy. Potential benefits associated with the study include a better understanding of AA membership from the recovering alcoholic's point of view. The interview will be voice recorded. However, the recordings will be secured in the care of the Principal Investigator only.

If you agree to voluntarily participate in this research project as described, please indicate your agreement by completing and returning the attached questionnaire. Please *retain* this consent cover form for your reference, and thank you for your participation in this research.

Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board. Questions or concerns about research participants' rights may be directed to the UCF IRB office, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL32826-3246, or by campus mail 32816-0150. The hours of operation are 8:00 am until 5:00 pm, Monday through Friday except on University of Central Florida official holidays. The telephone numbers are (407) 882-2276 and (407) 823-2901.

Contact Information:

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407.823.3744

Dr. David Gay
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APPENDIX B: IRB APPROVAL LETTER



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901, 407-882-2012 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Notice of Expedited Review and Approval of Requested Addendum/Modification Changes

From: **UCF Institutional Review Board**
FWA00000351, Exp. 5/07/10, IRB00001138

To: **Rachel L Rayburn**

Date: **September 18, 2007**

IRB Number: **SBE-07-04129**

Study Title: **Stories of Alcoholics Anonymous Members: A Qualitative Study**

Dear Researcher:

Your requested addendum/modification changes to your study noted above which were submitted to the IRB on 09/11/2007 were approved by **expedited** review on 9/18/2007.

Per federal regulations, 45 CFR 46.110, the expeditable modifications were determined to be minor changes in previously approved research during the period for which approval was authorized.

Use of the approved, stamped consent document(s) is required. The new form supersedes all previous versions, which are now invalid for further use. Only approved investigators (or other approved key study personnel) may solicit consent for research participation. Subjects or their representatives must receive a copy of the consent form(s).

This addendum approval does NOT extend the IRB approval period or replace the Continuing Review form for renewal of the study.

On behalf of Tracy Dietz, Ph.D., IRB Chair, this letter is signed by:

Signature applied by Janice Turchin on 09/18/2007 11:24:56 AM EDT

A handwritten signature in cursive script that reads "Janice Turchin".

IRB Coordinator

Internal IRB Submission Reference Number: 001031

APPENDIX C: SEMI-STRUCTURED INTERVIEW SCHEDULE

1. Where are you from?
2. Do you have any brothers and sisters?
3. Have you been married before?
4. Do you have any kids?
5. What have you done for work in the past?
6. When did you start using?
7. What is your drug of choice?
8. Have you ever gone to any NA or AA meetings before you came to the coalition?
Probe: What was your first experience with, NA or AA?
Probe: What do you think about the meetings?
9. Have they talked anything about getting a sponsor in the program?
Probe: Have you picked anybody you'd like to work with yet?
10. What step are you working on now?
11. How do you get along with the other guys here?
12. Have you ever tried to get sober in the church?

APPENDIX D: THE TWELVE STEPS

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

APPENDIX E: THE TWELVE TRADITIONS

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

LIST OF REFERENCES

- Alcoholics Anonymous World Services. 1957. *Alcoholics Anonymous Comes of Age: A Brief History of A.A.*
- Alcoholics Anonymous World Services, Inc. 1971. *The Twelve Traditions Illustrated.*
- Alcoholics Anonymous World Services, Inc. 2005. *The AA Group.*
- Alcoholics Anonymous World Services, Inc. Rev. 5/2/02. www.aa.org.
- Bazemore, Gordon and Peter L. Cruise. 1993. "Resident Adaptations in an Alcoholics Anonymous-Based Residential Program for the Urban Homeless." *Social Service Review* 67:599-616.
- Bond, Jason, Lee Ann Kaskutas and Constance Weisner . 2003. "The Persistent Influence of Social Networks and Alcoholics Anonymous on Abstinence." *Journal of Studies on Alcohol* 64:579-88.
- Booth, Brenda M., Greer Sullivan, Paul Koegel, and Audrey Burnam. 2002. "Vulnerability Factors for Homelessness Associated with Substance Dependence in a Community Sample of Homeless Adults." *American Journal of Drug & Alcohol Abuse* 28:429-53.
- Brown, David J. 1991. "The Professional Ex-: An Alternative for Exiting the Deviant Career." *Sociological Quarterly* 32:219-30.
- Butler, Shane and Tony Jordan. 2007. "Alcoholics Anonymous in Ireland: AA's First European Experience." *Addiction* 102:879-86.
- Campbell, Scott W. and Michael J. Kelley. 2006. "Mobile Phone Use in AA Networks: An Exploratory Study." *Journal of Applied Communication Research* 34:191-208.
- Cloud, Richard N., Craig H. Ziegler, and Richard D. Blondell. 2004. "What is Alcoholics

- Anonymous Affiliation?" *Substance Use & Misuse* 39:1117-36.
- Coalition for the Homeless of Central Florida. <http://www.centralfloridahomeless.org/about.html>
Accessed May 01, 2008.
- Coalition for the Homeless of Central Florida. 2007. "First Steps Substance Abuse Recovery Program Outcomes."
- Daiski, Isolde. 2007. "Perspectives of Homeless People on Their Health and Health Needs Priorities." *Journal of Advanced Nursing* 58:273-81.
- Denzin, Norman K. 1987. *Treating Alcoholism: An Alcoholics Anonymous Approach*. Newbury Park, CA: Sage Publications, Inc.
- Denzin, Norman K. 1987. *The Alcoholic Self*. Newbury Park, CA: Sage Publications, Inc.
- Devine, Joel A. and James D. Wright. 1997. "Losing the Housing Game: The Leveling Effects of Substance Abuse." *American Journal of Orthopsychiatry* 67:618-31.
- Devine, Joel A., Charles J. Brody, and James D. Wright. 1997. "Evaluating an Alcohol and Drug Treatment Program for the Homeless: An Econometric Approach." *Evaluation and Program Planning* 20:205-15.
- Dietz, Tracy L. 2007. "Predictors of Reported Current and Lifetime Substance Abuse Problems Among a National Sample of U.S. Homeless." *Substance Use & Misuse* 42:1745-66.
- Donley, Amy M. and James D. Wright. Chapter 4 in Robert McNamara (ed.), *Homelessness in America*, Volume 1. New York: Greenwood Publishing (forthcoming).
- Fischer, Pamela J. and William R. Breakey. 1991. "The Epidemiology of Alcohol, Drug, and Mental Disorders Among Homeless Persons." *American Psychologist* 46:1115-28.
- Glaser, Barney G. and Anselm L. Strauss. 1967. *The Discovery of Grounded Theory: Strategies*

for Qualitative Research. Aldine Publishing Company, Chicago.

- Glasser, Irene and William H. Zywiak. 2003. "Homelessness and Substance Misuse: A Tale of Two Cities." *Substance Use & Misuse* 38:551-76.
- Grant, Bridget F., Deborah A. Dawson, Frederick S. Stinson, S. Patricia Chou, Mary C. Dufour, and Roger P. Pickering. 2004. "The 12-Month Prevalence and Trends in DSM-IV Alcohol Abuse and Dependence: United States, 1991-1992 and 2001-2002." *Drug and Alcohol Dependence* 74:223-34.
- Greenwood, Ronni Michelle, Nicole Schaefer-McDaniel, Gary Winkel, and Sam J. Tsemberis. 2005. "Decreasing Psychiatric Symptoms by Increasing Choice in Services for Adults with Histories of Homelessness." *American Journal of Community Psychology* 36:223-38.
- Greil, Arthur L. and David R. Rudy. 1983. "Conversion to the World View of Alcoholics Anonymous: A Refinement of Conversion Theory." *Qualitative Sociology* 6:5-29.
- Hammersley, M. 1992. *What's wrong with ethnography?* (London, Routledge).
- Hawkins, Robert Leibson and Courtney Abrams. 2007. "Disappearing Acts: The Social Networks of Formerly Homeless Individuals with Co-Occurring Disorders." *Social Science & Medicine* 65:2031-43.
- Hesse, Morten and Henrik Thiesen. 2007. "The CAGE as a Measure of Hazardous Drinking in the Homeless." *American Journal on Addictions* 16:475-8.
- Holstein, James and Jaber F. Gubrium. *The Active Interview*. Thousand Oaks, California: Sage Publications, 1995.
- Humphreys, Keith, Penny D. Huebsch, John W. Finney, and Rudolf H. Moos. 1999. "A Comparative Evaluation of Substance Abuse Treatment: V. Substance Abuse Treatment

- Can Enhance the Effectiveness of Self-Help Groups.” *Alcoholism Clinical and Experimental Research* 23:558-63.
- Institute of Medicine. 1990. *Broadening the Base of Treatment for Alcohol Problems*. Washington, DC: National Academy Press.
- Kakuru, Doris M. and Gaynor G. Paradza. 2007. “Reflections on the Use of the Life History Method in Researching Rural African Women: Field Experiences from Uganda and Zimbabwe.” *Gender & Development* 15:287-297.
- Knight, David, Robert H. Woods, Jr., and Ines W. Jindra. 2005. “Gender Differences in the Communication of Christian Conversion Narratives.” *Review of Religious Research* 47:113-134.
- Lewis, Richard J., David P. Boyle, Linda S. Lewis, and Maestro Evans. 2000. “Reducing AIDS and Substance Abuse Risk Factors Among Homeless, HIV-Infected, Drug-Using Persons.” *Research on Social Work Practice* 10:15-33.
- McNaughton, Carol C. 2008. “Transitions Through Homelessness, Substance Use, and the Effect of Material Marginalization and Psychological Trauma.” *Drugs: Education, Prevention & Policy* 15:177-88.
- Metraux, Stephen, David S. Metzger, and Dennis P. Culhane. 2004. “Homelessness and HIV Risk Behaviors Among Injection Drug Users.” *Journal of Urban Health* 81:618-28.
- Monte, C. F. 1999. *Beneath the Mask: An Introduction to Theories of Personality*. 6th ed. Fort Worth, Tx: Harcourt Brace.

- Morgaria, Aseha and Jim Orford. 2002. "The Role of Religion and Spirituality in Recovery from Drink Problems: A Qualitative Study of Alcoholics Anonymous Members and South Asian Men." *Addiction Research & Theory* 10:225-256.
- Narcotics Anonymous World Services, Inc. 1982. *Narcotics Anonymous*. Chatsworth, California.
- Newman, Katherine S. and Rebekah Peeples Massengill. 2006. "The Texture of Hardship: Qualitative Sociology of Poverty, 1995-2005." *Annual Review of Sociology* 32:423-46.
- Petrunik, M.G. 1973. "Seeing the light: A study of conversion to Alcoholics Anonymous." *Journal of Voluntary Action Research* 1:30-38.
- Project MATCH Research Group. 1997. "Matching Alcoholism Treatments to Client Heterogeneity: Project MATCH Posttreatment Drinking Outcomes." *Journal of Studies on Alcohol* 58:7-29.
- O'Toole, Thomas P., Alicia Conde-Martel, Jeanette L. Gibbon, Barbara H. Hanusa, Paul J. Freyder, Michael J. Fine. 2007. "Where Do People Go When They First Become Homeless? A Survey of Homeless Adults in the USA." *Health & Social Care in the Community* 15:446-453.
- Rayburn, Rachel 2007. "Attitudes of Alcoholics Anonymous Members Toward Group Participation by Persons Taking Medication: A Qualitative Study," presented at the annual meeting of the Southern Sociological Society, Atlanta, GA.
- Skinner, Darren C. 2005. "A Modified Therapeutic Community for Homeless Persons with Co-Occurring Disorders of Substance Abuse and Mental Illness in a Shelter: An Outcome Study." *Substance Use & Misuse* 40:483-97.

- Sosin, Michael R. and Elizabeth Durkin. 2007. "Perceptions about Services and Dropout From a Substance Abuse Case Management Program." *Journal of Community Psychology* 35:583-602.
- Spicer, Jerry. 1993. *The Minnesota Model*. Center City, MI. Hazelden Educational Materials.
- Stahler, Gerald J. and Eric Cohen. 1995. "Homelessness and Substance Abuse in the 1990s." *Contemporary Drug Problems* 22:169-91.
- Stark, Louisa. 1987. "A Century of Alcohol and Homelessness: Demographics and Stereotypes." *Alcohol Health and Research* Spring:8-13.
- Susman, Jeff. 2007. "Up on the Hill with the Homeless." *Journal of Family Practice* 56:606.
- Talpade, Medha. 2003. "A Formula of Hope for the Homeless: Evaluation of the 12-week Jefferson Initiative of Project Focus." *North American Journal of Psychology* 5:417-30.
- Tracy, Kathlene, Theresa Babuscio, Charla Nich, Brian Kiluk, Kathleen M. Carroll, Nancy M. Petry, and Bruce J. Rounsaville. 2007. "Contingency Management to Reduce Substance Use in Individuals Who are Homeless with Co-Occurring Psychiatric Disorders." *American Journal of Drug & Alcohol Abuse* 33:253-8.
- Trice, Harrison M. and Paul M. Roman. 1970. "Sociopsychological Predictors of Affiliation with Alcoholics Anonymous." *Social Psychiatry* 5:51-59.
- White, William F. and Eugene L. Gaier. 1965. "Assessment of Body Image and Self-Concept Among Alcoholics With Different Intervals of Sobriety." *Journal of Clinical Psychology* 21:374-7.