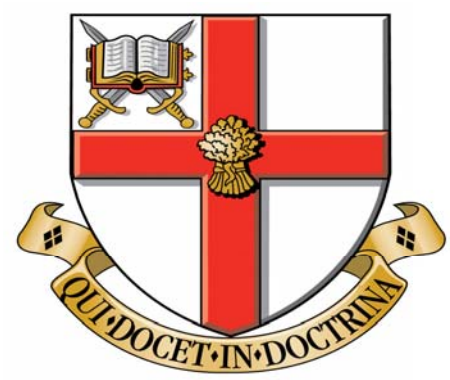

University of Chester

A Qualitative Study of Counsellors' Personal Experiences of Alcoholism

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Abstract

This study aimed to provide an understanding of the impact of alcoholism and how it has affected counsellors who are in recovery from alcoholism. The research also focused on how the participants' lives are different today, being in recovery. This small scale qualitative phenomenological research study was undertaken using six semi-structured face to face interviews. Counsellors were asked about their experiences of alcoholism and recovery and what impact their experiences may have had on their decision to train as counsellors. The sample included three females and three males who had a minimum of five years of sobriety. Data were analysed using the constant comparative method.

The findings from this research indicated a number of factors that contributed to the development of alcohol dependency, including a family history of alcoholism. The outcomes also highlighted the debilitating psychological, physical and social impact of alcoholism. The process of recovery, often preceded by a 'spiritual awakening,' reflected the joy of being in recovery and how participants' lives are different today. Participants predominantly had a positive outlook on life. The findings of this research help to confirm that being in recovery from alcoholism had a major impact on the decision to become a counsellor and also was perceived as having a positive impact on the counsellors' practice.

Acknowledgements for my Dissertation

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Contents

List of Abbreviations

AA - Alcoholics Anonymous

ADS - Alcohol Dependence Syndrome

BACP - British Association for Counselling and Psychotherapy

BAC - Blood alcohol concentration

BFI - Betty Ford Institute

COGA - Collaborative Study on the Genetics of Alcoholism

CNS - Central nervous system

DT's - Delirium tremens

NIAAA - National Institute on Alcohol Abuse and Alcoholism

RR - Rational Recovery

WHO - The World Health Organization

Glossary

A.A meeting Two or more alcoholics meeting together for the purposes of sobriety. Types: Closed, attended only by individuals who have a desire to stop drinking: Open, attended by those who have an interest in alcoholism and A.A: Speaker, where one A.A member tells his or her story to others in an open meeting.

A.A preamble (Read at the beginning of every A.A meeting): “Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A membership; we are self-supporting through our own contributions. A.A is not allied with any sect, denomination, politics, organization or institution, does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.”

Alcoholic A person who defines himself or herself as alcoholic. Characterized by an inability to control drinking once the first drink is taken and an inability to abstain from drinking for any continuous period of time

Alcoholism I A self-destructive form of activity involving compulsive, addictive drinking, coupled with increased alcohol tolerance and an inability to abstain for long periods of time from drinking. Types: alpha, beta, gamma, delta (see Jellinek, 1960)

Alcoholism II Alcoholics Anonymous definition: The manifestation of an allergy, coupled with the phenomenon of craving for alcohol, producing an illness that is spiritual, mental and physical

Alcoholic amnesia Thought disorders associated with the crucial and chronic stages of alcoholism. Wernicke’s disease and Korsakoff’s psychosis are types

Big Book A.A’s name for Alcoholics Anonymous; The story of how many thousands of men and women have recovered from alcoholism: The Basic Text of Alcoholics Anonymous.

Birthday (A.A) Measured in years, but the first year is measured by one, three, six and nine month’s sobriety

Blackout Amnesia, not associated with loss of consciousness,

Disease An uneasiness, or disorder in health, body or manner of living. Alcoholism is a disease, involving an uneasiness with self, time, emotion and relations with others.

Gamma alcoholic Jellinek's term: involves excessive drinking, acquired increased tissue tolerance to alcohol, withdrawal symptoms, craving due to physical dependence on alcohol, and an inability to stop drinking once ir is begun. This type is most like an A.A's alcoholic.

Recovering alcoholic An individual who (1) incorporates the identity of recovering alcoholic into his or her self-conception, (2) having once been an active drinking alcoholic, becomes a non-drinker and (3) calls himself or herself a member of Alcoholics Anonymous.

Serenity Prayer Said at the end of every A.A meeting "God grant me the serenity to accept the things I cannot change, courage to change the things I can, and the wisdom to know the difference".

Sober Not drinking and working the A.A programme.

Spiritual awakening He or she finally realises that he has undergone a profound alteration in his reaction to life that such a change could hardly have been brought about by himself alone (Big Book AA)

Steps A.A's Twelve steps (see appendix)

(Lowe, 2008)

Chapter One

1.1 INTRODUCTION

The purpose of this study is to provide an understanding of alcoholism. This study also addresses the recovery process. Recovery implies the process in which the individual is not drinking alcohol. Alcoholism, also known as alcohol dependence, is an addictive disorder characterized by the compulsive and uncontrolled abuse of alcohol. The World Health Organization (WHO) suggested replacing the term 'alcoholism' with alcohol-dependence syndrome (ADS). Alcohol dependence is a chronic and progressive disorder that has a significant detrimental impact on the drinker, his or her family and society as a whole (Grant, Stafford, Thiede, Kiley, Odagiri and Ferguson, 2008).

Alcoholism is a complex disorder that can affect every aspect of a person's life. The symptoms of alcoholism fall into three groups: physical, psychological and social (Goodman, 1994). Alcohol dependence is a prevalent disorder with enormous health consequences. Liver damage is one of the most common consequences of alcohol abuse. Information contained in the DSM-IV (Psychiatric Association Diagnostic and Statistical Manual) indicate that females may be at a greater risk for developing alcohol related health problems. Trowell (1992) also suggests that women are more likely than men to become isolated and depressed and are less likely to seek help for their psychological, physical and social problems.

There is a direct connection that exists between alcohol consumption and mood, and alcohol abuse can cause symptoms of depression. Goodman (1994) points out that alcoholics lose interest in life and contemplate suicide. Excessive drinking is also liable to cause problems in relationships that can lead to divorce and legal problems and is likely to cause profound social disruption, particularly in the family. Alcoholism is widely labelled as a family illness because of its damaging impact on intimate relationships.

Jellinek was considered the father of scientific research in the field of alcoholism. In 1960 he published *The Disease Concept of Alcoholism,* a book that eventually became the scientific text for the classical disease concept. He defined alcoholism as any use of alcohol that causes any damage to the individual, to society, or both. George Vaillant was also an influential figure in the field of alcoholism. He advocated characterizing alcoholism as a disease but like many other researchers his view differs from the classic disease concept. Vaillant acknowledged that alcoholics can be taught to return to social drinking (Fingarette, 1998).

Clarke and Saunders (1998) also argue that alcoholism is a disease; an alcoholic cannot regain control, even after years of abstinence. The National Institute of Alcohol Abuse and the American Medical Association define alcoholism as an illness. The Nursing Dictionary also defines alcoholism as a disease with physiological, psychological and sociological aspects (2005). Alcoholics Anonymous works on the basis that alcoholism is a disease which can only be managed by complete abstinence. Abstinence is an important factor in effective individual treatment and should be considered both a goal and a means to treatment success (Frances and Franklin, 1989).

At the present stage of research it is impossible to point to any single or simple cause of alcoholism. Like many disorders alcoholism may be caused by a number of biological, psychological and social factors (Snyder and Lader, 2000). In the 1950's, it was observed that alcoholism tends to run in families (Schuckit, 1995, Goodman, 1998 & Carlson, Martin, Busskist, 2004). Family, twin and adoption studies have indicated that alcoholism has a strong genetic component (Reich, Hinrichs, Culerhouse & Bierut, 1999; Know and Goate, 2000; Crabbe and Goldman,1992 & Snyder and Lader, 2000).

Vaillant (1995) questions whether alcoholism is caused by genetics or by the environment. Genetic vulnerability to alcoholism is clearly not a factor on its own as the environment inevitably plays some role in whether a person becomes alcoholic. An example being Identical twins do not always exhibit the same diagnosis regarding alcoholism, implying that some factor other than

genetics is at work (Crabbe and Goldman, 1992). Family members may learn to drink simply through observation and imitative behaviour. Goodman (1998) suggests that children see what their parents do and do the same. Blue eyes are inherited; alcoholism is not.

1.2 THE AIMS AND OBJECTIVES OF THE STUDY

The aim of my research is to deepen understanding of alcoholism and its impact and how lives can be changed through the recovery process. It focuses on some of the factors that contributed to the development of alcohol dependency in a group of counsellors and upon the psychological, physical and social impact that alcoholism had on the participants' lives. This study addresses how the participants' lives are different today being in recovery from alcoholism and also addresses whether being in recovery had an impact on the participants' decision to become a counsellor. In recent years attempts have been made to study the motives for a person wanting to become a counsellor, and it is recognised that the decision to become a counsellor may be facilitated by any number of influences.

The participants are counsellors who are in recovery from alcoholism and working a twelve-step recovery programme. Frances and Franklin (1989) point out that recovery implies the process in which the individual is not drinking alcohol. Recovery is a never-ending process; the term *cure* is avoided. Moss and Dyer (2010) suggest that the twelve-step programme is used to help a person achieve abstinence from alcohol one day at a time through the social support offered at A.A. meetings. Applying these 12 steps is the core of the recovery programme.

This research will be of value to the counselling profession because it will provide knowledge and understanding of alcoholism and the recovery process. Cooper (2008) points out that research is a systematic process of inquiry that leads to the development of new knowledge. Bond (2004) suggests an ethical expectation exists that researchers seek opportunities to

communicate their findings. I hope that this study will contribute to the counselling field by providing valuable insight into alcoholism and an understanding of the twelve-step recovery programme.

1.3 RATIONALE

I decided to conduct this study for a number of reasons. I found a wide range of literature on alcoholism but none that specifically related to counsellors being in recovery from alcoholism. This study is unique as the participants I interviewed were counsellors who are all in recovery and working a twelve step recovery programme used by Alcoholics Anonymous. The study will show the devastating effects that alcoholism had upon their lives. What makes my study unique is that it demonstrates how the participants experienced a change in each of the four key dimensions of life: physical, mental, social and spiritual.

I believe that this will be a valuable piece of research because I discovered several gaps in the literature. First, I became aware that little has been written in counselling research journals on alcoholism. The journals that I was able to access were from health, nursing and alcohol research. Nurses, GP's and professionals working in the alcohol field would more than likely read literature on alcoholism and are more likely than counsellors to access the journals that I have been able to find during my research. Second, I could not find any studies that have addressed counsellors being in recovery from alcoholism

A third gap in the literature is a focus on whether being in recovery has had any impact on the participants' decision to become a counsellor. This study addresses these three gaps. This research is important because I intend to provide counsellors, supervisors and psychotherapists with an understanding of the impact that alcoholism had on the participants' lives. It will also provide knowledge into the twelve-step recovery programme of Alcoholics Anonymous.

I have a particular and passionate interest in this area because of my own personal experiences. Maxwell (2005) points out that a particular important advantage of basing your research topic on your own experience is motivation. McLeod (2001) also suggests that the personal meaning of a research topic may be bound up with the meaning of doing research itself. Undertaking this research has given me the opportunity to develop a greater awareness and understanding of alcoholism. This study will increase my knowledge in this area which will further contribute to my professional practice.

1.4 OVER VIEW OF THE STUDY

There are two principle approaches to designing research, i.e. quantitative and qualitative, both of which are used in the social sciences. My methodology for this research is based upon a qualitative phenomenological approach as opposed to a quantitative study. The philosophical assumptions upon which qualitative (new paradigm) research are based are largely phenomenological. Phenomenology is one of the underlying philosophical traditions that underpins qualitative research. My rationale for a phenomenological study is in keeping with my own person-centred philosophy to counselling.

This approach was also appropriate for the aims of my study because it explored the participants' personal experiences of alcoholism. Access to phenomenological data was best served by a method of semi-structured interviews, which fostered an unfolding of the research participants' lived experienced world as subjectively constructed. Semi-structured interviews were appropriate for the collection of data as it allowed flexibility to what was explored in the interviews.

The interview is considered by Maykut and Moorhouse (1994) to be one important way of understanding people's lives, since we begin our understanding through their eyes and voices. McLeod (2001) points out that

because of the depth of information that qualitative methods generate, it is only possible to work with data from small numbers of research participants. The research was conducted with a sample of six participants using a purposive sampling approach.

1.5 A OVERVIEW OF THE DISSERTATION

In chapter one a brief overview of alcoholism was discussed and the aims and rationale for the study were presented. Chapter two will examine some of the relevant literature on alcoholism and recovery. Chapter three will consider the methods used to collect and analyze the data. In chapter four the outcomes are presented. Chapter five will examine the findings and locate them in the existing literature. The conclusion is presented in the final chapter.

CHAPTER TWO

LITERTURE REVIEW

2.1 SEARCH STRATEGIES

My literature search primarily focused upon books and journals. I used public libraries to search for relevant books on alcoholism. Journals were accessed via PSYCHINFO and PROQUEST databases. Relevant research articles were searched for in journals related to alcohol research, health and nursing. Hart (2004) notes that a good literature search demonstrates the ability to search, identify and select materials relevant to the topic and which need to be reviewed at a level appropriate to the project.

McLeod (1999) identifies two main areas in which literature can be used from a practitioner-researcher perspective. Firstly, it has the capacity to provide a framework from which practitioners have a basic construct to work from. Secondly, the basis of previous research serves as a platform from which future research can be generated. KEY WORDS utilized in the search included: Alcoholism; alcohol dependence; alcohol effects and consequences; risk factors; genetic factors; environmental factors; familial alcoholism; alcohol withdrawal syndrome; seizures; delirium tremens; Wernicke Korsakoff psychosis; depression; disease; alcoholic liver cirrhosis; alcoholic blackout; Alcoholics Anonymous; Recovery.

2.2 OVERVIEW OF AREAS COVERED

This chapter is divided into the following nine sub sections.

- The history of alcohol use
- The disease concept of alcoholism.
- Alcoholics Anonymous.

- Genetics and social factors of alcoholism.
- The physical impact of alcoholism.
- The psychological impact of alcoholism.
- The social impact of alcoholism.
- The physical and psychological withdrawal symptoms from alcoholism.
- Recovery.

2.3 THE HISTORY OF ALCOHOL USE

No one knows exactly when the first alcoholic beverage was consumed, but one thing is certain; it was thousands of years ago. The word alcohol comes from an Arabic phrase, *al kohl.* The phase *al kohl* referred originally to a finely ground powder used for eye makeup, but its meaning gradually expanded to refer to any kind of finely ground material. Soon it expanded further to define a revealed essence of something including, in this case, the essence of wine. Alcohol is presumably the first drug used by ancient man, and its effects, both enriching and damaging, have been well documented throughout the world for centuries (Brownlee, 2002).

The use of alcohol can be traced back to the Neolithic age. Prehistoric cave paintings in the Mediterranean basin dated 8000 BC show that honey was sought after and stored to be fermented into an intoxicating drink called *mead* (Caan and Belleroche, 2002). Beer and berry wine were used from about 6400 BC. The Egyptians discovered the basic process of brewing. They had their own goddess of beer, Menquet. During the same period the Greek philosopher and founder of medicine, Hippocrates, was the first to describe the medical complications of alcohol.

Different cultures produced fermented drinks out of their own native plants. The Siberian cultures used red algae. The North American Indians made liquor from maple syrup and the oriental nations made alcohol from rice (Caan and Beilleroche, 2002). Certain cultures worshipped a god of wine- in ancient Rome the God was Bacchus; in ancient Greece he was called Dioysius; in

ancient Egypt he was Osiris. Wine and beer played a role in these ancient civilizations, contributing both to rituals and celebrations. The Old Testament condemns drunkenness but not alcohol. Islamic cultures, Mormon communities and Sikh religious organizations deny the acceptability of alcohol use. Complete abstinence is considered as a religious and moral duty of every believer. Drinking wine is an integral part of many Christian ceremonies and rituals. Concerns about alcohol use and abuse grew in the 1800s with the spread of saloons in the new western frontier. A group of reformers banded together with the initial goal of promoting more moderate drinking.

In the 18th century drunkenness was viewed as a sinful behaviour and relapses were regarded as further evidence of moral weakness (Snyder and Lader, 2000). Alcohol was also considered a medical healer for the sick, a tonic for the healthy and uplift for the saddened. Only its abuse was condemned and drunkards, as abusers of God's gift, were seen as sinners. Little help was available to people wishing to overcome their dependence on alcohol. Alcoholism was not yet considered a medical disorder and disease and was not the responsibility of health professionals.

2.4 THE DISEASE CONCEPT OF ALCOHOLISM

In the mid 18th century the medical and public interest in alcoholism shifted to regard habitual drunkenness (alcoholism) as a disease. Whether called inebriety, drunkenness or alcoholism, the disease entity was defined generally by its craving for alcohol (Li, Hewitt & Grant, 2007). The American physician Benjamin Rush described the manifestations of an 'alcoholic disease syndrome' including loss of control over drinking behaviour. In 1804, the British physician Thomas Trotter defined the habit of drunkenness as a disease of the mind and observed that the habitual and prolonged consumption of hard liquor caused physical and mental dysfunction.

In 1849, the Swedish physician Magnus Huss classified systematically the physical and mental effects of alcohol use. Huss recognized the addictive potential of alcohol use, calling individuals who could not refrain from drinking

dipsomaniacs. Although the term alcoholism became widely used it had many definitions, each determined by the culture or context in which problems related to alcohol use were identified. Jellenik (1960) points out that there are three detailed tabulations which contain statements about alcoholism (a) as an illness in psychological terms, (b) as the symptom of some psychological disorder and (c) outright rejections of the illness conceptions.

The idea that the alcoholic is “allergic” to alcohol was suggested by William Silkworth in 1937. This view is held by Alcoholics Anonymous and by many health and other care practitioners. Jellinek stated that a definitive experimental study in 1952 entirely refuted the allergy hypothesis. Although the alcoholic is not allergic to alcohol in the literal, medical sense, he certainly has a psychological allergy to alcohol in that he cannot use it without disastrous results (Clinebell, 1982).

Jellinek was considered the father of scientific research in the field of alcoholism. In his 1960 text *The Disease Concept of Alcoholism*, he categorized five types of drinking patterns to which he applied Greek letters in an attempt to delimit particular kinds of drinking behaviour. **Table 1** displays the five types of alcoholism.

Table 1 Jellinek Proposed Operational Definitions of Alcoholism

Alpha	Use to relieve bodily or emotional pain, not progressive
Beta	Heavy drinking leading to heavy organ damage
Gamma	Tolerance: psychological dependence (craving), physical dependence (withdrawal)
Delta	Tolerance: psychological and physical dependence: inability to abstain
Epsilon	Dipsomania (periodic bingers)

(Li., Hewitt, & Grant, 2007)

Jellinek distinguished two distinct forms of loss of control. *Delta* alcoholism, drinkers have no control over whether or not to drink, and they drink all day, every day. *Gamma* alcoholism is when the person's first drink is voluntary, but once ingested it triggers a loss of control and the drinker is unable to refrain from continuing to drink, so long as drink is available, until feeling too sick or too drunk to continue. Gamma and delta subtypes describe patterns that we would refer to generally as alcohol dependence or alcoholism today (See appendix xii for further discussion on the different types of alcoholism).

The disease of gamma alcoholism was supposed to cause the drinker to experience a physiological loss of control over drinking. When Jellinek proposed this theory, he and other researchers began to qualify and revise the formulation. Everyone who worked with alcoholics admitted that "One drink away from a drunk" (Fingarette, 1988: 33). However, Jellinek's gamma alcoholism posed a disagreement for treatment programmes. If the loss of control is triggered by the first drink, then the only hope for an alcoholic is to refrain from the first drink, which is total abstinence from alcohol.

Mark Keller was also an influential figure in alcoholism. He acknowledged this fundamental inconsistency and insisted that loss of control had to exist prior to the first drink or there could be no disease such as gamma alcoholism. George Vaillant was also an influential figure in the field of alcoholism. He advocates characterizing alcoholism as a disease but, like many other contemporary researchers, his view differs from the classic disease concept. Vaillant acknowledged that an alcoholic's control over drinking is influenced by psychological factors and that alcoholics can be taught to return to social drinking (Fingarette, 1998).

Clarke and Saunders (1998) argue however that alcoholism is a disease, an alcoholic cannot regain control, even after years of abstinence, the compulsion sets in on resumption of drinking. Lowe (2008) also maintains that alcoholism is a disease. It's not something the sufferer chooses, and stopping for them is not simply a case of saying 'No thanks'. It is a compulsive and progressive disease that can affect physical and mental health.

Velleman (2001) questions whether one distinguishes between psychological and physical dependence or between loss of control and inability to abstain? Nevertheless, the categories underline an already apparent point: there exists great variety in the way an individual can misuse alcohol. It began to become clear that many different factors contributed to a person's tendency to become alcoholic, and that alcoholism was a disease- a disease that could be treated (Vaillant and Sturmhofel, 1996). The disease concept establishes alcoholism as firmly within the province of the medical profession, fixing responsibility for clinical care of the alcoholic (Gitlow, 1973). The World Health Organization (WHO) in 1977 suggested replacing the term 'alcoholism' with 'alcohol-dependence syndrome' (ADS)

2.5 ALCOHOLICS ANONYMOUS

One major breakthrough in the evolution of attitudes towards alcoholism took place in the United States in 1935, when Bill Wilson, a chronic alcoholic, had what he described as a mystical experience that resulted in him being able to stop drinking (Snyder and Lader, 2000). He shared his experience with Dr Bob who was also an alcoholic. Working together, the two men devised a self-help group known as Alcoholics Anonymous (AA). The group emphasised mutual support, a commitment to abstinence, anonymity and a 12-step programme towards recovery from alcoholism.

The twelve-step programme is perhaps the most common treatment for overcoming addictions. Alcoholics Anonymous is the oldest and most well-known and utilized treatment intervention for alcohol dependence. AA has two 'Bibles', one is called *Twelve Steps and Twelve Traditions* (see appendix xiii for *Twelve Steps* and appendix xiv for *Twelve Traditions*). The other is named *Alcoholics Anonymous*, called the '*Big Book'* by members. The *Twelve Traditions* book describes the organization itself, which is financed by voluntary contributions from its members.

The first of the twelve steps of AA is "We admitted that we were powerless over alcohol- that our lives had become unmanageable". The 12 Steps of

recovery suggest a belief in a “Higher Power”, something more than the individual. AA is not allied with any religious group, formal or otherwise, nor does it tell its members what to believe, what is right or wrong or claim to know any religious “truth”. AA works on the basis that alcoholism is a disease which can only be managed by complete abstinence. There is no place for controlled drinking. The idea behind the AA philosophy is once an alcoholic always an alcoholic. Members of AA hold the idea that alcoholism is a gradual and progressive illness which the alcoholic has no control or power over.

Alcoholics Anonymous often describes an alcoholic as a person who cannot predict what will happen when he or she takes a drink, and it refers to alcoholism as an “obsession of the mind and an allergy of the body”. There is a mental as well as a physical aspect of alcoholism, and both are important to keep in mind when thinking about alcoholism and alcoholics. An alcoholic continues to drink in spite of the problems that it will cause to him/her self and to others (Wagner, 2003). An alcoholic cannot be cured of his disease so that he can drink normally again. If an alcoholic continues to drink he or she has only two outcomes: insanity or death (Fingarette, 1988).

Rational recovery is a new approach to addiction recovery with different concepts from the traditional ones. RR was founded in 1986 by Jack Trimpey. He began to attend AA meetings but the 12-step programme made little sense and he recognised that their programme was religious. Several years later he quit drinking, not by admitting that he was powerless over alcohol as per AA, but by taking responsibility for his actions and control of his behaviour. In his book *Rational Recovery*, he calls the addict’s addictive voice “the beast.” His technique requires participants to give up what he terms AA’s dependent thinking and relinguish the idea that they have an incurable disease, and seize control.

2.6 GENETICS AND SOCIAL FACTORS OF ALCOHOLISM

Alcoholism runs in families. This tendency was alluded to in the Bible. Aristotle and Plutarch remarked about it, and doctors and preachers of the nineteenth century were unanimous: Alcoholism ran in families and was inherited (Goodman, 1988). When the original edition of *Is Alcoholism Hereditary*? was published in 1976, little was known about possible genetic factors in alcoholism. Since then family, twin and adoption studies have shown that alcoholism has a strong genetic component (Kwon and Goate, 2000; Crabbe and Goldman, 1992; Goodman, 1994; Snyder and Lader, 2000; Gilbertson, Prather & Nixon, 2008).

Large-scale genetic studies such as the Collaborative Study on the Genetics of Alcoholism (COGA) have highlighted variations (i.e. polymorphisms) in numerous genes that are related to alcohol use, abuse and risk of dependence (Williams & Lu, 2008; Reich, Hinrichs, Culverhouse & Bierut, 1999). Furthermore twin studies support the role of genetic risk factors (Gilbertson, Prather & Nixon, 2008). Most studies show that identical twins are more concordant for alcoholism than are fraternal twins, suggesting a genetic factor (Schuckit, 1998, Goodwin, 1988). Research carried out by the NIAAA shows that identical twins who are children of an alcoholic parent and who lived separately without knowledge of each other both developed alcoholism independently (Lowe, 2008).

However, identical twins do not always exhibit the same diagnosis regarding alcoholism, implying that some factors other than genetics are at work (Crabbe and Goldman, 2000; Aston & Hill, 1990). Alcoholism does not appear to be a single gene, and is almost certainly caused by the interaction of multiple genes (Crabbe and Goldman, 1992). Evidence for a major gene for alcoholism is not found in all families in which alcoholism is common. The observation that alcoholism tends to run in families does not prove that it is inherited. Fingarette (1988:54) points out that “no one should be misled into

thinking that alcoholism is genetic". "Not only is such a belief incorrect but also it often leads people to become apathetic or defeatist".

A study was conducted by Anne Roe of a group of 36 children of alcoholic parents who were separated from their parents and reared by non-alcoholic foster parents. A control group of children born of normal parents but also raised in foster homes was used for comparison. Roe summarizes her findings:

> As regards to their present adjustment, there are no significant differences between the groups, and there are as many seriously maladjusted among the normal parentage group as there are among the alcoholic-parentage group. The children of alcoholic parentage cannot be said to have turned out as expected on the basis of any hypothesis of hereditary taint. (Clinebell,1982: 47).

She points out that none of the children of alcoholic parents is alcoholic and that only three use alcohol regularly. The transmission of alcoholism from parents to child would seem to be a question of social rather than biological heredity. Studies of the children of alcoholic parents have shown that these children are at higher risk of becoming alcoholic than a person without alcoholic relatives (Crabbe and Goldman, 1992; Goodman, 1998; Wagner, 2003). This method of study cannot prove that alcoholism is heredary and that the family environment is responsible for the increased risk (Fingarette, 1988).

Goodman (1998) points out the importance of cultural factors in drinking behaviour. He stated that if a person drinks excessively it may be influenced by his/her social environment. Alcohol must be available for alcoholism to occur. Family members may learn to drink simply through observation and imitative behaviour (Snyder and Lader, 2000; Grant, 1998). Goodman (1998) suggests that children see what their parents do and do the same. Blue eyes are inherited; alcoholism is not.

When examining factors that might predispose a person to alcoholism, researchers have also investigated childhood environments. This approach includes evaluating both environmental strengths and weaknesses, such as family cohesiveness and the home atmosphere (Vaillant and Sturmhofel, 1996). Early studies found that unstable childhoods with inconsistent upbringing seemed to predict future alcoholism (McCord and McCord 1960). The nature-nurture debate continues, with environmentalists and hereditists often agreeing on facts while disagreeing about their meaning (Goodman, 1998).

THE PHYSICAL IMPACT OF ALCOHOLISM

This section is divided into two sub headings. The first section will look at how alcoholism can affect the brain. The second will look at alcohol-related liver damage and the three progressing conditions.

BRAIN DAMAGE

2.7 WERNICKE-KORSAKOFF SYNDROME

There is a high prevalence of cognitive dysfunction among people with alcohol problems, particularly older people with longer drinking histories (Jarvis, Tebbutt & Mattick, 1995). Alcoholism can affect the brain in a variety of ways, and multiple factors can influence these effects. A person's susceptibility to alcoholism- related brain damage may be associated with his or her age, drinking history, gender and nutrition (Berman & Marinkovic, 2003). Research on malnutrition, a common consequence of poor dietary habits in some alcoholics, indicates that thiamine deficiency (vitamin B) can contribute to damage deep within the brain, leading to severe cognitive deficits (Berman and Marinkovic, 2003).

Some signs of brain damage are associated with Wernicke-Korsakoff's disease. The DSM-IV labels this condition alcohol-induced persisting

amnestic disorder. The initial phase of this syndrome is an acute delirious state that is accompanied by ataxia and opthalmoplegia (Wernicke's encephopathy); following resolution of the delirium patients are left with a chronic amnestic disorder (in this case called Korsafoff Syndrome (Cohen, 2003). The treatment of both conditions involves giving thiamine supplementation.

Sometimes the onset of the amnesia is more insidious and all that is noted clinically are vague cognitive difficulties (which clinicians sometimes call "wet brain"). Cohen (2003) points out that Korsakoff Syndrome may show some improvement if the patient receives thiamine and can remain abstinent from alcohol for at least several months. This condition is devastating and the patient needs custodial care for the rest of their life (Goodman, 1994).

2.8 LIVER DAMAGE

Liver damage is one of the most common consequences of alcohol abuse. An association between liver disease and heavy alcohol consumption was recognized more than 200 years ago (Smart and Mann, 1992). Long-term alcohol consumption clearly plays a major role in the development of alcohol-related liver damage. Alcohol-related liver damage can be divided into three categories: fatty liver, alcoholic hepatitis and alcoholic cirrhosis. These three conditions have been considered sequentially related, progressing from fatty liver to alcoholic hepatitis to cirrhosis (Maher, 1997).

Heavy drinkers may develop alcoholic hepatitis or cirrhosis (Maher, 1997). The word 'cirrhosis' comes from the Greek word for yellow-orange, probably because people with cirrhosis become jaundiced. Goodwin (1994) points out that alcoholics are disposed to a type of cirrhosis called Portal cirrhosis or Laennec's cirrhosis. Cirrhosis of the liver is a leading cause of death in Western countries, and most people with Leannec's cirrhosis are alcoholics. Cirrhosis was until recently generally considered to be a disease of elderly or middle-aged heavy drinking men. The number of women admitted to UK

hospitals with the disease has increased and 40 per cent of cirrhosis patients are now women (McConville, 1991).

Many patients suffering from alcoholic liver disease also suffer from malnutrition, and it has been suggested that nutritional factors may be of importance in the pathogenesis of alcoholic liver disease (Barry, 1988). Alcoholic hepatitis is a disorder characterized by widespread inflammation of liver tissue. Symptoms of alcohol hepatitis may include fever, jaundice and abdominal pain. Alcoholic hepatitis occurs in up to 50 percent of heavy drinkers (National Institute on Alcohol Abuse and Alcoholism (NIAAA). Fatty liver is reversible and is not believed to lead to more serious damage (Maher, 1997).

THE PSYCHOLOGICAL IMPACT OF ALCOHOLISM

There is a wide range of psychological symptoms. This section is divided into two sub headings. The first section will look at blackouts, and the second will look at depression and suicide.

2.9 BLACKOUTS

Most of the research conducted on blackouts during the past 50 years has involved surveys, interviews, and direct observation with alcoholics, many of whom were hospitalised (White, 2003). Alcoholics have memory lapses when they drink (or blackouts as they are called when alcohol is involved). During blackout the person is conscious and alert (Goodman, 1994). Formal research into the nature of alcohol-induced blackouts began in the 1940's with the work of Jellinek. His initial characterization of blackouts was based on data collected from a survey of Alcoholics Anonymous members. He concluded that the occurrence of blackouts is a powerful indicator of alcoholism (White, 2003).

Metzger (1989) points out that most, but not all, alcoholics have experienced blackouts, which increase as the illness progresses. In 1969 Goodwin and

colleagues published two of the most influential studies in the literature on blackouts (Goodwin, Crane, Guze, 1969). Based on interviews with 100 hospitalized alcoholics, 64 of whom had a history of blackouts, the authors posited the existence of two qualitatively different types of blackouts: *en bloc* and *fragmentary* blackouts. People experiencing en bloc blackouts are unable to recall any details whatsoever from events that occurred while they were intoxicated. It is as if the process of transferring information from short-term to long-term storage has been completely blocked.

Fragmentary blackouts involve partial blocking of memory formation for events that occurred while the person was intoxicated. People experiencing fragmentary blackouts often become aware that they are missing pieces of events only after being reminded that the events occurred. Drinking large quantities of alcohol often precedes blackouts, but several other factors also appear to play important roles in causing such episodes of memory loss (White, 2003). Among the factors that preceded blackouts were gulping drinks and drinking on an empty stomach, each of which leads to a rapid rise in blood alcohol concentration (BAC).

2.10 DEPRESSION AND SUICIDE

There is a direct connection that exists between alcohol consumption and mood. Alcoholic intoxication commonly produces hangovers and acute withdrawal which may produce elements of depression (Nurnberger, Foroud, Flury, Meyer & Wiegand, 2002). Alcohol abuse can cause symptoms of depression, both during intoxication and during withdrawal (Shivani, Goldsmith & Anthenelli, 2002). Depression is a consistent after-effect of alcohol use and during withdrawal the sadness can be so intense that people attempt suicide. Goodman (1994) points out that many alcoholics become depressed and feel melancholy and sad. They experience feelings of guilt and remorse and they lose interest in life and contemplate suicide.

Alcoholics have an increased risk of suicide compared with the general population. Studies of alcoholics identified from hospital admission records indicate a lifetime of suicide risk (Murphy and Wetzel, 1990). Approximately one-third of alcoholic suicide victims have made a previous suicide attempt (Roy and Linnoila, 1986). It has been suggested that alcohol abuse may be a depressive equivalent; that is, a person may turn to alcohol as a form of self-medication to escape from depression On the other hand, chronic alcohol abuse may lead to depression (Roy, 1993).

Other risk factors for suicide among alcoholics include continuing drinking, poor social support, unemployment and living alone. As the number of risk factors increases so does the risk of suicide (Roy, 1993). The alcoholic suicide victim tends to be male, white, middle-aged and unmarried, with a long drinking history. Women are more likely than men to become isolated and depressed and are less likely to seek help for their emotional problems (Trowell, 1992). Among alcoholics psychiatric comorbidity is an important risk factor, particularly depression.

2.11 THE SOCIAL IMPACT OF ALCOHOLISM

Alcohol addiction or alcohol dependence is a chronic and progressive disorder that has a significant detrimental impact on the drinker, his or her family and community and society as a whole (Grant, Stafford, Thiede, Kiley, Odagiri & Ferguson, 2008). Excessive drinking is liable to cause profound social disruption particularly in the family. Alcoholism causes problems in relationships that can lead to marital conflicts, divorce and legal problems (Clay, Olsheski & Clay, 2000 & Gmel and Rehm, 2003).

Women are more likely to experience depression and social problems (e.g. unstable marriages, partners with drinking problems and are often single mothers) (Larky and Day, 1997). The home atmosphere is often detrimental to the children because of quarrelling and violence, and a drunken parent provides a poor role model (Gelder, Gath, Mayou & Cowen, 1996). Children of heavy drinkers are at risk of developing emotional or behaviour disorders

(Gelder et al, 1998). An alcoholic's behaviour while drunk can profoundly impact on those surrounding them and lead to isolation from family and friends.

Alcoholism can also lead to child neglect, with subsequent lasting damage to the emotional development of the alcoholic's children. Alcoholism is widely labelled as a family illness because it sucks into its vortex not only the alcoholic but those around him, and its most damaging impact is felt in intimate relationships (Fox, 1973). Dr Ruth Fox (1956) who has worked with alcoholics for many years has suggested that probably no marriage with an alcoholic can be considered a happy one.

THE PHYSICAL AND PSYCHOLOGICAL WITHDRAWAL SYMPTOMS FROM ALCOHOL

When an alcohol-dependent individual substantially reduces his or her alcohol consumption, a characteristic withdrawal syndrome ensues (Becker, 2008). The alcohol withdrawal symptoms include: seizures, hallucinations and delirium tremens.

2.12 SEIZURES

The relationship between alcohol use and the occurrence of seizures has been well established over the years. Seizures may occur weeks after drinking has stopped or even following the end of abstinence after the person takes a small amount of alcohol (Metzger, 1989). Seizures have also been known as "rum fits" or "alcoholic epilepsy." Rum fits have been described as seizures which begin in short series on withdrawal of alcohol after a period of chronic intoxication (Morton, Laird, Crane, Partovi & Frye, 1994).

An epileptic seizure, occasionally referred to as a fit, is defined as a transient symptom of abnormal excessive neuronal activity in the brain. Occasionally alcoholics have convulsions that resemble the *grand mal* seizures of the epileptic. The association between alcohol abuse and epilepsy has been

known for centuries. Epilepsy was described by Hippocrates and the Romans as a disorder related to partying (Hillbom, Pieninkeroinen & Leone, 2003). Seizures occur at the time when the blood alcohol level reaches zero but may also occur earlier while there is still some alcohol in the blood (Hillbom et al, 2003). Withdrawal seizures usually consist of generalized convulsions alternating with spasmodic muscular contractions. Seizures can be fatal if not treated, but pharmacological intervention, normally with benzodiazepine, can prevent such seizures (Caan and Belleroche, 2002). About one third of alcoholics who experience seizures will progress to delirium tremens (Morton et al, 1994).

2.13 DELIRIUM TREMENS

The most severe form of alcohol withdrawal involves hallucinations and delirium tremens. Alcohol-withdrawal delirium (also called delirium tremens or DT's) typically begins about 3 days after the last drink. DT's occur in people whose history of excessive drinking extends over several years. Delirium tremens is an acute episode of delirium that is usually caused by withdrawal from alcohol. During this period the patient sleeps little, if at all; he is severely agitated, often completely disoriented, restless and almost continuously active. The patient may describe bizarre delusions.

In withdrawal from CNS depressant drugs, the delusions and hallucinations are virtually terrifying to the patient (Winger et al, 2004). Signs of DT's include extreme hyperactivity of the nervous system, along with hallucinations. Hallucinations involve seeing and hearing things that others do not see or hear (Goodman, 1994). These may be auditory (imagined voices or music), visual (the old pink elephant cliché), tactile (the feeling of insects or small animals crawing over the body) or olfactory (things smelled). Such symptoms are likely only in chronic alcoholics (Metzger, 1989). There is also severe agitation, with restlessness, shouting and evident fear (Gelder, 1998).

Women experiencing DT's appear to exhibit symptoms less frequently than men (Trevisan et al, 1998). Death may occur in up to 5 percent of patients

with DT's. Delirium is a potentially fatal disturbance, with death being attributed to hyperthermia or peripheral vascular collapse (Winger et al, 2004). Alcoholics who are awaiting surgical or medical treatment often exhibit DT's when their alcohol consumption is abruptly interrupted by hospitalization (Trevisan, Boutros, Petrakis & Krystal, 1998).

2.14 RECOVERY

Though widely used, the lack of a standard definition for the term "recovery" has hindered public understanding and research involvement in the topic. Researchers, treatment providers and recovery advocates were convened by the Betty Ford Institute (BFI) in 2006 to develop an initial definition of recovery as a starting point for better understanding. This resulted in the BFI (referred to as "the Betty Ford Consensus Panel, 2007) definition of recovery

"a voluntarily maintained lifestyle comprised of sobriety, personal health and citizenship".

The circulation of the original definition fostered a great deal of discussion within the addiction field. As a result a second conference comprised of the original members, plus some additional ones, convened to revisit the initial definition and to clarify the initial position with six key issues: one involving the process of recovery; four examining issues of sobriety and one regarding the element of citizenship. The provisional definition was designed to provide the research field with an adequate starting point for the much-needed research about the important phenomenon of recovery.

Frances and Franklin (1989) point out that recovery implies the process in which the individual is not drinking alcohol, but developing a normal, balanced life-style in a sense of meaningful living. For addictive persons, recovery is a never-ending process, and the term *cure* is avoided. Denzin (1987) points out that a recovering alcoholic is an individual who (1) incorporates the identity of recovering alcoholic into his or her self-conception, (2) having once been an active drinking alcoholic, becomes a non-drinker and (3) calls himself or

herself a member of Alcoholics Anonymous (Winger, Woods & Hofmann, 2004).

The AA programme is based on the belief that the alcoholic must abstain from mood-altering chemicals and develop a connection to a power greater than oneself. AA has developed a series of 12 steps based on a spiritual belief (Margolis and Zweben, 1998). In one study, recovering alcoholics indicated appreciation that they were alcoholics because the emotional and spiritual growth acquired during recovery exceeded that of their predrinking period (Zuska & Putsch, 1988). Applying these 12 steps is the core of the recovery programme (Alcoholics Anonymous, 1976). The programme became popular as alcoholics found supportive understanding for living without alcohol.

Four factors associated with the recovery process were identified in a 40-year longitudinal study of alcoholism: (a) replacement of the role of drinking by developing a interest, (b) being reminded externally that the resumption of drinking would be aversive, (c) involvement in a new social support network apart from the earlier drinking period and (d) the existence of enhanced self-esteem, hope and a source of inspiration (Vaillant, 1983). Continuous recovery from alcoholism is a person-centered activity, a process of discovery and response within each individual (Brown, 1985). Self-knowledge and enhanced relationships with others emerge during ongoing recovery, and spirituality may be a key feature (Bowden, 1998).

2.15 SUMMARY OF LITERATURE REVIEW

In summary, it seems that alcoholism is an extremely complex disorder with no clear set of symptoms and perhaps no clear cause. It seems that there is little possibility of finding a single gene that determines whether a person will be an alcoholic or not. The risk for developing alcoholism may be influenced by a variety of factors such as genetic, environmental and social factors. Understanding the genetic contribution to the development of alcoholism is

important for clarifying the essential nature of the disorder and how it develops.

Alcoholics are not all alike, and they experience different symptoms; the disease has different origins for different people. Therefore, to understand the effects of alcoholism, it is important to consider the influence of a wide range of symptoms. Heavy, long-term alcohol consumption can cause alcoholic liver disease and brain damage. There are a wide range of physical and psychological withdrawal symptoms from alcohol, with the most severe form involving hallucinations, delirium tremens and seizures. There is a direct connection that exists between alcohol consumption and mood. Alcohol can cause symptoms of depression and there is an increased risk of suicide.

The disease concept has been with us for a long time with the formation of AA in the 1930's and especially by the publication of a book entitled *The Disease Concept of Alcoholism* (Jellinek, 1960). Jellinek categorized five types of drinking patterns to which he applied Greek letters in an attempt to define particular kinds of drinking behaviour. His data collection was limited to members of AA, and made it clear that there was then no other organized group of alcoholics so readily available as AA members. Dr Silkworth suggested that the alcoholic is allergic to alcohol. This view is held by Alcoholics Anonymous and by many health and other care practitioners.

AA works on the basis that alcoholism is a disease which can only be managed by complete abstinence. A recovering alcoholic is an individual who is not drinking and working the twelve-step recovery programme. Recovery implies the process in which the individual is not drinking alcohol. The twelve-step programme is perhaps the most common treatment for overcoming addictions. Abstinence is an important factor for effective treatment.

CHAPTER 3

METHODOLOGY

3.1 RESEARCH DESIGN

There are two approaches to designing research, i.e. quantitative and qualitative, both of which are used in the social sciences. Qualitative research is based on a phenomenological position, while quantitative research is based on a positivist position (Maykut and Morehouse, 1994). These two philosophical perspectives are quite different from each other, and they translate into distinctive research traditions (McLeod, 2001). Quantitative methods are concerned with establishing 'objective truth' and deal with data that is numerically measurable, e.g. by experimentation or statistical analysis of questionnaire results. Some researchers have pointed out that the use of measurement and numbers does not preclude the use of individual experience (Sanders and Liptrot, 1993).

The questionnaires of the quantitative approach are not applicable to this study as I am not setting out to test a hypothesis or establish an ultimate truth. Qualitative methodology would seem to be more useful, focusing as it does on people's experiences. Maykut and Morehouse (1994, p21) state:

The goal of qualitative research is to discover patterns which emerge after close observation, careful documentation and thoughtful analysis of the research topic.

Qualitative research can be considered as a process of systematic inquiry into the meanings which people employ to make sense of and guide their actions. As suggested by McLeod (2001) qualitative research has often been defined in terms of what it is not, i.e. research that does not involve statistical techniques or other means of quantification. Maykut and Morehouse (1994)

point out that there are characteristics of qualitative research which are important to consider when designing a qualitative research project. In qualitative research the task of the researcher is to capture what people say and do, that is the products of how people interpret the world and the task is to capture this process of interpretation (Maykut and Morehouse, 1994). The unique strengths of the qualitative paradigm are that it searches for a deeper understanding of the participants' lived experiences of the phenomenon (Marshall and Rossman, 1995).

The phenomenological approach was appropriate for the aims of my study because it focused upon the participants' personal experiences of alcoholism. Access to phenomenological data was best served by a method of semi-structured interviews. The interview sample included three females and three males. Data were analysed using the constant comparative method.

3.2 SAMPLING

The research was conducted with a sample of six participants using a purposive sampling approach. A purposive sample is a characteristic of qualitative research (Maykut & Moorhouse, 1994) and is "hand picked" (Denscombe, 1998) after constructing a set of criteria to locate appropriate participants (Moustakas, 1994). Purposive sampling means selecting groups or categories to study on the basis of their relevance to your research questions.

The most commonly used form of purposive sampling whereby the researcher attempts to understand a phenomenon is maximum variation sampling. Maximum variation sampling enables the researcher to select persons that they think represent the range of experience on the phenomenon (Maykut and Morehouse, 1994). In this study variation was demonstrated by gender and the participants worked in different counselling agencies.

Participants were drawn by response to a poster that was displayed in counselling agencies (appendix i). In response to the poster I sent a

questionnaire to ensure that they met the inclusion criteria (appendix ii). They were also sent the information sheet (appendix iii) detailing the confidential and anonymous nature of the study and the benefits and risks in participating. The inclusion criteria included:

- Hold a Diploma in Counselling.
- Currently in supervised counselling practice.
- Have access to personal counselling.
- Have a minimum of five years sobriety.
- Working a twelve-step recovery programme.

The sample consisted of three females and three males. **See sample table 2 below:-**

Table 2- Characteristics of Participants

Participant Code	Working a Twelve step Programme	Diploma in counselling	Minimum of five years of sobriety	gender
T	**Yes**	**Yes**	**Yes**	**F**
J	**Yes**	**Yes**	**Yes**	**F**
S	**Yes**	**Yes**	**Yes**	**F**
M	**Yes**	**Yes**	**Yes**	**M**
S	**Yes**	**Yes**	**Yes**	**M**
R	**Yes**	**Yes**	**Yes**	**M**

3.3 DATA COLLECTION

Access to phenomenological data was best served by a method of semi-structured interviews, which fostered an unfolding of the research participants' lived experienced world as subjectively constructed. A semi-structured interview consists of a series of topics which the researcher is free to explore. Flick (2002) suggests that in semi-structured interviews the interviewee has a complex stock of knowledge about the topic under study. The interview is considered by Maykut and Moorhouse (1994) to be one important way of understanding people's lives, since we begin our understanding through their

eyes and voices. A completely structured interview guide would have felt too restrictive in terms of following my own ideas rather than those that might emerge from the participants.

I interviewed six counsellors face-to-face for approximately one-hour's duration. This provided time and space for the collection of data. Exploration of the phenomenological facets of the participants' responses were facilitated by probing through use of open questions and reflective responses. McLeod (1999) points out that the interview method can deal effectively with sensitive topics, and questions can be introduced at appropriate points in the interview. During the interview process I attempted as far as possible to bracket off my own assumptions and bias. Permission for audio taping and transcribing was obtained from participants in written consent, and verbally recorded at the beginning of each interview. The interviews revolved around eight central questions which included:-

Interview Questions

1) **Were there any factors that may have contributed to the development of alcohol dependency or alcoholism?**

2) **What was the degree of dependency on alcohol when you realised that drink had become a problem in your life?**

3) **What were the physical and psychological effects that arose from alcoholism?**

4) **What were the effects on relationships with friends and family?**

5) **What factors contributed to your realization that you were alcoholic and needed help.**

6) How is your life different today being in recovery from alcoholism?

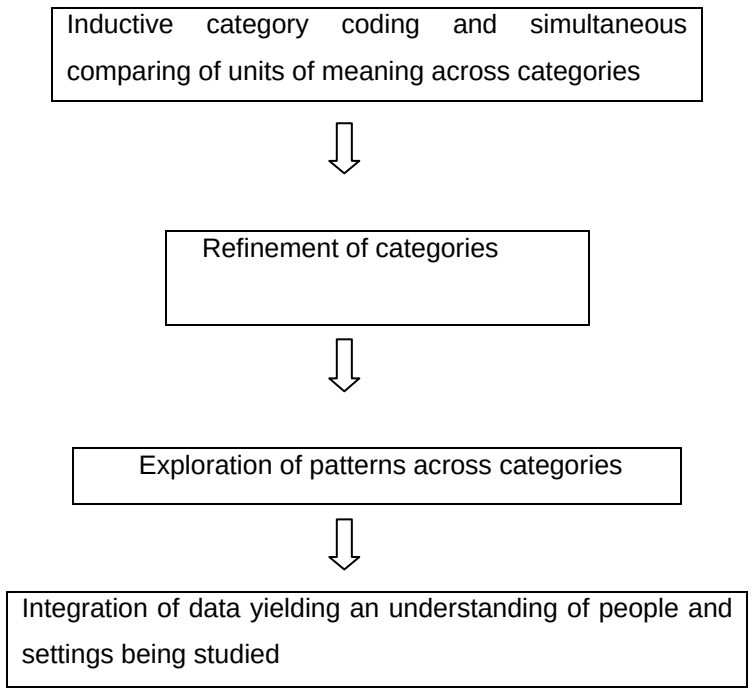
7) **Would you say that being in recovery from alcoholism has impacted on your decision to become a counsellor?**

8) Would you say that being in recovery from alcoholism has had an impact on your current practice as a counsellor?

3.4 DATA ANALYSIS

All six audio taped interviews were first fully transcribed onto a word processor and coded accordingly with pseudonyms to preserve confidentiality. I then reflectively immersed myself in this coded transcript and following my reflections noted down with some immediacy emerging notions All further handling of the collected audio recorded data was handled and processed on the computer word processor and stored in computer memory. This lent itself to an easy handling of the data for analysis, and its safe, confidential and effective storage.

Following the transcription of the data the Constant Comparison Method was used for its 'inductive, rigorous and systematic analysis'. It was a method of choice in terms of its qualitative perspective. The steps in the method included:



(Maykut and Morehouse,1994:135)

A great deal of time was used undertaking this rigorous analysis, going through the process of coding and unitising the data, refining categories as they emerged from the data. When the data were being transcribed each script was coded. Once I transcribed each interview I made copies on

coloured paper to be able to easily distinguish the 6 participants. Lincoln and Guba (1985) describe the next stage as unitising the data, i.e. identifying units of information that will sooner or later serve as the basis for defining categories. I contemplated the discovery sheet and forty seven themes emerged from this provisional process (appendix viii). The next stage of the process involved the inductive category coding (appendix x) which then formed the basis for the following phase of the provisional coding categorization.

This process involved combining themes that overlapped with each other. The 'look/feel-alike' criteria was advanced by Lincoln and Guba (1985) as a way of describing the emergent process of categorizing qualitative data. This involved selecting a unit of meaning on one card that was very similar to the unit of meaning on another card. When several cards were grouped together using the look/feel-alike criteria fifteen propositions emerged. I then wrote down a rule for inclusion. In the final stage of the process seven core propositions emerged.

3.5 ETHICAL CONSIDERATIONS

Ethical approval was obtained from the University of Chester prior to the commencement of the study. The research conducted was guided by the principles of the British Association for Counselling and Psychotherapy's Ethical Framework [BACP, 2007]. These principles have been identified by McLeod (2001) as beneficence [acting to enhance client well-being], non-maleficence [avoiding doing harm to clients, autonomy [respecting the right of the person to take responsibility for him/her self and fidelity [treating everyone in a fair and just manner]. Given the sensitive area of my research topic ethical considerations were of paramount importance.

Sanders and Liptrot (1993) point out that you need to consider the four's C's of ethical research before proceeding. These are: competence, consent, confidentiality and conduct. Participants had only been selected on the premise that they met the participant inclusion criteria. Participants were given

an information sheet detailing the confidential and anonymous nature of the study and the benefits and risks in participating. It included the use of audio taped interviews and the length of the interview. Willing participants then completed and returned consent forms if confident about the nature of their participation (appendix iv).

Informed consent arises from the principle of autonomy. The person is regarded as having the right to choose whether or not to participate in research, and must be given the information necessary for this choice (McLeod, 2003). Informed consent should be a process where the person consents to being interviewed and can withdraw their consent at any point of the study. All participants were given the information necessary in regards to their right to withdraw from the research at any time during or after the interview. During the research I promoted continuing informed consent. Following the interview each participant was given a coded copy transcript and informed of their right to withdraw prior to the publication of the dissertation.

With the nature of this study I was mindful of my duty of care to the participants. This involved the importance of confidentiality. The participants were not identified as I used pseudonyms. McLeod (2003) suggests that a researcher can possess client data that can be made thoroughly anonymous, by identifying cases only with code numbers and never allowing the researcher access to names. In the interests of participants' well being, a debriefing took place in which, if necessary, information was provided regarding appropriate support. Potential participants were invited to consider the discussion of their participation with their respective counselling supervisors.

The interviews took place in a safe environment. All interviews were recorded using a digital audio recorder and transcribed. Participants were also informed that all information and data was to be kept in a locked filling cabinet. Following the interview each participant was given a copy of the transcript to comment on what had been produced.

3.6 VALDITY AND TRUSTWORTHINESS OF THE RESEARCH

Patton (2001) suggests that validity and trustworthiness are two concepts that you need to consider as you design, carry out and analyse your research. In quantitative research the concept of validity refers to the capacity to measure accurately or to capture or reflect some characteristic of objective reality. Quantitative researchers arrive at agreements over validity and reliability by comparing sets of scores (McLeod, 2001). 'Qualitative researchers have resisted the term, validity, as it is defined for quantitative research, which is the degree to which a measure 'assesses what it purports to measure' (Flink, 1998, p151). The latter definition is unsuitable for qualitative inquiry because it pursues the exploration of the meanings of participants' words- not a means of measuring them.

Qualitative research relies on the analysis of written or verbal accounts of experience, and a rather different set of validity criteria is needed to be developed. Lincoln and Guba (1989) have argued that qualitative studies should be judged on the basis of their trustworthiness. Trustworthiness is the term used by Lincoln and Guba (1985) to refer to the believability of the researcher's findings. Maykut and Morehouse (1994) provide a number of validation criteria **(Box 2)** for judging research outcomes which will be used in relation to this study.

Box 2

Trustworthiness of the research (Maykut and Morehouse,1994)

- Research design
- Research method
- Credibility
- Ethical considerations
- Audit trail

For this study, the decision to follow a qualitative research design was based on my belief that the participants could speak about their personal experiences of alcoholism. I also considered this approach because the philosophical assumptions upon which qualitative research is based are largely phenomenological which is in keeping with my own person-centred philosophy and approach to counselling. The qualitative data collection of the interview method (the audio-taped interviews) was essential for capturing participants' meaning experiences.

With the nature of the study I was mindful of my duty of care to the participants. The protection of the participants who agreed to be involved in the study was paramount. At all stages I adhered to BACP Ethical Guidelines for Researching and Psychotherapy (Bond, 2004) and promoted continuing informed consent. Possibilities for further support were discussed before the interview. During the interview I attempted as far as possible to bracket off my own biases. Maykut and Morehouse (1994) point out that the qualitative researcher's perspective is perhaps a paradoxical one: it is to be acutely tuned-in to the experiences of others.- and at the same time to be aware of how one's own biases may influence what one is trying to understand.

I increased the credibility of my study by giving the participants the opportunity to look at their transcripts. McLeod (2001) points out that one of the ways in which this kind of validation procedure can be carried out is through a procedure known as member checks. Lincoln and Guba (1985) use this term to refer to the process of asking research participants to tell you whether you have accurately described their experience.

My audit trail consisted of my journal, transcripts, consent forms, discovery sheet and inductive category coding. This documentation allows you to walk people through your work, from beginning to end, so that they can understand the path you took and trust the trustworthiness of your outcomes (Maykut and Morehouse: 146).

3.7 LIMITATIONS OF THE STUDY

This is a small scale study to explore counsellors' personal experiences of alcoholism. There are several limitations to this study. A limitation of this research involved the relatively small sample used. McLeod (2001) points out that because of the depth of information that qualitative methods generate, it is only possible to work with data from small numbers of research participants. In considering my sample I interviewed six participants face-to-face for 60 minutes. The participants in this study were counsellors.

Another limitation of this research was that I excluded people who were not working a twelve-step recovery programme. Other people may have had support from other alcohol agencies. I also excluded people who had less than five years sobriety. Cooper (2008) notes that another limitation of research findings is that they will inevitably be influenced by the researcher's own assumptions and agenda. During the interview process I attempted as far as possible to bracket off my own assumptions and biases.

Chapter 4

RESEARCH OUTCOMES

4.1 The Emergent Propositions and their meaningful ordering

From an analysis of the data using the constant comparative method 16 provisional propositions emerged. These gave rise to the emergence of seven propositions under which the provisional propositions were subsumed. These are presented in **Table 3.** The code following each excerpt represents the participants pseudonym, gender (F or M), and the response in the transcript. The female participants pseudonyms are colour coded in yellow and the male pseudonyms in blue.

Table 3: Summary of Findings

Propositions	Subcategory		Participants					
1			**J**	**T**	**S**	**R**	**M**	**S**
	Factors that contributed to alcoholism							
		Family history of alcoholism						
		Sexual abuse						
		Loss						
		Anxiety						
2	**The degree of dependency**							
		The level of dependency						
		The psychological & physical dependency						
		The obsession and craving						
		Allergy						
		Rock bottom						

			J	T	S	R	M	S
		Illness of alcoholism						
3								
	The physical impact of alcoholism							
		Alcohol more important than food						
		Lack of self-care						
		Incontinence						
		Vomiting						
		Liver disease						
		Korsaskoff syndrome						
4								
	The psychological impact of alcoholism							
		Blackouts						
		Depression and suicidal thoughts						
		The impact on self-concept						
		Paranoia						
		Medical support						
5								
	The social impact of alcoholism							
		The impact on family relationships						
		Drugs						
		Prison sentences						
6								
	The physical &psychological withdrawal symptoms from alcoholism							

			J	T	S	R	M	S
		Personal experiences of withdrawals						
		Hallucinations						
		Delirium tremens						
		Shakes						
		Panic attacks						
		Detox						
7	**The recovery process**							
		The joys of recovery						
		Alcoholics Anonymous						
		The twelve step recovery programme						
		Spiritual awakening						
		Psychic change						
		Decision to become a counsellor						
		Does being in recovery have a positive impact on practice						

4.3 RESEARCH OUTCOMES

Proposition One- The factors that contributed to alcoholism

i- A family history of alcoholism was expressed by five of the participants, a factor that may have contributed to the development of alcohol dependency or alcoholism. Five of the participants spoke about how their mother or father were alcoholic.

My mother was an alcoholic. It was not unusual to come home from school and find my mother drunk. I can't remember a time when I came home from school and my mother was sober. *(J-F-1)*

My father was an alcoholic. I know that today through looking at his behaviour and the way he lived his life. *(M-M-1)*

My mother was an alcoholic and I did not realise that at the time.
(S-M-1)

My dad did not get away with his drinking as he had several strokes. His cognition detoriated and he became very confused and also he had several seizures. My mum and dad drank until they could not drink physically anymore. *(S-M-2)*

I am aware today that alcoholism ran in the family. *(S-M-3)*

My dad drank a lot. He drank every day. I seen that as quite normal and I could not wait to start drinking. In his later years he died of alcoholism; the whisky probably killed him. *(R-M-1)*

Participant T also expressed that her father, sisters and brothers were alcoholic and that alcoholism ran in the family.

There was alcoholism in my family. I am the youngest of seven. My dad was an alcoholic and my brothers and two sisters. One of my sisters died of alcoholism. *(T-F-1)*

ii- Participant S expressed that one of the factors that may have contributed to the development of alcohol dependency was that she was sexually abused as a child**.**

I was sexually abused by my brother. It could be factors like my abuse.
(S-F-2)

Participant T also expressed that a major factor that contributed to her drinking was when her daughters disclosed to her that they had been sexually abused by a family member.

My nephew had sexually abused my children. The kids had this secret and I did not know. That was the big major contribution to my drinking and what brought me into recovery. *(T-F-2)*

iii- Participant S expressed that a factor that contributed to his drinking was the loss of his parents.

I was not aware of it at the time but I am aware that the loss of my parents kicked started my drinking. *(S-M-3)*

Participant R expressed that one of the factors that contributed to his alcoholism was that his emotional needs were not met as a child and this is associated as a main factor to the development of alcohol dependency.

When I look back the main factor for me was a sense of not being emotionally fed by my parents. *(R-M-1)*

iv Participant R also expressed that another factor which may have contributed to his alcoholism was the relationship with his parents. He expressed that his anxiety was instilled by his parents because of the hostility in his home environment. The participant communicated that his anxiety was a factor that contributed to his alcoholism.

The main factor which accelerated my drinking was I had anxiety from an early school age. When I went out I knew that there was fighting going on between my parents. I always lived in a high anxious state because of the relationship with my parents. That's one factor that stands out for me. (*R-M -1)*

Proposition Two- The degree of dependency on alcohol

v - Three of the participants spoke about their level of dependency on alcohol and how they drank every day. The participants communicated that when they had one drink they could not stop.

Participant J expressed that in the last 2 years of her drinking she drank every day and she did not have a choice; when she had one drink she could not stop.

The degree of dependency for me when I realised that drink had become a problem in my life was the last 2 years of my drinking I drank every day. Once I had that first drink I did not have a choice I had to drink. *(J-F-2)*

Participant S communicated that her level of dependency was every day and she also expressed that she is an alcoholic and if she had one drink she could not stop.

I was drinking daily and what happened people started saying to me "don't you think you have got a problem." I would say "no I don't know what you are on about. I am an alcoholic and if I have one drink I can't stop". (*S-F-3)*

Participant S expressed that his level of dependency was every day and he drank more when he lost his job.

I was drinking every day and not having a break from it. When I lost my job I was drinking more then. I would have 4 or 6 cans of Stella every night which is strong larger. I would have more at the weekend. The drinking in the morning came later on. *(S-M-4)*

Participant M expressed how he would commit crime to fund his drinking. He also spoke about how he would drink at all times and that he was unable not to drink while alcohol was present and how his life style was created by his dependency for alcohol.

I would drink at all times. I would drink anytime that alcohol was there. I was unable not to drink while there was alcohol present. I would commit crime to fund my drinking. My lifestyle was created by my dependency for alcohol.
(M-M-3)

Participant R expressed how alcohol helped him to function in relationships and the thought of being somewhere without alcohol was terrifying.

I did not feel secure in my relationships that I had. I needed alcohol to help me to function. The thought of being somewhere without alcohol was frightening.
(R-M-5)

And participant T expressed how her level of dependency was drinking when she got home from work.

I went back to work and as soon as I got home I would drink. After a home visit I would come home at 3pm and start drinking. Some days I did not get into work till 11am because I had been drinking all night. It was getting closer where I knew that I would drink in the day. *(T-F-3)*

vi - Participants M & S spoke about how they where physically and psychologically dependent on alcohol.

I was psychologically addicted to alcohol from the very start. By the time I reached my early 20's I was both psychologically and physically addicted to alcohol. (*M-M-2)*

At the end it was a physical and psychological need to feed my addiction. (S-M-7)

Participant R expressed that it was more of a psychological dependency.

It was more the psychological dependency. I realised that there was no other option than to drink. Out of all the components of addiction the psychological factor had me in a grip. (R-M-3)

vii- Participants M & R spoke about how they where obsessed with alcohol**.**

I know that all my life I was obsessed with drinking. (M-M-1)

I saw my alcoholism right there because once I took that first drink the obsession over took. I have heard many alcoholics saying if I was not drinking I was thinking about it. So it was about the obsession of the mind. (R-M-3)

Participant M believes that when they took a drink it set up a craving for alcohol.

I took one drink and it set off a phenomenon of craving. (M-M-1)

I knew that I craved alcohol and I would do anything to drink (M-M-4)

viii- Three of the participants believe that they have an allergic reaction to alcohol.

The drink was the symptom that I could not be cured of the allergy. (R-M-3)

I believe that I suffer with an allergy of the mind. I believe that the allergy and the craving is different to a normal drinker. What makes me alcoholic is the allergy and the craving for alcohol. (M-M-2)

Little did I know that in AA we say that the allergy that we are born with and predisposition was getting set off. So my allergic reaction to alcohol was saying give me more and more and then my body would be screaming out for it. *(S-F-5)*

ix Three of the participants communicated their own personal experiences of rock bottom.

I had loads of rock bottoms and I continued to drink. *(J-F-7)*

I believe that I had to hit my own rock bottom to come out the other side. *(S-M-4)*

After the court case I hit rock bottom. *(T-F-6)*

x Participants J & S believe that alcoholism is an illness.

Alcoholism is an illness. I loved my kids very much but I could not stop drinking. The alcohol came first. *(J-F-6)*

For me it is not about the drink. It is about the illness of alcoholism. *(S-F-10)*

Proposition Three- The physical impact of alcoholism

xi - Four of the participants spoke about how alcohol was more important than food.

I lost a lot of weight because I was not eating anything. I was very thin. An example being if anyone touched me it would hurt. I was just drinking and not eating anything. The drink took away my appetite. (*S-M-5)*

What happened I drank every day and I did not eat food. The drink used to feed me. I could not eat. I went down to 6 stone. *(J-F-3)*

I did not eat food. I had a desire for alcohol. Alcohol was my food *(S-F-7)*

Physically I went through different stages. At one time I lost loads of weight. *(T-F-3)*

xii- Three of the participants communicated their lack of self-care when drinking alcohol and how their appearance was affected.

Another physical effect was my appearance. I would wear the same clothes and never got washed. I did not bath, wash and I would sleep in them. (J-F-3)

I was disgusted with myself because I let myself go. (S-M-7)

My physical look was not good. I remember one of the AA members saying to me 6 months later you reeked of alcohol, my hair was greasy and you stunk of sweat. (*S-F-7)*

xiii Four of the participants mentioned the physical impact alcoholism had upon them and how as a direct consequence they all experienced incontinence.

I would come home and wet the bed and make promises that I would not drink again. (M-M-5)

I did not go to bed and I would go unconscious on the couch and I would wake up and I would wet myself. I believe that is part of the illness of alcoholism. (J-F-3)

I seen the towel on the seat and I said what's that there for and he went look at you, you have wet yourself. (S-F-7)

The physical part was I was having accidents in bed. (T-F-3)

xiv- Participants J & S experienced vomiting as a result of drinking alcohol.

Participant J communicated that even when she was vomiting that she would carry on drinking.

One of the physical effects would involve being sick all the time. When I was drinking alcohol I would be sick and carry on drinking. (J-F-3)

And participant S expressed that she would take her daughter to school and she would start vomiting.

I took her to school and I dropped her in and I started vomiting. They asked me if I was ok and I said I have just got a bit of a bug. I must have smelled of vodka as it was coming out of my pores. It was horrible and all I wanted to be was a good mum. (S-F-11)

xv Participant S communicated that he had cirrhosis of the liver.

I went back to the hospital for the appointment that they had made for me and I seen a liver specialist and they took a biopsy and it came back that I had cirrhosis of the liver. I was 38 and the doctor told me that if I drink again I would have 2 years to live. (S-M-5)

xvi Participant J expressed how she felt she was in the early stages of brain damage. She said that she was losing her mind and was starting to develop brain damage due to her excessive drinking.

I was starting to lose my mind. I understand today that I was in the early stages of Korsakoff Syndrome. I did not know what was happening to me. I can remember sitting at home one day and I could not remember my name. That really scared me. I am aware today that I was starting to get brain damage. I find it difficult to put into words the torment that I felt within myself. (J-F-6)

Proposition Four -The Psychological impact of alcoholism.

xvii All the participants mentioned blackouts, a psychological impact of alcoholism. They all spoke about having no recollection of who they had talked to and what they had done while in a blackout.

The blackouts got worse for me as the illness progressed. I would go into a blackout and I did not have any recollection of what was going on. (J-F-4)

I had blackouts from the first time that I drank. As my illness progressed they became more sinister. They were absolute terror. I would wake up after a night of drinking and not knowing what I had done. (M-M-3)

I had blackouts all the time and someone would fill in the blanks for me as to what I had said or done. The blackouts were different all the time because sometimes I could remember bits and other times I had no recollection at all. (R-M-5)

I had blackouts in the house and carry on drinking. I was not aware that I was having blackouts. (S-M-6)

I started having blackouts. I did not know what had happened. I felt safe in the blackout because I was in the house. The paranoia and the fear and the blackouts got worse. (T-F-4)

I woke up on my living room floor with vomit around me and I was bruised from head to toe. I just don't know what happened. (S-F-6)

xviii- All the female participants expressed how they contemplated suicide and their lack of will to live and took an overdose with tablets.

What went hand in hand for me was depression and suicidal thoughts. I just did not want to live anymore. I wanted to kill myself. I hated who I had become. I took a load of tablets and woke up in hospital. (J-F-4)

Psychologically I was not good and I took a load of tablets. I took 52 tablets and I can remember sitting at the table and my head was saying you are no good. Before I knew it the ambulance men kicked my door in. (S-F-8)

In the past I tried to take my own life. I took a load of tablets when the kids were younger. (T-F-4)

Four of the participants mentioned depression and how they experienced suicidal thoughts. They lost all interest in life and did not care whether they lived or died anymore.

Depression and suicidal thoughts were constant companions. Over time I became so depressed that suicide was an option. (M-M-4)

Psychologically oh God I just wanted to die. I was depressed and wanted to sleep all the time. (S-F-7)

I could not be arsed doing anything. Psychologically I was so depressed. When I was in the bedroom for 4 days I did not care if I lived or died. I was not bothered. (S-M-5)

Participant R communicated that when he was depressed that his moods would change.

I had depression where my moods would change and I had black clouds. Something very heavy would descend on me and my mood would change. (R-M-5)

Participant T expressed that she had suicidal thoughts and that her moods would change when she was in despair

The psychological side was the suicidal thoughts. I had mood swings when I was in despair. *(T-F-3)*

xix Participants S & R expressed how they had low self-esteem. This had a negative impact on their self-concept as they had feelings of worthlessness and did not have a belief in themselves and their capabilities.

Participant S expressed that because of his low self-esteem he did not feel worthy enough to attend interviews.

I was going for a job interview but I did not go because my self-esteem was on the floor. I went to the off licence and bought a bottle of vodka. I had never drunk vodka before. That was when my drinking was at its worse. *(S-M-4)*

And participant R expressed that psychologically he did not feel worthy enough of the jobs he was holding down.

I had low self-esteem and was not accepting who I was. Psychologically I did not feel worthy of the jobs I was holding down. I did not have a huge belief in myself. I used to mask it with grandiosity. *(R-M-5)*

Participant M expressed the impact that his drinking had upon him and he became isolated from family and friends.

I became isolated because nobody wanted to know. My life style drunk or sober isolated me. That's what my drinking done and I became isolated from every body else. *(M-M-5)*

Two of the participants spoke about self-pity.

I was full of self-pity. *(M-M-5)*

The nuts part of this illness is I wanted people to love me and take care of me and I was full of self-pity. *(S-F-9)*

xx Three of the participants spoke about how they suffered with paranoia.

Participant T feared that if anyone knew what she was thinking that she would be sectioned.

I suffered really badly with paranoia. I can remember being in the garden on my own having a drink and was thinking if someone knew what was in my head I would be sectioned. (T-F-4)

Participant M had no explanation the next day as to what the paranoia had induced.

I had no justification the next day as to what the paranoia had induced. (M-M-1)

And participant J expressed that her friends did not want to be around her.

I became paranoid and very angry. My friends did not want to be around me. (J-F-5)

xxi Participants M & S spoke about how they sought help from the medical profession.

I was seen by a psychiatrist and the hospital sent me home. (S-F-9)

The realization came when I sought help through the medical profession when they put me on a machine for three weeks. (M-M-5)

Proposition Five- The social impact of alcoholism.

xxii All the participants spoke about the impact that their alcoholism had upon their family relationships.

All my days were evolved around drinking so it does not give a lot of room for other people. My partners and my children found my behaviour unacceptable. It became hard for them to be around me. (M-M -5)

I did not spend time with my son. I was dismissive as to what was going on for my family. I was not bothered about how they were feeling. I realise now that my drinking had an impact upon their lives. (S-M-6)

The effects with my family were huge because I was never there. I did not have any relationships. I lived a separate life from my wife and my children. (R-M-5)

I had my children taken off me. My kids did not go into foster care. My sisters looked after my kids for me. I did get my kids back and social services came to see me twice a week to make sure that I was not drinking. (J-F-5)

My kids I use to leave them on their own. I have been too drunk to see to him and I nearly lost him. I was so messed up in this area with drink and drugs. *(S-F-11)*

The effects it had on the family were I was hiding from the kids. I would be in a friend's house because I did not want the kids to see the state I was in *(T-F-5)*

Two of the participants spoke about feeling hopeless and how their drinking had affected their relationships with their children.

My children had left me because I was hopeless. *(M-M-6)*

I drank again and I thought to myself you are hopeless and never going to be happy and you are not a good mum. All I wanted to be was a good mum. That was my main goal in life actually. *(S-F-8)*

xxiii Participants S & T expressed that they used drugs when under the influence of alcohol.

I had LSD at the age of 13 and I had a drink then and it was a bottle of cider *(S-F-2)*

The Christmas before I went to my friends and I drank brandy. Within four hours of being there I had a load of drugs. It was my birthday and I went to a friend's house and I hammered the drink and the drugs. *(T-F-7)*

xxiv Participant M indicated that he was sent to prison.

I very quickly got into trouble with the police. I was sent to prison and young offenders' institutions. I drank immediately on release. *(M-M-2)*

Proposition Six- Experiences of the withdrawal symptoms.

xxv Four of the participants mentioned their own personal experiences of the withdrawal symptoms from alcohol.

If I stopped drinking for any amount of time I suffered from the withdrawals. *(M-M-2)*

What scared me was that I did not want to go through the withdrawals. That was one of the reasons why I carried on drinking. *(J-F-3)*

Participant R spoke about how he would go through the withdrawals at home.

I never took myself to hospital when I was going through the withdrawals symptoms. I would rattle at home. (R-M-4)

And participant S expressed the desperation of the withdrawals and the impact it had upon her children.

I said to her I am really going through the withdrawals now and I remember this little hand on my head and he said I will help you mum please don't drink. (S-F-12)

xxvi Three of the participants talked about experiencing hallucinations withdrawing from alcohol.

Participant S spoke about having a hallucination whilst travelling on pubic transport.

I also had hallucinations withdrawing from the drink. An example of that was when I was on the bus. I thought it was going to tip up. It was very frightening for me. I also had nightmares. (S-M-6)

Participant M expressed that hallucinations were a physical and psychological affect of alcoholism.

The physical withdrawal effects were hallucinations. All the associated things that alcoholism brings upon you both psychologically and physically. (M-M:3)

Participant J experienced hallucinations with extreme agitation.

I experienced hallucinations and feeling very agitated. (J-F-3)

xxvii Two of the participants expressed their own experiences of delirium tremens, a withdrawal symptom from alcohol.

I had the delirium tremens. If I stopped drinking for 2 or 3 days I thought that there were buglers in the room. My wife use to hang a dressing gown over the door and I would wake up and the dressing gown would look like a person laughing at me. (R-M-4)

I remember 4 days into recovery and I was going through the delirium tremens. (S-F-12)

xxviii Three of the participants experienced shaking whilst withdrawing from alcohol.

I suffered with the shakes and anxiety. *(R-M-4)*

Participant J experienced her hands shaking uncontrollably and needed a drink to stop the shaking.

I can remember the first time I experienced the shakes. I had never experienced the shakes before. My hands were shaking and I went to the shop to buy a couple of cans of lager. I can remember drinking the lager as quickly as possible and the shakes stopped. (*J-F-3*)

Participant S prayed that the shaking would stop whilst she was with her son.

I started praying and I said to the lady on the phone I am going to be with my son and I am still shaking. She said to me have plenty of water and have some sugar and get to a meeting. She said to me it will pass I promise and I remember sitting on the couch with my son shaking and stinking of vodka.
(S-F-12)

xxix Participant S & M spoke about how they experienced panic attacks withdrawing from alcohol.

One of the things I remember when I stopped drinking was being on a bus and having a panic attack. I use to get panic attacks when I stopped drinking and I am aware today that it was the withdrawal from the drink. This went on for 6 months after I had stopped drinking. *(S-M-6)*

The effects of the withdrawals would include panic attacks
(M-M-3)

xxx Two of the participants expressed how they did not go into hospital for a detox.

I was the type of alcoholic who probably when I stopped did not need a detox.
(R-M-3)

When I hear of people who go through detox I did not have that. I went through mine at home. I did not go to the doctors or go on Librium. I just went through it and I can remember those words: "please mum don't drink"
(S-F-12)

Proposition Seven- The recovery process.

xxxi All of the participants spoke about how their lives are different today being in recovery from alcoholism. They expressed how their family relationships have improved and how their lives have changed in so many ways.

My life is completely different. I could speak for days about the joys of recovery. I have been to college and educated myself. I have my children, family and friends in my life. (M-M-6)

My life is very different today. Being in recovery from alcoholism has given me the ability to start college. I am a good mum and my mum is in my life and I have friends in my life that I am able to talk to. (J-F-7)

My life is totally different today. My relationships with my family are totally different. I know how lucky I am to be an alcoholic in recovery. (S-M-8)

My life is totally different today. I am more authentic today and my relationships are much better. There is a spirit and a zest for life that I never ever had. It's just so much different. (R-M-7)

Everything is different. When I came into recovery all I wanted to do was be a good mum. My life has changed in so many ways. (T-F-8)

I could talk all day about recovery. I have experienced pain in recovery and it has not entered my head to have a drink. It's amazing stuff my life today is fantastic. (S-F-16)

xxxii The participants expressed that they attended Alcoholics Anonymous meetings. They spoke about the support it had given them and how it had made a huge impact upon their lives.

Without Alcoholics Anonymous I could not have been a counsellor. AA gave me the bedrock to build a happy life and the counselling profession. (M-M-7)

What I would like to say is the support that I have had from AA. I did not know anything about AA. There are meetings all over the world and the fellowship has been a huge part of my life. (J-F-9)

When I spoke to people in Alcoholics Anonymous meetings they had felt the same as me. *(S-M-7)*

I went to Alcoholics Anonymous because I knew that I needed support and I felt that a weight was lifted. *(R-M-6)*

It was only when I went to Alcoholics Anonymous that I realised that I did have a problem with the drink. *(T-F-7)*

My son was 10 when I came into Alcoholics Anonymous and my other son was 6 months and a lot had happened to make me come into recovery. *(S-F-1)*

xxxiii Three of the participants talked about working a twelve step recovery programme and how they encompass it into their professional and personal life.

Without a twelve step programme in my life I could not have put myself in a position to help people. *(M-M-8)*

I believe that I have a defence today from the first drink, by working my twelve-step recovery programme. *(J-F-7)*

I had always done 12 step work helping others and I brought it into my professional life. *(R-M-7)*

xxxiv Four of the participants spoke about their own personal experience of having a spiritual awakening.

On my last drink I believe that I had a spiritual awakening because I did not want to drink anymore. The craving for alcohol had been removed. *(J-F-7)*

People talk about a spiritual awakening but I don't know what happened. I was in bed for 4 days and something happened to me. My body could not take any more alcohol and strange things happened. *(S-M-5)*

You know the way it says in step 12 "Having had a spiritual awakening of the result of these steps". I felt like that was when I said I have awakened inside that I have spiritually awakened as a result of doing the steps. *(S-F-14)*

It is also the final step of the recovery programme. Step 12 says having had a spiritual awakening we try to pass the message to a suffering alcoholic. *(M-M-7)*

It was like another awakening. Carl Jung says those who look outside dream and those who look inside awaken. All these moments of times were awakening where I had woke up. *(S-F-10)*

Participant M also expressed that he leads a spiritual life with his family.

I lead a spiritual life today. As a recovering alcoholic they play a big part of my life both for my children and my grandchildren.

(M-M-6)

xxxv Participants R & S believe that they had a psychic change which could not be explained but gave them more clarity in their lives.

I believe that I had a psychic change and that was the clarity for me. I have been sober twelve and a half years. *(R-M-6)*

I had this psychic change. I can't explain it but something happened beyond me. I can't touch it its weird. *(S-F-14)*

xxxvi Three of the participants expressed that being in recovery from alcoholism has had a major impact on their decision to become a counsellor.

I believe that being in recovery from alcoholism has definitely impacted on my decision to become a counsellor. I went and done the introduction and became hooked. *(S-M-9)*

Being in recovery from alcoholism has definitely impacted on my decision to become a counsellor. I would not of chosen the counselling profession if I was not in recovery. *(J-F-8)*

There was only one path that I was going to take. Having been there myself I believe that I can help others. I have so much gratitude today. *(M-M-7)*

Participant R communicated that the counselling profession felt right for him.

There was no set agenda to be a counsellor, it just felt right for me. They say you have to give it away to keep it and I have brought that into my professional life. (R-M-7)

And Participants S & T expressed that being in recovery did not have an impact on their decision to become a counsellor because they had already decided while they were drinking.

It did not impact on my decision to become a counsellor because I had already decided in my drinking. So what it did impact for my decision to become a counsellor with people who also have addiction. (S-F-16)

No because I was counselling before. (T-F-9)

xxxviii Four of the participants spoke about how being in recovery from alcoholism has a positive impact on their practice.

Being a recovering alcoholic does affect my practice but in a positive light not a negative one. (S-M-10)

Yes it has a positive impact on my work with clients. I can emphasize with clients who have issues with addiction because of my own life experiences. (J-F-8)

I feel very privileged today when I work with clients who have problems with drug and alcohol. I am able to pass it on and I can encompass that in the way that I work today. (M-M-8)

Yes a positive impact. It has given me an insight into how many people recover. It has impacted on me positivly because people can change their lives around. (T-F-10)

Participant R expressed that he works with clients who are trying to recover and he is unsure if it has an impact on his practice.

I am not sure but I do work with people who are trying to recover from addiction. I have always got to remember that my experience could be very different from my clients. (R-M-8)

CHAPTER FIVE

DISCUSSION AND IMPLICATIONS OF FINDINGS

The research outcomes presented a detailed account of counsellors' personal experiences of alcoholism and the recovery process. This chapter will examine the findings and locate them in the existing literature and present a discussion on the implications of the findings.

A significant finding in this study was a family history of alcoholism. It was a predominant factor in all participants barring one, who's parents drank alcohol but were not alcoholics. A family history of alcoholism was shown to have a substantial effect on the development of alcohol dependence. Participants found that alcoholism ran in the family and this was considered to be a factor that contributed to their alcoholism. One participant said "I am aware that alcoholism ran in the family". The research showed support for the findings regarding alcoholism running in families (Kwon and Goate, 2000; Goldman, 1994; Gilbertson, Prather & Nixon, 2008).

It runs in families even when the children are separated from the alcoholic parents and raised by adoptive parents. A family history of alcoholism is a well-known risk factor, and many studies (Crabbe and Goldman, 1992; Schuckit, 1995; & Wagner, 2003) have demonstrated that the children of alcoholic parents are at increased risk of becoming alcoholic compared with children whose parents are not alcoholic. Fingarette (1998:54) argues however that "no one should be misled into thinking that alcoholism is genetic".

Goodman (1976) points out that there are alcoholics with no alcoholism in the family. He also maintains that if a person drinks excessively it may be influenced by his/her social environment. Alcohol must be available for alcoholism to occur. Family members may learn to drink simply through observation and behaviour. Children see what their parents do and do the same.

Another finding in the study, indicated by one of the participants, was that child sexual abuse may have been a factor that contributed to her alcoholism. Draucher and Martsolf (2006) would support this and suggest that women who were sexually abused as children are more likely to report a lifetime prevalence of alcohol abuse than women who were not abused. Researchers in the United Kingdom have reported similar findings with histories of childhood sexual abuse found to be linked to alcohol abuse (Moncrieff, Drummond, Candy, Checinski & Farmer,1996).

One of the participants expressed that a factor that contributed to his drinking was the loss of his parents. He said “I am aware that the loss of my parents kicked started my drinking”. “At the end it was a physical and psychological need to feed my addiction”. Alcoholism is a complex disorder with no clear cause. The risk for developing alcoholism may be influenced by a variety of factors such as heredity, environmental and social factors.

Participants spoke about the psychological and physical dependency on alcohol. One participant said “it was more the psychological dependency” and a second participant also said “by the time I reached my early 20’s I was both psychologically and physically addicted to alcohol”. Jellinek (1960) would support this as he distinguished two forms of dependency. Delta alcoholism: psychological and physical dependence: inability to abstain and Gamma alcoholism: psychological dependence (craving): physical dependence (withdrawal).

Gamma alcoholism is when the person’s first drink is voluntary, but once ingested it triggers a loss of control and the drinker is unable to refrain from drinking, until feeling too sick or too drunk to continue. However, Moss and Dyer (2010) argue that the evidence basis that any addictive behaviour ever involves a total loss of control is very weak, and has dramatic ramifications both for the individual and for those whose role it is to provide treatment and support. They also maintain that the stigma of labelling addictive behaviours as a disease can lead to individuals feeling like victims of their condition, for

which they rely on others to overcome. The findings indicated that when the participants took the first drink they could not stop. This parallels Clarke and Saunders' (1998) argument that alcoholism is a disease; the compulsion sets in on resumption of drinking.

The research showed support for the view that alcoholism is a disease (Lowe, 2008, Jellinek, 1960; Li, Hewitt & Grant, 2007; Gitlow, 1973) and stopping is not simply a case of saying "No" thanks". It is a progressive disease that can affect mental and physical health. Alcoholics Anonymous would support this and suggest that alcoholism is a gradual and progressive disease and an alcoholic cannot be cured of his/her disease so that he can drink normally again. The AA philosophy is once an alcoholic always an alcoholic. George Vaillant argues however that alcoholics can be taught to return to social drinking.

What emerged in the findings was the physical impact that alcoholism had upon the participants' lives. Physically, participants highlighted weight loss, appearance, incontinence, vomiting, Korsaskoff Syndrome and liver disease. One participant expressed "I've seen a liver specialist and they took a biopsy and it came back that I had cirrhosis of the liver". "I was 38 and the doctor told me that if I drank again I would have 2 years to live". Cargiulo (2007) would support this and suggests that heavy drinkers and people with alcohol dependence die from cirrhosis at a much higher rate than the general population.

Maher (1997) also maintains that heavy drinkers may develop alcoholic hepatitis or cirrhosis. Another significant finding by one of the participants was Korsakoff Syndrome. She expressed how she was losing her mind and was starting to develop brain damage due to her excessive drinking. The research shows support (Berman & Marinkovic, 2003 & Cohen, 2003) for the findings regarding brain damage. Korsakoff Syndrome is caused by thiamine deficiency. Malnutrition is caused by the deficiency of vitamin B and is common in chronic alcoholism. A person's susceptibility to brain damage may be associated with his/her age, drinking history, gender and nutrition.

The outcomes revealed that the participants experienced shaking, hallucinations, delirium tremens, and panic attacks withdrawing from alcohol. Some studies (Winger et al, 2004) suggest that the most severe form of alcohol withdrawal involves hallucinations and DT's. DT's were experienced by two participants. One of the participants said "I remember four days into recovery and I was going through the delirium tremens." One of the participants said "My hands were shaking and I went to the shop to buy a couple of cans of larger." "I can remember drinking the larger as quickly as possible and the shakes stopped".

Psychologically, participants experienced blackouts, depression and suicidal thoughts One participant described his blackouts as "The blackouts were different all the time because sometimes I could remember bits and other times I had no recollection at all." A second participant also noted that "as my illness progressed they were absolute terror". "I would wake up and not knowing what I had done". Literature describes blackouts (Jellinek,1960) as a powerful indicator of alcoholism. Metzger (1989) points out that a blackout is a state of temporary amnesia that results when so much alcohol is in the brain that a memory pattern is not formed during a period of time that extends to minutes, hours or even days.

Participants mentioned depression and how they lost all interest in life and did not care whether they lived or died. Goodwin (1994) suggests that alcoholism causes depression more often than depression causes alcoholism. It is estimated that between one-quarter to two-thirds will have severe depressive symptoms at some point in their alcoholic drinking (Schuckit,1986). Literature (Nurnberger, Foroud, Flury, Meyer & Wiegand, 2002) shows that alcoholic intoxication commonly produces elements of depression.

Depression is a consistent after-effect of alcohol use and during withdrawal the sadness can be so intense that people attempt suicide (Goodman, 1994). The female participants expressed how they contemplated suicide and took an overdose with tablets. Research studies (Goodman, 1994; Murphy and

Wetzel, 1990; Roy and Linnoila, 1986) would support this and point out that approximately one-third of alcoholic suicide victims have made a previous suicide attempt.

The findings of the research showed the negative impact the participants' alcoholism had upon their family relationships. Five participants expressed how they did not spend time with their family and two of the participants said that their children were looked after by family members due to their dependency on alcohol. Literature shows (Gmel and Rehm, 2003) that alcohol misuse is linked to many harmful consequences for society as a whole and for others in the drinker's environment. Sometimes this is referred to as the social consequences of alcohol use.

Despite the devasting effects noted above, the participants spoke about how their lives are completely different today being in recovery from alcoholism. They learned a whole new way of living without alcohol. All the participants changed aspects of their daily life. Participants talked about going to college and educating themselves. The social impact had changed significantly for all the participants. Having once felt isolated from family, friends and society, participants developed meaningful relationships with others.

In one study (Bowen, 1998) recovering alcoholics indicated appreciation that they were alcoholics and how they had changed aspects of their lifestyle habits. Informants talked about eating healthier and exercising. Participants in this study talked about the joys of recovery. One participant commented "I could speak for days about the joys of recovery". Another participant indicated "There is a spirit and a zest for life that I never ever had." All the participants highlighted the support that they have had from attending Alcoholics Anonymous meetings.

The research showed support for Zimberg's (2000) findings regarding AA being an effective method of treatment. Programmes such as these are referred to as *12-Step Programmes*. However, research indicates that about 90% of alcoholics return to drinking within 4 years of abstinence (Doweiko,

1990), with 50 to 60% relapsing within the first 3 months following treatment (Donovan & Chaney, 1985). Relapse prevention training is a very useful approach that helps people learn how to avoid relapses and cope with relapses if they occur. Relapse prevention is considered an integral part of any treatment programme. An inevitable question that needs to be asked of any intervention is whether it is effective: does it work? Moss and Dyer (2010) point out that It is not clear that one form of treatment should be prescribed to an individual over another form. We need to look into the black box of recovery to understand what makes them work in order to make them work better.

A finding that has not been addressed in the literature is counsellors being in recovery from alcoholism. During my literature search I was unable to locate any studies that have addressed the aspects of being in recovery from alcoholism and the decision to become a counsellor. The outcomes revealed that being in recovery from alcoholism had a major impact on the decision to become a counsellor. One participant said “I believe that being in recovery from alcoholism has definitely impacted on my decision to become a counsellor.” “I am very privileged to be a counsellor who is in recovery from alcoholism”.

Some of the participants also indicated that being in recovery has a positive impact on their practice. One participant said” being a recovering alcoholic does affect my practice, but in a positive light not a negative one”. Further research could be conducted to explore recovering alcoholics being in recovery from alcoholism and the joys of being sober. **Table 4** illustrates the huge change that has taken place since the participants have been in recovery. All the participants highlighted that their relationships have improved and they are able to spend time with their family. One participant said “ I have been on holiday with my children”. All the participants expressed how their lives are completely different today physically, psychologically, socially and spiritually.

Table 4 Participants' Experiences of Change in Each of the Four Dimensions

Participant	Physical	Mental	Social	Spiritual
J	I" have been on holiday with my children"	"My life is very different today"	"I am a good mum today"	"on my last drink I had a spiritual awakening"
S	"I go climbing today"	" I do things today and it is not about drink"	"My relationships with my family are totally different"	"I don't know if I had a spiritual awakening but I totally changed"
S	" I am writing a play and doing a dance production"	I don't have a mental state that obsesses for drink"	I am going to the pictures today	"I had a spiritual awakening"
M	"I drive today"	"I have a completely different outlook on life"	"I have my children in my life"	"I lead a spiritual life today"
R	" My life is totally different today physically and psychologically"	"I did a psychology degree"	"My relationships are much better"	"It was an awakening for me because I kind of switched on to I do not want to live like this anymore"
T	" Everything is different physically"	"Everything is different mentally"	"I have been able to support the kids"	"I am aware that AA has played a part in my life".

CHAPTER SIX

SUMMARY AND CONCLUSION

This study aimed to provide an understanding of the impact of alcoholism and how it has affected counsellors who are in recovery from alcoholism. The findings of this research indicate that participants believed that a family history of alcoholism was one of the main contributing factors to their own dependency. The results highlighted the high degree of physical and psychological dependency on alcohol and found that when participants took one drink they could not stop. The research has provided an understanding of the debilitating psychological, physical and social impact that alcoholism had upon all facets of the participants' lives and has given insight into the varying manifestations of the withdrawal process.

Despite the wide ranging devastating effects highlighted in the outcomes, the study has shown how participants' lives are different today with being in recovery. Social isolation from family, for example, has been replaced by the development of meaningful family relationships, and participants have been able to further their education by going to college. They all attended Alcoholics Anonymous meetings and incorporated a Twelve Step Recovery Programme into their lives. All the participants spoke about the joys of recovery and how this was often preceded by some type of 'spiritual awakening'. The research findings have clearly reflected the resilience that these individuals have shown and how their lives have been transformed since being in recovery.

There was no literature to be found on counsellors being in recovery from alcoholism; this study therefore provides an additional perspective which adds to the limited body of knowledge in this area. Although more research is needed, this investigation has shown that being in recovery from alcoholism has had a major impact on their decision to become a counsellor and also

suggested that participants believed that being in recovery has a positive impact on their counselling practice by, for example, contributing to a deeper level of empathy because of their life experiences of alcoholism.

I believe that further research which more fully addresses the influence of recovery on the decision to be a counsellor would contribute to our understanding in this area. Additional valuable research could also focus on the impact of alcoholism and recovery on the counsellor's practice. On a broader level, future research into the personal experiences of recovering alcoholics would broaden our collective understanding of the research area that I have chosen.

This dissertation has been important to me because I believe I have contributed to our understanding of the impact that alcoholism has upon self and others and how the participant's lives have been transformed in so many ways since being in recovery. The research has also addressed the Twelve Step Recovery Programme used by Alcoholics Anonymous. While generalizations cannot be made, I hope that this research will contribute to the counselling field by providing increased insight into the devastating consequences of alcoholism and the joys of recovery.

I have greatly valued doing this research because I feel have acquired a vast amount of increased understanding of alcoholism. Doing this research has had a positive impact upon me through witnessing the major changes that have taken place with all participants. The research has meant a great deal to me because I believe I have been able to demonstrate the impact of alcoholism and how lives can be changed through being in recovery.

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APPENDIX I

RESEARCH

Participants Required

Research Title: An Exploratory Study of Counsellors' Personal Experiences of Alcoholism

At present I am undertaking a research study on alcoholism as part of a Masters degree at the University of Chester. I am looking to interview six recovering alcoholics. Participants will attend individual interviews lasting approximately 45 to 60 minutes. I am looking for qualified counsellors with a Diploma in counselling. Participants shall be selected upon inclusion criteria.

If you are interested in participating in this sensitive topic of counselling research and would like more information please contact

Tracey Roberts

APPENDIX II

Dear Sir/Madam

I am writing to enquire as to whether your organisation would consider displaying a poster. I am currently a student at the University of Chester and this research shall form the basis of my MA dissertation. I am looking to interview six counsellors face-to-face for approximately 45 to 60 minutes. I hope that this study will contribute to existing literature on alcoholism by providing a valuable insight into personal experiences and the recovery process.

Please find enclosed the poster to highlight my study. Thank you for taking the time to read this letter and I hope you can be of assistance in this sensitive topic of counselling research. Please do not hesitate to contact me if you require any further information.

Yours Sincerely

Tracey Roberts

APPENDIX III

Dear Participant

Thank you for your interest in participating in my research study on alcoholism. Please find enclosed an information sheet and brief questionnaire to complete. If you require any further information please do not hesitate to contact me.

If you are happy to participate could you return the questionnaire in the stamped addressed envelope and I will contact you shortly. May I take the opportunity to thank you again for your interest in this sensitive topic of counselling research.

Yours Sincerely

Tracey Roberts

APPENDIX IV

QUESTIONNAIRE: The Inclusion Criteria for Research Participants

Please complete and return the enclosed form in the stamped addressed envelope provided

Counsellors' Personal Experiences of Alcoholism

MA Research Dissertation in Counselling Studies. Tracey Roberts, University of Chester.

Criteria for participant inclusion

Please answer the following with Yes or No

I would like to volunteer to take part in the research.....

I have a Diploma in Counselling.....

I am currently in supervised counselling practice.....

I have access to personal counselling.....

I have a minimum of five years sobriety.....

I am working a twelve-step recovery programme.....

Do you fully understand the nature of the research and your rights to say no?.....

Name:

Contact Details:

APPENDIX V

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Information Sheet

Research Title: An Exploratory Study of Counsellors' Personal Experiences of Alcoholism.

Dear participant

Thank you for taking the time to read the information sheet. My name is Tracey Roberts and I am an MA student at Chester University. Before you decide whether you would like to participate, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the information sheet carefully.

What am I researching?

I am doing a research project on alcoholism. I will be looking at some of the factors that may contribute to the development of alcohol dependency or alcoholism. The purpose of my study is to provide some focus on alcoholism and its impact. I aim to do this by interviewing six recovering alcoholics and to explore the impact that alcoholism had upon their life. This study will provide a valuable understanding and insight into the disease of alcoholism.

What does it involve?

Participants will be interviewed by myself and will attend individual interviews lasting approximately 60 minutes and some time for de- briefing. Participation will involve a one to one interview using an audio tape recorder. Permission for audio taping and transcribing will be obtained both in written consent and verbal at the beginning of the interview. Your participation is entirely voluntary and you may withdraw your consent at any time during or after the interview or prior to the publication of the dissertation. You will be given a copy of the transcript and you can check if it is an accurate representation of the interview.

What are the benefits of taking part in the study?

The interviews will enable participants to talk about their own personal experiences of alcoholism. This research will provide counsellors, psychotherapists and supervisors with an understanding of the impact that alcoholism has upon self.

What are the potential risks involved?

The potential risks are minimal and it is hoped that the interview may be helpful in enabling participants to talk about their stories of alcoholism. Possibilities for further support will be discussed, if required. Participants will need to have access to their supervisor or personal counsellor.

Confidentiality

Your confidentiality will be protected in keeping with the British Association for Counselling and Psychotherapy Ethical Framework for Good Practice in Counselling and Psychotherapy and the University of Chester Research Governance Handbook. The transcript will be kept for 5 years in keeping with the University policy and then destroyed. The audio tape will be destroyed after the completion of the dissertation. The participants will not be identified as a pseudonym will be used. Only myself and my supervisor will have access to the coded transcripts.

What are the benefits of this research?

By undertaking this study I hope to develop a greater awareness and understanding of alcoholism. I believe that doing this study will increase my knowledge in this area which will further contribute to my professional practice. It should contribute to existing literature on alcoholism by providing a valuable insight into personal experiences of alcoholism and the recovery process. This research will also provide counsellors with an understanding of alcoholism and its impact.

Has the research been approved?

Yes, the research has been approved by the Department of Social and Communication Studies Ethics Committee and will be monitored by my Supervisor Dr Rita Mintz.

What will happen to the results of the study?

A copy of the dissertation will be held in the University of Chester and may be made available electronically. Without my further consent some of the material may be used in conference presentations or published research papers.

Do you have any other queries?

If you feel you need any more information, I would be happy to discuss this with you. If you have any concerns about the conduct of this research you can contact my research supervisor Dr Rita Mintz (tel: 01244 512038 or via e-mail: r.mintz@chester .ac.uk).

APPENDIX VI

University Of Chester

M.A in Counselling Studies Research

Consent Form

Audio Recording of Interview

I…….herby give consent for the details of a written transcript based on an audio recorded interview with me and ……to be used in preparation and as part of a research dissertation for the M.A. in Counselling Studies at University of Chester. I understand that my identity will remain anonymous and that all personally identifiable information will remain confidential and separate from the research data. I further understand that the transcript may be seen by Counselling Tutors and the External Examiner for the purpose of assessment and moderation. I also understand that all these people are bound by the British Association for Counselling and Psychotherapy Ethical Framework for Good Practice in Counselling and Psychotherapy.

I understand that I will have access to the transcribed material should I wish to and would be able to delete or amend any part of it. I am aware that I can stop the interview at any point, or ultimately withdraw the interview before the publication of the dissertation. Excerpts from the transcript and possibly the entire transcript will be included in the dissertation.

A copy of the dissertation will be held in the University of Chester and may be made available electronically. In line with University of Chester regulations the data obtained from the interviews will be held by me, the researcher, for a period of five years and then destroyed.

Without my further consent some of the material may be used for publication and/or presentations at conferences and seminars. Every effort will be made to ensure complete anonymity.

Finally I believe I have been given sufficient information about the nature of this research, including any possible risks to give my informed consent to participate.

Signed [Participant] …….

Date ……..

Signed [Researcher] …….

Date……..

APPENDIX VII

Dear participant

I would like to thank you for your time and interest in participating in my research study on alcoholism. Please do not hesitate to contact me if you feel you have any concerns that you may want to discuss in regards to the research.

May I take this opportunity once again to thank for participating in this sensitive topic of counselling research.

Yours Sincerely

Tracey Roberts

APPENDIX VIII

DISCOVERY SHEET:-

THEMES AND NOTIONS EMERGENT FROM REFLECTION ON CONTENT OF SIX TRANSCRIPTS

There was alcoholism in my family
I am aware today that alcoholism ran in the family
When I look back at my family alcoholism runs in the family
My dad died of alcoholism
My dad and my brothers and sisters were alcoholic
My dad drank a lot. I seen that as quite normal and could not wait to start drinking
My dad did not get away with his drinking as he had several strokes
My dad died of alcoholism the whisky probably killed him
My father was an alcoholic
I am aware today that the drink was having an impact on my dad's health
My mother was an alcoholic
My mum was a full blown alcoholic when I left
Both parents were co-dependent on alcohol
The main factor that contributed to my alcoholism was my mum's drinking
I remember from the age of 5 my mum and dad drinking heavy
My mother was an alcoholic. It was very rare that my mum was sober
My mother was an alcoholic and I did not realise that at the time
Most of the time my mum was carried home because she was too drunk to walk home
My mum and dad's drinking progressed. My mum was more dependent than my dad
My parents drinking had a significant impact on me drinking
One of my sisters is very much in denial with my parents being alcoholics

I have a belief that genetically I am predisposed to alcoholism
I am in recovery and in AA. We say that we are born with this and it's a genetic predisposition
I don't know if there is a gene that predisposes you to alcoholism
I know today that my physical makeup was the same as my fathers
I don't know whether its social, cultural or heredity. I come from a family that drink

I believe it's a learnt behaviour
I don't know if it is heriderity but I know it's a learnt behaviour

It has influenced me as a drug worker because I wanted to know about the behaviour

I was sexually abused by my brother. I sometimes wonder about the factors that happened to me as a child
My nephew had sexually abused my children

I was with partners that would abuse me and beat me up
I was in a domestic violence relationship with an alcoholic

The psychological effects included blackouts
The psychologically effects were blackouts
I had blackouts from the first time I drank
The blackouts got worse for me as the illness progressed
I had blackouts which I was not aware of
I had blackouts in the house and carry on drinking
I could sometimes put some bits together and people would tell me that I had conversations with them in pubs and I could not recall any of it
My blackouts over time could happen after one or two drinks or after twelve
I would cause trouble and be in a blackout
I started having blackouts
I started having blackouts. I did not know what had happened
I had blackouts all the time and someone would fill in the blanks
I would go into a blackout and did not have any recollection of what was going on
My father had very little recollection of his behaviour. That's when I realised he was an alcoholic he was operating in blackout
I was in a functioning blackout
The blackouts got worse
I was seventeen when I had my first drink. This is remembrance of my first blackout
I don't remember anything I was in a blackout

Another psychological effect was I suffered with depression
The psychological effect was depression
Over time I became so depressed that suicide was an option
I became very depressed
Psychologically I was depressed
I had depression where my moods would change
I was depressed and wanted to sleep all the time
Psychologically I was constantly depressed
I had depression when not drinking
Now that I have gone through the 12 step recovery programme the depression was part of the illness

I was not bothered whether I lived or died
I was depressed and suicidal. I really wanted to die at that point
At that point in my life I wished for the end
I had suicidal thoughts all the time
When I was in my bedroom for 4 days I did not care if I lived or died

The psychological side was the suicidal thoughts
In the past I tried to take my own life. I took a load of tablets
Psychologically oh God I just wanted to die
This night I fell to my knees I did not want to drink but I wanted to die
Psychologically prior to recovery I had suicidal thoughts
Psychologically I was not good and I took a load of tablets

My moods became darker and darker and suicide was a companion
I did not want to live anymore because I felt that there was no way out
I went through recovery drank and I tried to commit suicide
I was crying all the time. I was suicidal then and I could not get out of bed
There were times when I was driving the car and I would be thinking just smash it
I just did not want to live anymore. I wanted to kill myself

What scared me was that I did not want to go through the withdrawals. This is one of the reasons why I carried on drinking
The withdrawals were awful
If I stopped drinking for any amount of time I suffered from the withdrawals
The physical effects were not too bad apart from the withdrawal symptoms
I never took myself to hospital when I was going through the withdrawals symptoms
I said to her I am really going through the withdrawals now
I had to go through the withdrawals symptoms once again

I can remember the first time I experienced the shakes
I had never experienced the shakes before
I said to this lady on the phone I am still shaking
I was sitting on the couch with my son shaking
I suffered with the shakes
I would have to go through the withdrawal symptoms of panic attacks and the shakes

One of the things I remember when I stopped drinking was being on a bus and having a panic attack
I use to get panic attacks when I stopped drinking and I aware today it was the withdrawal from the drink

I can remember 4 days into recovery and I was going through the delirium tremens, shaking and sweating
I had sweats, lack of sleep and the delirium tremens
I did not want the shakes and the delirium tremens anymore
Physical when I stopped I had delirium tremens and the shakes and thought I was going to have a heart attack

I also had hallucinations withdrawing from the drink
The physical withdrawal effects were hallucinations and the sweats
The effects of the withdrawals would include hallucinations and panic attacks
I experienced hallucinations, panic attacks and sweats

When I hear of people who go through detox I did not have that. I went through mine at home
I was the type of alcoholic who properly when I stopped did not need a detox

I suffered really badly with paranoia
I had no justification the next day as to what the paranoia had induced
I became paranoid. My friends did not want to be around me

Another physical effect was the weight that I had lost
Physically I went through different stages. At one time I lost loads of weight
I lost a lot of weight because I was not eating anything
I was very thin
I did not eat food I had a desire for alcohol
I did not eat food I went down to 6 stone
Physically it was my weight
Physically I could have carried on drinking even with the weight that I had lost

Another physical effect was my appearance. I would wear the same clothes
I did not even change my jeans. The only thing I thought about was drink
My physical look was not good. My hair was greasy and I stunk of sweat
I was disgusted with myself because I let myself go

One of the physical effects would involve being sick
I took her to school and I started vomiting

I would wake up and I would wet myself
I seen the towel on the seat and I said what's that there for and he said you have wet your self
I would wet the bed
The physical part of it was I was having accidents in bed
I was in my bed fully clothed and I had wet myself and I had sick all over myself
I would come home and wet the bed

I suffered really badly with memory loss and was losing my mind
Going back to the psychological effects I was losing my mind
I can remember sitting at home one day and I could not remember my name
I felt like psychologically I was losing my mind
I felt like I was losing my sanity
I can remember thinking shall I go and sign myself into a mental hospital

The hospital did blood tests and I was told I had fatty liver
The physical effects are that I have got cirrhosis of the liver

I was drinking daily
I would be drinking daily
The last 2 years of my drinking I drank everyday
The level of dependency was everyday

When I had one drink I could not stop
Drink was a problem in my life from the word go
I would drink anytime that alcohol was there
It was every night
As soon as I got home from work I would drink
I would go to work and have a couple of cans in the morning
I was drinking everyday and not having a break from it
If I look at my drinking now it was excessive
My life evolved around alcohol
I carried on drinking because I could not stop
I am an alcoholic and if I have one drink I can't stop
The factors that contributed to me being an alcoholic was I knew that when I had one drink I could not stop
I was off work for 5 months and was drinking everyday and every night
I needed alcohol to help me to function
I went home and seen the brandy and I could not wait to have a drink
I very quickly became dependent on it
My lifestyle was created by my dependency for alcohol
When I lost my job I was drinking all the time and was looking forward to my next drink
My drinking was very unmanageable
I would drink in the morning when I came home from work

I viewed myself as being a slave to alcohol and knew that I was physically and psychologically dependent
So I was not only physically dependent but psychologically dependent
At the end of my drinking it was a physical and psychological need to feed my addiction
I was psychologically addicted to alcohol from the very start
The dependency was more the psychological dependency
It was more of a psychological dependency than a physical dependency
It was more of a psychological dependency
I was not only physically dependent but certainly psychologically
When I look back psychologically and physically I was not in a good place
I had drank for 20 years and it destroyed me physically and psychologically
The factors that contributed to my realization that I was an alcoholic were the psychological effects
I did not give myself enough time to develop psychologically and physically it all went down

The drink was the symptom that I could not be cured of the allergy
What makes me alcoholic is the allergy and the craving for alcohol
I believe I suffer with an allergy of the mind
Little did I know that in AA we say that the allergy that we are born with was getting set off

I took one drink and it set off a phenomenon of craving
I knew that I craved alcohol and I would do anything to drink
I had to drink I craved the next drink

I know that all my life I was obsessed with drinking
My recovery has been based on removing my mental obsession
I have heard many alcoholics saying if I was not drinking I was thinking about drink. So it was more about the obsession of the mind
The obsession to drink was very quickly there for me
I saw my alcoholism right there because once I took that first drink the obsession over took

I had numerous prison sentences which had no effect upon my drinking
I very quickly got into trouble with the police

I was 13 and I don't remember taking another drink until I had LSD at the age of 13
I invited people over and my partner said we can just have a line of cocaine
I would be walking the streets tripping off my face
I went to a friend's house and within 4 hours I had a load of drugs
My daughter was 18 and she would have a weed ready for me when I got home
As soon as I got up I would have a joint
When I went to see this fella in work I said to him I have not got a problem with the drink it's the weed
If I did not have a drink I would have a weed

I did not have a huge belief in myself
I had low self-esteem and was not motivated to do anything
I was going for a job interview but I did not go because my self-esteem was on the floor
I had low self-esteem and was not accepting who I was

I drank again and I thought to myself you are hopeless
My children left me because I was hopeless

I ran away or I was naturally angry
I directed my anger to my mother for upsetting the family home
I became resentful and angry
I was in recovery 18 months and I felt myself getting angry

There was fear of abandonment
All my life I had suffered with grounded fears
I know that it was fear of abandonment
I always had this fear of people confronting me

For years I was full of guilt
I had a lot of guilt when I started getting sober
I use to feel the shame and the guilt

The main factor which accelerated my drinking was I had anxiety from an early school age
I had high levels of anxiety

I was isolated from my family
I became isolated because nobody wanted to know
That's what my drinking done and I became isolated from everybody else

I did not have any time for my family so they left. They were taken away
The effects with my family were huge because I was never there
My relationships with my family were strained
At the end of my drinking I did not have any friends
It became hard for my family to be around me
My family became fed up with me because I was a liability at all times
I lost everything my friends, family and my kids
The loss of partners, friends and family did not stop me from drinking
I did not spend time with my son
My wife was not interested anymore
My kids I use to leave them on their own
I have been too drunk to see to my son
My drinking affected my kids
It does have a severe impact on the family
The only thing I would change is the heartache that I put my family through
I managed to pick my kids up and I fell on the floor
My twin sister came into the bedroom crying. I was in a mess
My kids did not go into foster care. My sisters looked after them
My family would say what justification have you got for your behaviour
My wife was pissed off with me
I told them lies and there was nothing that I could have done to get help from my family
My family thought I was going to bed but I would carry on drinking
I started saying to my friends that I was drinking too much
The effects it had on the family were I was hiding from the kids
My family did not know the extent of my drinking
I am sitting on a towel and my partner was looking at me with disgust
My partner came to town because I was found in a alley way
My little boy came into the bedroom with 2 bottles of vodka and he threw them on the floor
There were times when we would take the kids out you could guarantee that there was a drink involved
I was not present in any relationships

This illness that I have is very powerful and I have got nothing cracked
I don't feel guilty today because I believe alcoholism is an illness
This illness is powerful because I got my kids back and drank again
For me it's not about the drink it's about the illness of alcoholism
The nuts part of this illness is I wanted people to love me

At that time I realised that I was an alcoholic and was in denial

I also had nervous breakdowns

I had loads of rock bottoms and I continued to drink
I was coming up to my rock bottom

I can’t explain it but I had hit my rock bottom
I believe I had to hit my own rock bottom to come out the other side
After the court case I hit rock bottom

The acceptance came in that I was an alcoholic and needed help

My life is very different today. I feel blessed being in recovery
My life is completely different today
My life is completely different. I could speak for days about the joys of recovery
My life is totally different
I have been to college and educated myself
My life is very different today
I know how lucky I am to be an alcoholic in recovery
I could not have helped people without the aid of recovery
Today I am able to pass on the message of recovery
I could talk all day about recovery
Being in recovery has given me the ability to start college
My husband stopped drinking when I came into recovery
I have such a strong passion for clients to get recovery
Early on in recovery I was ashamed of being an alcoholic because of the stigma attached. Today I am not ashamed
When you speak to people in recovery you would not think it happened to them
I came into recovery in the March
I came into recovery 6 months later
The kids had this secret and that was the main contribution that brought me into recovery
I knew that I was an alcoholic and that really helped me in my recovery
They don’t know I am in recovery
I don’t identify with anyone in recovery who says wouldn’t it be nice to have a drink on a nice summers day

When I spoke to people in AA meetings they had felt the same as me
I rang AA and went to my first meeting
What I would like to say is the support that I have had from AA
I feel very emotional today because it is my AA birthday
It was only when I went to AA that I realised that I had a problem with the drink
I went to AA because I knew that I needed support
I could never have put myself into that position without AA
When I came into AA I had a good foundation about counselling
AA gave me the bedrock to build a happy life and the counselling profession
I did 2 meetings a day when I got sober
I am aware today that AA has played a part of my life
My son was 10 when I came into AA

I heard this thing about sponsor and thought wonder how many people will want to sponsor me

I believe that I have a defence today by working a 12 step recovery programme
I have been shown a way that I can step 10 when I need to
I continue to do steps 10, 11 and 12
I had always done 12 step work helping others and I brought it into my professional life
It says in the big book we got well ourselves and then we 12 step our home, work place and society
I thought wow there is step 12
Without a 12 step programme in my life and AA I could not have put myself in a position to help people

On my last drink I believe that I had a spiritual awakening
People talk about a spiritual awakening but I don't know what happened
I don't know if I had a spiritual awakening but I totally changed
I found God that's the simplest way I can explain it
You know the way it says in step 12 having had a spiritual awakening of the result of these steps. I felt that was when I said I have awakened inside
It is also the final step of the recovery programme. Step 12 says having had a spiritual awakening we try to pass the message to a suffering alcoholic

I lead a spiritual life today

I am doing it the way they taught me and I had this psychic change
I believe that I had a psychic change and that was the clarity for me

The factor that contributed to my realization that I was an alcoholic was an awakening
It was an awakening for me because I kind of switched on to I do not want to live like this anymore
It was weird it was like an awakening for me or a realization
It was like another awakening. Carl Jung says those who look inside dream and those who look outside awaken

I believe that being in recovery from alcoholism has definitely impacted on my decision to become a counsellor
Being in recovery from alcoholism has definitely impacted on my decision to become a counsellor
With regards to has being in recovery impacted on my decision to become a counsellor it certainly has
Being in recovery has had a huge impact on me wanting to become a counsellor
I am very privileged to be a counsellor who is in recovery
It did have an influence on me wanting to become a counsellor
It has influenced me wanting to become a counsellor

Yes it has and they say you have to give it away to keep it
There was no set agenda to be a counsellor it just felt right
So what it did impact for my decision to become a counsellor with people who also have addiction
So it may of impacted on my decision of I am going to further that because I am not drinking
I would say that the decision around counselling was already there
In 2003 I made a decision to do the diploma and I was early into recovery
Having been there myself I believe that I can help others
I am also aware that because of my life experiences I am able to help others
Being in recovery has enabled me to help people

Being a recovering alcoholic does affect my practice but in a positive light not a negative one
It has impacted on me in a positive way because people can change their lives around
I have more empathy for people because I am an alcoholic
I have a huge amount of empathy with people with drug and alcohol problems
I work with kids who are affected by addiction and because I have been there myself I can understand how it is for them
It has a positive impact on my work with clients
With my life experiences I am very fortunate because I can learn from my clients
In my work as a counsellor I would not change anything because I believe my life experiences have enabled me to do the work today

APPENDIX X

INDUCTIVE CATEGORY CODING

Initial inductive category coding-potential categories

Combining recurring themes that overlap with each other from the Discovery Sheet

Family history of Alcoholism

There was alcoholism in my family
I am aware today that alcoholism ran in the family
When I look at my family alcoholism runs in the family
My mother was an alcoholic
My mother was an alcoholic
My mother was a full blown alcoholic when I left
My father was an alcoholic
My dad was an alcoholic and my brothers and two sisters
My dad died of alcoholism
My dad was drinking alcoholically up to a year ago
One of my sisters died of alcoholism
I am in recovery and we say that we are born with this genetic predisposition
I don't know if there is a gene that predisposes you to alcoholism
I could have an alcoholic gene who knows
I have a belief that genetically I am predisposed to alcoholism
I seen it as normal behaviour
It just became normal to be honest
I don't know if it is herederity but I know it's a learnt behaviour
I know today that my physical makeup was the came as my fathers

Factors that also contributed to alcoholism (loss, sexual abuse and anxiety)

I am a bereavement counsellor and I realise now that the loss of my parents had a significant impact on me drinking
When I look back the main factor for me was a sense of not being emotionally fed by my parents
I was sexually abused by my brother. So experiences that I have had could be a factor to whether I decided to turn to drink
My nephew had sexually abused my children and that was a big factor that brought me into recovery
The main factor that accelerated my drinking was I had anxiety from a early school age

The level of dependency on alcohol (Dependency on alcohol and the physical and psychological dependency)

The level of dependency was every day
I was drinking daily
I would drink at all times
Drink was a problem from the word go
When I had one drink I could not stop
I am an alcoholic and if I have one drink I can't stop
My life evolved around alcohol and if I was not drinking I was trying to get money to drink
The psychological dependency that I had for drink was that I needed to drink all the time
It was every night
My lifestyle was created by my dependency for alcohol
I carried on drinking because I could not stop
Once I had starting drinking I could not stop
The dependency was more of a psychological dependency
I viewed myself as being a slave to alcohol and I knew I was physically and psychologically dependent
At the end it was a physical and psychological need to feed my addiction
I was psychologically addicted to alcohol from the very start
It was more the psychological dependency
I had drank for 20 years and it destroyed me physically and psychologically
By the time I reached my 20's I was both psychologically and physically addicted to alcohol

Symptoms of alcoholism (allergy, craving and obsession)

The drink was the symptom that I could not be cured of the allergy
I know that I craved the next drink. I believe I suffer with an allergy of the mind
Little did I know that in AA we say that the allergy that we are born with
I took one drink and it set off a phenomenon craving
I knew that I craved the next drink and I would do anything to drink
I saw my alcoholism because once I took that first drink the obsession took over
My recovery has been based on removing my mental obsession
It was more about the obsession of the mind
The obsession kicked in with me
The obsession to drink was very quickly there

Rock bottom and the illness of alcoholism

I was coming up to my rock bottom
After the court case I hit rock bottom
I believe I had to hit rock bottom to come out the other side
I had loads of rock bottoms and I continued to drink
Alcoholism is an illness. I loved my kids very much but I could not stop drinking

The Physical effects of alcoholism (alcohol more important than food, lack of self-care, incontinence, vomiting, liver disease and Korsaskoff Syndrome

Another physical effect was the weight that I lost
At one time I lost loads of weight
I lost a lot of weight
I went down to six stone
Another physical effect was my appearance
My physical look was not good
I was disgusted with myself because I let myself go
I did not even change my jeans
I would come home and wet the bed
I was fully clothed I had wet myself
The physical effects were I was having accidents in bed
I would wet the bed
I would wake up and I had wet myself
One of the physical effects would involve vomiting
I took her to school and I started vomiting
The physical effects are that I have got cirrhosis of the liver
I was starting to lose my mind. I am aware today that I was starting to get brain damage

The Withdrawal symptoms (hallucinations, shakes, panic attacks, delirium tremens and detox)

If I stopped drinking for any amount of time I suffered from the withdrawals
The physical effects were not too bad apart from the withdrawal symptoms
I had to go through the withdrawal symptoms once again
I had hallucinations withdrawing from the drink
The physical withdrawal effects were hallucinations
The effects of the withdrawals would include hallucinations and panic attacks
I experienced hallucinations and panic attacks
I can remember the first time I experienced the shakes
I suffered with the shakes
I would have to go through the withdrawal symptoms of panic attacks and the shakes
I can remember 4 days into recovery and I was going through the delirium tremens, shaking and sweating
I had the delirium tremens
I did not want the delirium tremens anymore
Physical when I stopped I had delirium tremens
I use to get panic attacks when I stopped drinking and I am aware that it was the withdrawals from the drink
When I hear of people who go through detox I did not have that I went through mine at home
I was the type of person who probably when I stopped did not need a detox

The psychological effects of alcoholism (blackouts and paranoia)

The psychological effects were blackouts
The psychological effects included blackouts
The psychological effects were blackouts
The blackouts got worse as the illness progressed
I had blackouts from the first time that I drank. As my illness progressed they became more sinister
I started having blackouts
I had blackouts all the time and someone would fill in the blanks for me
I had blackouts in the house and carry on drinking
I don't remember anything I was in a blackout
I suffered really badly with paranoia
I had no justification as to what the paranoia had induced
I became paranoid

Depression and suicidal thoughts

Depression and suicidal thoughts were constant companions
What went hand in hand for me was depression and suicidal thoughts
Over time I became so depressed that suicide was an option
I was in the bedroom for 4 days and did not care if I lived or died
The psychological side was the suicidal thoughts
I had depression where my moods would change and I had black clouds
I was depressed and wanted to sleep all the time
Psychologically I was constantly depressed and felt down
Psychologically I was not in a good place and I took a load of tablets
I took a load of tablets and ended up in hospital
Psychologically I just wanted to die
My moods became darker and darker and suicide was a companion
I took a load of tablets when the kids were younger

The impact on the self-concept

I was not going for interviews because my self-esteem was on the floor
I had low self-esteem
I was full of self-pity
That's what my drinking done and I became isolated from everybody else
My children had left because I was hopeless
I drank again and I thought to myself you are hopeless

The social impact of alcoholism (impact of family relationships, drugs and prison sentences)

The loss of partners, friends and family did not stop me from drinking
I lost everything, my friends, family and kids
I had my children taken off me
The last few years of my drinking I did not have any friends
It does have a severe impact on the family

The effects it had on my family were I was hiding from the kids
The only thing I would change is the heartache that I put my family through
I could see how much I had hurt my wife
My partners and my children found my behaviour unacceptable
My twin sister would look after me
My family became fed up because I was a liability at all times
My kids did not go into foster care. My sisters looked after my kids for me
The last 3 years of my drinking I did not have any friends
The effects on my friends and family was that they did not want to know me
I did not spend time with my son
I was not present in any relationships
Sometimes we would take the kids out and you could guarantee that there was a drink involved
I had LSD at the age of 13
We had a line of cocaine
I took a load of drugs
My daughter was 18 and she would have a weed ready for me
The weed was the only thing I could not put down
I had numerous prison sentences
I was sent to prison and young offenders' institutions

The joys of recovery

My life is completely different today. I have been to college and educated myself
Being in recovery from alcoholism has given me the ability to start college
I could speak for days about the joys of recovery
My life is very different today. I am a qualified counsellor and I decided to do that when I got sober
When I came into recovery all I wanted was to be a good mum
I could talk all day about recovery
I have such a strong passion for clients to get recovery and I don't want them to fall through the net
I have my children family and friends in my life
My life is totally different today
The most important factor for me is being a mum to my kids
Recovery is a way of life that people can embrace
I could not have helped people without the aid of recovery
When you speak to people in recovery you would not think it happened to them
My life had changed from a financial perspective
My life is totally different today. I feel blessed being in recovery from alcoholism

Alcoholics Anonymous and the 12 Step Recovery programme

When I had spoke to people in AA they had felt the same as me
AA has played a huge part in my life
Without AA I could not have been a counsellor
AA gave me the bedrock to build a happy life and the counselling profession

I did 2 meetings a day in the first four years of getting sober
There are meetings all over the world and AA has been a huge part of my life
If I had not of gone to AA I would not have made the decision to become a counsellor
I believe that I have a defence today by working the 12 step recovery programme
Without a 12 step programme in my life and AA I could not have put myself in a position to help people
I went to AA because I knew I needed support
It was only when I went to AA that I realised that I had a problem with the drink
I had always done 12 step work and I brought it into my professional life
Step 2 of the 12 step recovery programme talks about a higher power
I am recovered on a daily basis as long as I continue to do steps 10. 11 and 12

Spirituality (spiritual awakening, awakening, psychic change and spirituality)

On my last drink I believe I had a spiritual awakening
People talk about a spiritual awakening but I don't know what happened
I don't know if I had a spiritual awakening but I totally changed
It is the final step of the recovery programme. Step 12 says having had a spiritual awakening
I have spiritually awakened as a result of doing the steps
The factor that contributed to my realization that I was an alcoholic was an awakening
It was weird it was like an awakening
It was like another awakening
I believe that I had a psychic change
I had this psychic change
I lead a spiritual life today

Counsellors' decision to become a counsellor (choice of career and impact on counsellors' practice)

Being in recovery from alcoholism has definitely impacted on my decision to become a counsellor
With regards to has being in recovery impacted on my decision to become a counsellor it certainly has
I am very privileged to be a counsellor in recovery
I believe that being in recovery from alcoholism has definitely impacted on my decision to become a counsellor
It has influenced me wanting to become a counsellor
I was drawn to the counselling profession
There was only one path that I was going to take

Being in recovery has had a huge impact on me wanting to become a counsellor
Yes it has and they say you have to give it away to keep it and I have brought that into my professional life
Being in recovery has enabled me to help people
When I went on the basic something happened
It did not impact on my decision to become a counsellor because I had already decided in my drinking
It may of impacted on my decision of I am going to further that because I am not drinking
I would say that my decision around counselling was already there
There was no set agenda to be a counsellor it just felt right
Being a recovering alcoholic does affect my practice but in a positive light not in a negative one
I feel very privileged today when I work with clients who have problems with drug and alcohol
It has a positive impact on my work because of my life experiences
I believe my life experiences have enabled me to do the work today
I am able to pass it on and I can encompass that in the way that I work
I have more empathy for people because I am an alcoholic

APPENDIX XI

The emerging themes were formulated into 51 provisional coding categories. 7 Examples are shown below with rules for Inclusion

1. Family History of Alcoholism
Rule for inclusion: A family history of alcoholism was expressed by five of the participants

J-F: 1 As a child growing up I was surrounded by alcohol. It was not unusual to come home from school and find my mother drunk. My mum drank all the time
J-F: 2. My mother was an alcoholic. My mum would get more and more drunk and she would either collapse on the couch or she would be carried up to bed
S-M:3 So I would say that my parents drinking had a significant impact on me drinking.
S-M-3 My mother was 52 when she died and my dad was 54. My sister is a heavy drinker and she is boarding on alcoholism and she is very much in denial
S-M:9 When I look at my family alcoholism runs in the family
M-M; 1 My father was an alcoholic. I am aware today of the impact his drinking had upon his family life
M-M:1 I watched not only my father drink but his friends as well. They all drank like my father. I ended up like my father
R-M:1 My dad drank a lot. He drank everyday. I seen that as quite normal and I could not wait to start drinking
R-M:2 My dad died of alcoholism and I seen his sadness. That affected me deeply.
T-F:1 There was alcoholism in my family. I am the youngest of seven. My brothers and sisters were heavy drinkers
T-F:1 My dad was an alcoholic and my brothers and two sisters. One of my sisters died of alcoholism My dad stopped drinking alcohol. He became very ill and stopped.

2. The Degree of Dependency on Alcohol
Rule for inclusion: There was a high level of dependency on alcohol

J-F:2 The degree of dependency for me when I realised that drink had become a problem in my life was the last 2 years of my drinking I drank every day. Once I had that first drink I did not have a choice I had to drink
J-F:3 The level of dependency was every day. When I had one drink I could not stop that went on for a long rime. I could not stop drinking.
M-M;3 I would drink at all times. I would drink anytime that alcohol was there. I was unable not to drink while there was alcohol present.
M-M:5 My life evolved around alcohol and if I was not drinking I would be trying to get money to drink

S-F:3 I am an alcoholic and if I have one drink I can't stop. I was drinking daily and what happened people started saying to me don't you think you have got a problem. I would say no I don't know what you are on about.
S-F:4 So what happened for me was that I would be drinking daily. I was drink driving. I would go and get the kids from school drink driving.
S-M:3 When I lost my job I was drinking all the time and was looking forward to my next drink. I would get up in the morning not have a drink but at the back of my mind I would be thinking I will have a drink tonight. I was drinking every night basically.
S-M:4 When my dad died that's when my drinking took off. I was drinking every day and not having a break from it.
R-M:2 There was never a stage in my alcoholism where I tried to control it to any extent. I was out all the time without any time limits or constraints.
R-M:5 The thought of being somewhere without alcohol was frightening.
T-F:3 Some days I did not get into work till 11am because I had been drinking all night. I knew that I needed help.
T-F:3 I was off for 5 months and was drinking everyday and every night.

3 Blackouts: A psychological impact of alcoholism
Rule for inclusion: All the participants spoke about having blackouts

J-F: 4 The blackouts got worse for me as the illness progressed. What I understand today is that I would be in town on my own and I would go into a blackout. I did not have any recollection of what was going on. I would be in a club and I did not know who I was talking to
Q :4 So you had no recollection talking to people
J-F:4 No I had no recollection at all. It's like I said they got worse. I understand today what a blackout is. I thought you had to be unconscious to be in a blackout but its not.
M-M: 3 I had blackouts from the first time that I drank. As my illness progressed they became more sinister.
M-M:3 At first the blackouts were an amusement and at the end of my drinking they were a source of danger and paranoia. I would wake up after a night of drinking and not knowing what I had done and would be in terror about were I had been and who I had offended.
Q:3 So you were not aware of what happened when you were in a blackout
M-M:3 No and I would carry on drinking. I could sometimes put some bits together. People would tell me that I had conversations with them in pubs and I could not recall any of it.
M-M:4 My blackouts over time could happen after one or two drinks or after twelve drinks. They were not judged by the amount of alcohol that I had.
R-M:5 I had blackouts all the time and someone would fill in the blanks for me as to what I had said or done. The blackouts were constant throughout my drinking life.
R-M:5 The blackouts were different all the time because sometimes I could remember bits and other times I had recollection at all.
S-M:6 I had blackouts in the house and carry on drinking. I was not aware that I was having blackouts.

T-F:4 I started having blackouts. I did not know what had happened. I felt safe in the blackout because I was in the house.
S-F:6 I woke up in my living room floor with vomit around me and I was bruised from head to toe. I just don't know what happened
Q;6 So you had no recollection what happened that night
S-F: 6 No

4. The effects on family relationships
Rule for inclusion: The participants spoke about the social impact that their alcoholism had upon their family.

S-M:4 My wife was pissed off with me as I was not working. I had more time to drink and my health was deteriorating and I felt like shit all the time.
S-M:4 My wife was not interested anymore and was not bothered if I drank or not. She was sick of me drinking
S-M:6 I did not spend time with my son. I was very dismissive as to what was going on for my family. I realise now that my drinking had an impact upon their lives.
S-M:6 My addiction impacted upon my family financially and emotionally because I was spending money we did not have.
S-M:7 It does have a severe impact on the family. At the time you don't realise what you are doing
J-F:5 My twin sister came into the bedroom crying. I was in a mess My twin sister use to look after me. My other sister was disgusted with me and say you are an alcoholic.
J-F: 5 I had my children taken off me
Q: 5 So you lost your kids
J-F:5 Yes. My kids did not go into foster care my sisters looked after my kids for me. I can remember phoning a AA member and telling her that my kids had been taken off me. I even had a drink that night.
Q: 5 Even though your kids were taken off you you still drank
J-f:5 Yes social services came to my house a few weeks later and I pleaded with them that I wanted my kids back. I did get my kids back.
J-F:6 The effects on family and friends were my family did not want to know me or my friends.
M-M: 5 The loss of partners, friends and family did not stop me from drinking. I could not retain a relationship with my children because they quickly became aware that I was selfish and self-centred and all I wanted to do was drink.
M-M;5 I would swear that I was not going to drink the next day and I would drink. One day I got drunk in the shed. My partners and my children found my behaviour unacceptable.
M-M:5 My family became confused and angry themselves. They did not understand about my alcoholism. All I wanted to do was drink.
R-M: 6 I was not present in any relationship. I always wanted to be somewhere else so it had an affect on my relationships. I did not know how to be around people as I felt very frozen and cold at times.
S-F:10 My kids I use to leave them on their own.
S-F:12 There was times when we would take the kids out and do stuff with them. You could guarantee that there was a drink involved somewhere.

T-F: 5 The effects it had upon my family were I was hiding from the kids. I would be in a friend's house because I did not want the kids to see the state I was in.
T-F: 6 I started to say to my friends that I was drinking too much. My friends would say to me you need to look at your drinking. People did not see the full extent of my drinking

5. The Joys of recovery
Rule for inclusion: **The participants talked about how their life is different today being in recovery from alcoholism.**

T-F: 8 Everything is different. When I first came into recovery all I wanted to do was be a good mum.
T-F: 8 My life has changed from a financial perspective. We got another house, I progressed in my job and I have been able to support the kids.
M-M: 6 My life is completely different. I could speak for days about the joys of recovery.
M-M: 6 I have been to college and university and educated myself. I have my children, family and friends in my life. The difference between my drinking life and my sober life is like two different people. Sometimes I struggle to realise that I was a drinking alcoholic. I have embraced sobriety and everything it has to offer.
J-F: 7 My life is very different today. I feel that I have been blessed being in recovery from alcoholism.
J-F: 7 Being in recovery has given me the ability to start college. I am a good mum, my mum is in my life and I have friends in my life
J-F: 7 The most important factor for me is being a mum to my kids. I can remember the first time we all sat at the table for are tea.
Q: 7 So you were being mum for the first time.
J-F: 7 Yes I have been on holiday with my children and we went to a dolphin show. Being a mum has been the most important thing for me. My life is different because I am there for my children.
S-M:8 My life is different today. I do things and it is not about drink. I am a qualified counsellor now and I decided to do that when I got sober. My relationships with my family are totally different. I know how lucky I am to be an alcoholic in recovery.
S-M:11 Early on in my recovery I was ashamed of being an alcoholic because of the stigma attached. Today I am not ashamed and I do not have to justify it in any way.
S-M:11 When I am applying for jobs I don't put down that I am a recovering alcoholic because I know for a fact I would get my application thrown in the bin. I know that for a fact and if people knew in my work place that I was an alcoholic they would get rid of me. I think it is people's ignorance.
R-M: 7 My life is totally different today physically, psychologically and spiritually. I am more authentic today and my relationships are much better. There is a spirit and a jest for life that I never ever had. It's just so much different.
S-F: 16 I could talk all day about recovery. I have experienced pain in recovery and it has not entered my head to have a drink.

S-F: 18 I have such a strong passion and desire for clients to get recovery and I don't want them to fall through the net.

6. Alcoholics Anonymous
Rule for inclusion: The participants expressed the support that they have had from A.A

J-F: 8 I feel very emotional today because it is my AA birthday. I am 11 years sober and I am full of gratitude
Q: 8 You must be very proud of yourself
J-f: 8 Yes I am
J-F: 9 Alcoholics Anonymous has given me so much. Just being able to go to meetings and not feel judged and being with alcoholics. In AA we have particular sayings and one of them is if you don't have the first drink you can't get drunk
R-M: 6 I went to AA because I knew that I needed support and I felt that a weight was lifted. The desire to drink has absolutely gone. I found the support that I needed in AA
Q: 6 You got the support that you needed from attending AA
R-M: 6 Yes I did and I knew that there was something there
M-M: 6 I sat in a meeting of AA and I heard another alcoholic share what it was like for them and I completely identified.
M-M: 7 Without AA I could not have been a counsellor. AA gave me the bedrock to build a happy life and the counselling profession.
S-M:7 When I spoke to people in AA meetings they had felt the same as me.
S-F: 7 I went to my first meeting
Q: 7 So you knew at that point that alcohol was causing you a problem and you needed help
S-F: 7 Yes but I could not stop
S-F: 12 My son was 10 when I came into AA and my other son was 6 months and a lot had happened to make me come into recovery.
T-F: 7 It was only when I went to AA that I realised that I did have a problem with the drink.

7. Being in recovery from alcoholism and the decision to become a counsellor
Rule for inclusion: The participants expressed how being in recovery has had a huge impact on their decision to be a counsellor.

S-M:9 I believe that being in recovery from alcoholism had definitely impacted on my decision to become a counsellor. I feel very privileged to be a counsellor who is in recovery from alcoholism
J-F: 8 Being in recovery from alcoholism has definitely impacted on my decision to become a counsellor. I would not of chosen the counselling profession if I was not in recovery.
J-F: 8 I could have picked any other profession but I was drawn to the counselling profession because of my own life experiences and I wanted to help people.
M-M: 7 There was only one path that I was going to take
Q: 7 Were you drawn to the counselling profession

M-M: 7 Yes I was and everybody knew that on the course. A lot of that was to do with recovery.
R-M: 7 I find that working as a counsellor is very fulfilling for me and I get hope in helping others. I believe that there is a possibility of change because I have experienced change myself.

Q; 7 Would you say that that you were drawn to the counselling profession because of your own life experiences
R-M: 7 Absolutely I love my work because I get so much pleasure helping others.

APPENDIX XII

Alpha alcoholism

Beta alcoholism

Gamma alcoholism

Delta alcoholism

Epsilon alcoholism

(Jellinek, 1960: 36-39)

APPENDIX XIII

The Twelve Steps of Alcoholics Anonymous

(Alcoholics Anonymous,1976)

APPENDIX XIV

Twelve Traditions of Alcoholics Anonymous

(Alcoholics Anonymous,1976)