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Traditional Story as a Tool in Substance Abuse Prevention and Treatment.

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Traditional Story as a Tool in Substance Abuse Prevention and Treatment,

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A thesis
presented to
the faculty of the Department of Curriculum and Instruction
East Tennessee State University
In partial fulfillment
of the requirements for the degree
Master of Arts of in Reading with a Concentration in Storytelling

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by
Claiborne Beth Ohlsson
August 2011

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Keywords: storytelling, substance abuse treatment, healing story, therapeutic use of story
ABSTRACT

Traditional Story as a Tool in Substance Abuse Prevention and Treatment

by

Claiborne Beth Ohlsson

This qualitative study examined the viability of traditional stories in substance abuse treatment. The subjects for this study were young women ages 18-30 who were in substance abuse treatment in a small, rural, health department. During the 4-week study, 4 traditional stories were used in group sessions that gave the women a common reference point and a common language to frame discussions. Using story in the IOP sessions helped to create a safe, supportive environment as well as creating an opening for discussions about trauma and abuse, and other significant issues. Principles of 12 Step Recovery were woven into the discussion to help the participants deal with and reframe their experiences.
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CHAPTER 1
INTRODUCTION

For the last 20 years substance abuse programs have been created, implemented, and researched in the hopes that there will be a way to interrupt, if not stop, the patterns and cycles of addiction that persist generation after generation. For the last 10 years I have worked as a counselor in the field of substance abuse, grappling with how to facilitate this, especially for those who come from addicted families. How can I facilitate this in a world where the media send such mixed messages about drug use and abuse? Developing a program for either prevention or treatment that empowers people, especially young adults, to choose to walk the road less traveled, i.e. sobriety is challenging.

The current standard for long-term recovery from alcoholism and drug addiction is the 12 Step Fellowships. “In my 20 years of treating addicts, I’ve never seen anything else that comes close to the 12 Steps,” says Drew Pinsky, the addiction-medicine specialist who hosts VH-1’s Celebrity Rehab. “In my world, if someone doesn’t want to do the 12 Steps, I know they aren’t going to get better” (Koerner, 2010, p.2). That has been my experience as well. What is it that happens in the rooms of Alcoholics Anonymous or Narcotics Anonymous that inspires change? People tell their stories. Over and over and over again, recovering people share their experience, strength, and hope by telling their personal narratives of “What it was like, what happened, and what it’s like now”( AA Basic Text, p.58). These storytellers simply describe their families of origin, their first encounters with alcohol or drugs, and the troubles, catastrophes, and crises brought on by the descent into active addiction. Each one then recounts the experience of “hitting bottom,” that moment of clarity when everything changed for them. Finally, the speakers share
the experience of the recovery lifestyle, which is based on facing “life on life’s terms” without mind or mood altering substances. Navigating and negotiating life experiences of success and failure, of joy and pain, of love and loss without alcohol or drugs is clearly communicated again and again. Participation in a 12 Step Fellowship affords the recovering person a source of ongoing support for a sober lifestyle. More importantly, this ritual of telling one’s story, as well as listening to the stories of others, offers the hope that the listener can do what has just been described. Sadly, there are many people new to treatment or recovery who resist the suggestion of participation in a 12 Step Fellowship and, therefore, do not reap its rewards.

As a clinician I had to ask myself how to convey the 12 Step message of recovery to my clients. Treatment is a specific event with a beginning, middle, and end. Recovery is a lifestyle, a process. For those who do not attend meetings, there are basic texts for all fellowships that can be used as self-help. There are two inherent problems with the basic text of Alcoholics Anonymous. First of all, it is written on an eighth grade reading level, which poses challenges for many. Second, it is elitist and exclusive, written in 1939 for predominately well educated, Christian, middle class white males. The original audience for Wilson’s book does not reflect the current culture of addicts and alcoholics with whom I work. In addition to that, the General Service Office of Alcoholics Anonymous hasn’t revised the first 164 pages of the basic text book despite having published four editions since its first publication in 1939. (AA Basic text, p.xi) Young people of the 21st century are children of the digital age, and many are not effective readers. Therefore, they may not be able to understand, much less relate to, the words of the first 100 men and women whose successful efforts to stop using drugs and alcohol occurred over 75 years ago.
So, if meeting attendance is not an option, and the books are dated, sexist, and hard to read, how can the message of recovery be conveyed? How can the behaviors and attitudes necessary for sober living be communicated in a way that shifts attitudes and perceptions and inspires change? The first time I had to entertain those very questions was when I began counseling in a detention center. I was at a loss as to what to do with 52 inmates for a 3-hour group session. Gordon, a licensed alcohol and drug counselor and a storyteller who had trained and mentored me as a storyteller, said, “Tell them stories.” I certainly couldn’t tell them my story. So, I told them traditional stories. They had never heard them. As much as these men grew to love the stories, I really had no idea what good it was doing, other than killing time. A detention center inmate made it clear to me. At one point I had told “the Emperor’s New Clothes” by Hans Christian Andersen, and this particular inmate had dismissed the experience as childish. I told the story to illustrate how easy it is to follow the crowd and not think for one’s self and how telling the truth took great courage. However, I have learned that what I intend and what the clients hear isn’t necessarily the same. Several weeks later this inmate was struggling to explain how he felt after responding to the aggressive and threatening actions of another. He had behaved differently, out of character, and avoided a physical confrontation, without being perceived as weak. He finally blurted out, “I felt like that little kid at the end of ‘The Emperor’s New Clothes!” He had gotten the words he needed from the story. The members of that group session had that same language and understood immediately. Now, there was a way for this man to talk about feelings and experiences without being too vulnerable. His peer group understood and could contribute to that discussion. There was a now way to talk about new possibilities for responding to the world. I kept telling stories.
Last fall, while working in a women’s treatment center, I told “The Monster who Grew Small,” a story from Ethiopia about facing one’s fears and cutting that “monster fear” down to size. Many of these young mothers were on methadone, which is agonist therapy for opiate addiction. Methadone is often prescribed for pregnant opiate addicts as it is less harmful to the baby than heroin. It does adversely affect the baby but not to the degree of the opiate itself, or withdrawal from the opiate, which can be fatal to the baby. It is not uncommon for a methadone exposed newborn to require medical monitoring while the baby withdraws from the methadone, which places the infant in the neonatal intensive care unit. While attending her newborn infant in the neonatal intensive care unit, a young woman was berated by one of the nurses. She shared that while the nurse was berating her for her drug use, the story about fear went across her mind. “I took a deep breath and looked that nurse in the eye, and said, ‘I can’t change that, but I’m clean now, and I’m learning how to stay clean. When my son is 5 years old, and I’ve been clean for 5 years, this won’t matter to him. What else would you like me to do?’” Facing the nurse was facing her monster. It seemed that the story had provided a therapeutic metaphor for this young mother to hold, which allowed her the possibility of a different way to respond to a perceived threat. I had to wonder if the old stories could empower my clients in the way that the stories of recovering persons inspire the newcomers to Twelve Step Recovery.

Statement of Purpose

What was it that traditional stories offered that was similar to the 12 Step experience of sharing one’s story? The construct of many traditional stories is the archetypal Heroic Journey, which Campbell defines in The Hero with a Thousand Faces (Campbell, 1949). That construct begins with a call to adventure, moves through a road of trials to a total collapse. This collapse
provides the turning point from which the hero can emerge so that he may survive the ordeal and return to society in order to share the rewards of the journey. If a graphic image were drawn, this construct would resemble an inverted bell-shaped curve. That bell-shaped graphic also illustrates the Jellinek Curve, which illustrates the progression of an addiction (Jellinek, 1960).

Jellinek described the behaviors indicative of early recreational or medicinal use of alcohol, the crucial phase, and the chronic phase moving towards the bottom of the curve. At the bottom is a circle that indicates the vicious cycle of jails and institutions, or in some cases, death. Movement up and away from that vicious cycle is the road of recovery, where the alcoholic “recovers” a life worth living, and returns to the world a useful, contributing member of society. Traditional stories contain constructs for persevering through pain and suffering, facing and conquering one’s fears, and taking the risk to love and to trust. These mirror the challenges one faces when choosing to abandon the addict’s lifestyle in favor of a sober one. Both Campbell’s construct and Jellinek’s diagram have the same components as the 12 Step model of “what it was like, what happened, and what it’s like now.” The parallels between Jellnick and Campbell suggest that the recovery message can be conveyed through traditional story.

Traditional stories that follow the structure of the archetypal Heroic Journey can communicate a message of hope and illustrate new ways to respond to the world similar to those personal narratives shared in a 12 Step meeting. In addition to that, telling traditional stories to the clients can provide a common language for them to broach difficult subjects in a nonthreatening way. By “priming the pump” and inviting dialogue about difficult subjects, the issues feeding an addiction could be brought into the open. If telling stories appears to be a useful strategy, then to what extent are they useful to the clinician and/or the clients? Can the principles of recovery be conveyed through the telling of stories within a group session? Would
there be an experience of being supported by a community of peers? Could that experience of support transfer to a willingness to participate in 12 Step fellowships? It is the purpose of this study to examine how telling traditional stories works as a tool in substance abuse treatment.

**Methodology**

My research would only be useful within the context of a group therapy session. It was important to work within the structure of the existing Intensive Outpatient Program, as the questions posed were to improve and enhance that level of treatment in that one particular agency. Qualitative research allowed the study of individuals in their natural setting. First, select a qualitative study because of the nature of the research question. In a qualitative study, the research question often starts with a *how* or a *what* so that initial forays into the topic describe what is going on…Second, choose a qualitative study because the topic needs to be explored. (Creswell, 2007, p.17)

This type of research looks to understand or interpret phenomena by establishing an association or a relationship among the variables. Questions posed by the researcher are broad and open-ended, and may change throughout the study. The final questions are shaped after the exploration has been completed and the data understood. Qualitative research seeks to understand social or human problems and relies “on a few cases and many variables” (Creswell, 2007, p.17).

Finding the solution to my questions was best suited to an action research methodology using direct observations by the participant-observer, field notes, and client questionnaires to provide evaluative data. While action research has often taken a quantitative approach, it has been found compatible with qualitative research as well. The basic outline for action research has
five sections. First is the statement of the problem. The second part is imagining a solution that comes as a result of reviewing available literature, and one’s own observations and experiences with the particular group. Next, that solution is then implemented and data are collected in at least three different ways. Evaluating the data is the fourth step in action research. Finally, the fifth step is modifying the practice based on the analysis of the data (McNiff, 2001).

An agency that treats pregnant and postpartum women for substance abuse is chosen as the site for this study. As a member of that staff, I was constantly faced with women who were only interested in going through the motions of treatment to maintain their benefits or avoid the consequences of their referral sources. Every session posed the challenge of how to break through their resistance, so that recovery was a choice and not a sanction. How to create a safe space for women who hated other women so that the work could be done was another ever-present challenge. This was complicated as the staff was all female as well. Those challenges addressed the immediate dilemma of better treatment. The questions that broached the challenge of long-term recovery, listed in the previous section, were also considered.

Once the problem had been identified, the second step in the action research process is to imagine a solution (McNiff, 2001). I knew that using story shifted the quality of the sharing in group. I had suspected that the stories were non-threatening to the clients, as they did not demand any particular response. I had seen clients open up and share about difficult issues and find some value in doing so. If stories could create an opening through resistance and allow non-threatening discourse, it was worth studying. If stories could help create a safe space of mutual respect and support, it was worth the effort to find the right stories. The culture from which the story came was important, given the multi-cultural census in the agency. Information identifying the recurring issues of the current census came from client intake records. I chose traditional stories
that reflected the themes and issues relevant to these clients and their recovery from alcohol and drug addiction.

The third step in action research is to implement the solution. Prior to this research project I used traditional stories spontaneously. For the purpose of this study the story was chosen prior to the group session rather than being chosen as a response to the discussion. At the beginning of the session I asked clients to answer a short questionnaire about attitudes and perceptions regarding their ability to live a sober lifestyle. Then, I told a traditional story that addressed some of the choices and issues they faced. After the telling of the story clients had the opportunity to discuss how they related to the story and what lessons it held. At the end of the session, I asked the clients to fill out the questionnaire a second time to see if there was a shift in their perceptions and/or attitudes. Clients also had an opportunity to respond in writing. I was the participant-observer in each session, and there was also a second counselor present. Both of us took brief notes during the session. This occurred four times using four different stories.

Step four was to evaluate the solution. After each session the cofacilitator and I debriefed and wrote detailed field notes. The answers from the questionnaires were compiled for each story session and then organized into tables for comparison. Written responses were complied and analyzed by the story’s message and the clients’ recurring responses. The last step, modifying the practice, is discussed in Chapter 5.

The subjects for this study were women who were pregnant or postpartum up to a year and who participated in Intensive Outpatient Treatment for alcohol and drug abuse in a small rural health department. I conducted the story sessions during regularly scheduled Intensive Outpatient sessions once a week for 4 weeks. The clients in this agency were young women ages 18-30, and most were single mothers. About half of the census was African American. The
Department of Social Services was the referral source for the majority of them. Either they were receiving Temporary Cash Assistance, a welfare assistance program, and tested positive at intake or they, or their babies, tested positive at birth for heroin, cocaine, or marijuana, and treatment was mandated by Maryland Senate Bill 512. There were also referrals from Child Protective Services as a result of neglect or abuse. All programs were monitored by Department of Social Services, and all programs required successful completion of drug and alcohol treatment. The other referrals came from the legal system, probation or Drug Courts. As many lacked a high school diploma and/or had little skill in reading comprehension, the literature of 12 Step Fellowships had little to offer. Few of these clients had a valid driver’s license, and even fewer had access to a vehicle which prevented participation in any support group outside of treatment. Most of these women had experienced multiple treatment episodes, and were resistant to the idea of 12 Step support as ongoing aftercare.

All clients in treatment were given the opportunity to participate the beginning of the study. They were offered informed consent. On paper documents they were identified by a self-selected, personal identification number (PIN) throughout the study. As the study happened within the context of standard group sessions, the clients were not required to do anything out of the ordinary. Responding to a session on paper was similar to the kinds of written responses that are often part of treatment. Research protocols for this study have been approved by the Institutional Review Boards of the Maryland Department of Health and Mental Hygiene, and East Tennessee State University.

This study was limited in scope due to the size of the study population. While it was my intention to have a control group as part of the study, the number of participants who were actually available and willing to participate was far smaller than anticipated. Therefore, this work
can only be described as a preliminary inquiry into the use of story in substance abuse treatment. The limitations of the study are further addressed in Chapter 4, which presents the results of the study, and Chapter 5, which explores implications for further research.

Organization of Thesis

This chapter has outlined the basis for this study as well as its statement of purpose. The methodology and procedure were outlined as well. Chapter 2 of this thesis reviews the literature regarding the use of storytelling in substance abuse prevention and treatment, research on the brain and therapeutic storytelling. A synopsis of the four stories chosen for this study and a discussion of their applications to addiction and recovery follow in Chapter 3. Chapter 4 is the compilation of the data from the four story sessions, and Chapter 5 discusses the implications of the data and indications for future study.
Using story and storytelling as a therapeutic tool has been explored by storytellers, psychologists, and social workers. The effectiveness of story and storytelling in substance abuse prevention programs has been well documented and researched. The effectiveness of story and storytelling in treatment programs has not been as well studied. In this chapter I review the research in those areas.

Bettelheim (1976) wrote, “Fairy tales intimate that a rewarding, good life is within one’s reach despite adversity – but only if one does not shy away from the hazardous struggles without which one can never achieve true identity (p.24).” Bettelheim’s *Uses of Enchantment: The Meaning and Importance of Fairy Tales* is based on the premise that fairy tales fulfill a developmental need in that they metaphorically explain the world and one’s relationship to it and one’s self. The “truth” of a fairy tale allowed a child to learn that things were not always as they appeared, that there was a way to outsmart the giant, or that with help or by using one’s own internal resources, one can slay the dragon. He explained that modern day adolescents have been deprived of that learning especially once child psychologists insisted that monsters be friendly, and that the stories should be stripped of any violence. So, the fears and anxieties of children were not addressed through those diluted stories, and the imagination needed to navigate the challenges of adulthood was undeveloped. Bettelheim (1975) asserted that adolescents were pressed into adulthood prematurely. When that happened they tried to escape that reality with drugs, affiliation with Eastern philosophies and their guru’s belief in astrology or black magic, or other forms of escapism. That appeared to describe many of my clients, lacking internal
resources that could hold them in good stead. I realized that supporting clients in tapping those
inner resources is vital to their success in treatment. A generation later, after Bettelheim, Meade
wrote:

In my view, traditional lore is still out best shot at activating and animating these creative
processes in the psyche. It’s still a great source of encouragement for change, and
remains a most powerful reminder that, we are all ‘in the soup’ together…Sometimes
stories reach us when nothing else can (p.9).

Meade (2001) cautions against getting mired in past trauma, and having one’s personal story rest
on victimization, regret, and repeating dysfunctional behavior, and makes the claim that:

Fairy tales mirror these dynamics in opening scenes, but later show the adventuresome
way through and beyond…Story reminds us that even the bleakest night can be followed
by a golden dawn, and even the most outcast person can find his place in the world.

Story has always been a source of solace and encouragement for suffering humans. It has
always endorsed integrity of character and taught the importance of behaving honorably.

Today our increased need for anti-depressant and anxiety-reducing drugs may well
correspond to a loss of myth and a drastic reduction in time spent “talking story” (p.8).

Jungian analyst Estés (1992) talked of “story as medicine,” saw story as older than psychology,
and granted storytelling the power to heal the wounded soul.

Stories set the inner life into motion, and this is particularly important where the inner life
is frightened, wedged, or cornered. Story greases the joists and pulley, it causes
adrenaline to surge, shows us the way out, down, or up, and for our trouble, cuts for us
fine wide doors in previously blank walls, openings that lead to the dreamland, that lead
to love and learning, that lead us back to our own real lives…(p.15)
It is one’s “real life” that is disrupted by addiction.

It is important to note that Bettelheim, Meade, and Estés advocate the telling of stories rather than the reading of them. The telling of the story allows the storyteller to drop or add elements to make it more meaningful to that particular child or audience. Therefore, the experience becomes an interpersonal event, shaped by those who participate (Bettelheim, 1976). Storyteller Cox (2000) wrote, “During storytelling, listeners let go of defenses and relax into the known, safe environment of story. A shift in consciousness takes place. Those who listen actually live the story adventures in their imagination (p.1).”

Tate, a psychotherapist and a storyteller, discusses the “story listening trace” as a “sacred realm. Such engagement deepens the impact of the story in the same way that hypnotic trance facilitates change in clients in hypnotherapy” (Tate, 2005, p.10-11). Additionally Estés talks about the “passionate trance state” that occurs when a story is told rather than read. Both teller and listener are affected and transported into an altered state, where the soul is touched and healed. Estés (1992) uses stories as the simplest and most accessible ingredient for healing. Add to that Kurtz’ assertion, “For whenever and wherever there is a storyteller, there will also be a story hearer. In the communal act of telling and listening, listening and telling, the sense of belonging begins” (1992, p.80).

Stories contain models of behavior, values, new perspectives and world views. A story well told can generate a sense of belonging, creating a sense of community for the listeners. These are the things shared when a recovering person shares her story in a 12 Step meeting. Telling that story offers inspiration, guidance, and a sense of belonging. These are the things my clients need. How can I best provide that within the context of treatment? I cannot provide a recovering person telling the story of her heroic journey on a daily basis. I cannot force my
clients to go to a 12 Step meeting to hear that message. What I can do is tell a folktale, a fairy tale, a myth, or a legend that contains all those same themes.

**Story and Storytelling in Substance Abuse Prevention**

Much of the work of substance abuse prevention is planting seeds for new attitudes and behaviors. This is precisely why the use of story is such a powerful strategy, as it uses the way that the brain responds to, retains, and retrieves information. This review focuses on how story (narrative) and storytelling address and teach social and emotional competence, and enhance culturally specific programs and interventions that address substance abuse prevention.

The National Institute on Drug Abuse (NIDA) has published a research-based guide that distills multiple studies on effective substance abuse prevention programs into 16 principles for implementing effective programs. The first principle is the enhancement of protective factors and reduction of risk factors. Another principle is that the program be tailored to address risks specific to the targeted population, addressing age, gender, and ethnicity. Three of the principles advocate social skills, social emotional development, and social competence as the heart and soul of the prevention curriculum. Nine principles stress that a united front and coordinated efforts by schools, the community at large, and families are necessary for long-term benefit to young people, although “long-term benefit” is not defined. Traditional stories are used to address specific issues such as gender and ethnicity and contain the paradigms for the social skills, social emotional development, and social competence as the characters navigate and negotiate the challenges of the story (Botvin, Schinke, Epstein & Diaz, 1994; Botvin, Schinke, Epstein, Diaz, & Botvin, 1995; Burnes, 1998; Estés, 1992).
Schank, Director of the Institute for Learning Sciences at Northwestern University, working in the field of artificial intelligence, puts his finger on the ability of stories to shape the perceivers reality. In his attempts to create machines that respond intelligently to human beings, he has explored the nature of intelligence, concluding that intelligence is closely allied to one’s ability to construct, retrieve, or tell stories.

What makes us intelligent is our ability to find out what we know when we need to know it. What we actually know is all the stories, experiences, ‘facts,’ little epithets, points of view, and so on that we have gathered over the years…When our own experiences come to mind, we can adapt them to a new situation if we are problem solving, reduce them to a one-liner if we are in a short conversation, or tell the whole if we have an interested listener. We can compare two stories and attempt to find the similarities and differences, or we can alter a story to invent a new one for some purpose (Schank, 1990, p.16).

When the challenge is substance abuse prevention, educators, social workers, and clinicians are often working with young people who only know the stories of poverty, violence, and substance use and who don’t know the stories of a drug-free lifestyle. So the stories must be altered. It has been found over and over that scare tactics about the legal consequences of drug use and abuse, or large assemblies that lecture while showing pictures of horrific prom and graduation car accidents have little effect. Didactic presentations on the consequences of drug use and abuse are not terribly effective either (Bosworth, 1997, p.2). Schank’s work validates the use of storytelling and personal narration as viable modalities to help prevent the destruction caused by substance abuse by giving the students a new story to hold.

We would like to imagine that we learn from the stories of others, but we really only do so when the stories we hear relate to the beliefs that we are rather unsure of, ones that we
are flirting with at the moment, so to speak. When we are wondering, consciously or unconsciously, about the truth, about how to act or how to understand some aspect of the world then the evidence provided by others can be of some use. We can extract evidence from a story, supporting or refuting a given belief we are considering (Schank, 1990, p.78).

This is precisely what happens during adolescence. Young people begin to write their stories. This is what happens in narrative therapy. It is also exactly what happens in effective substance abuse prevention programs, and needs to extend into treatment programs for adolescents and young adults.

Prust (2009) offers a sad commentary on the contemporary stories on which young people are currently raised. In his article, “Nurturing and Noxious Narratives: Prolonged Adolescence as a Storytelling Failure,” Prust identifies TV commercials, movies, TV dramas, and video games as the dominant modes of storytelling in an adolescent’s environment, with TV commercials supplying most of the stories that young people hear. These stories suggest a narrative wherein the very problem that the protagonist faces is resolved by consuming a particular product. “When an adolescent is lured into believing that consumption of any sort can resolve his most frustrated intentions, he is lured by a false promise” (p. 64-5). Prust addresses the “coming of age” movies aimed at adolescents and young adults. All too often the resolution of the conflict in the story is dependent upon finding resolution in another. “When relational success is sought (the adolescent) falls in love with being in love rather than with another person.” Prust also addresses the electronic storytelling of video games, which invites the players:
(…) to disengage the modes of realistic resolution that we developed in childhood….I’ve suggested that the modes of storytelling most readily available to (the adolescent) are counterfeits that mimic the form of personal stories but mostly provide false leads to an imagination trying to project individuality. Someone whose personal development is malnourished and even poisoned by his narrative environment might wisely postpone his bid for (maturity) ( p. 66).

Following Prust’s logic, the cultural narrative that many young adults absorb urges them to seek solutions to internal problems. This is exactly what addicts and alcoholics do when using drugs and/or alcohol to escape their reality.

One of the better-known substance abuse prevention programs is *LifeSkills Training*, developed by Botvin, Director of the Cornell University Institute for Prevention Research. It is a copyrighted program for elementary and middle school students and has been the subject of many follow-up studies. For the initial studies students were divided into three groups. The control group received a curriculum based on information only. The other interventions were generic skills training and culturally focused intervention. The life skills training targeted the skills identified by NIDA as essential to successful interventions: specifically, problem solving and decision making, self esteem, resisting peer pressure, learning to manage stress, communication skills, and developing positive relationships. The delivery system for these lessons was culturally focused stories, which were enacted and videotaped. These narratives also imparted knowledge about alcohol, tobacco, and other drugs. While the objectives of the culturally focused intervention were the same as the life skills training, there was no knowledge component, and the delivery of the material was quite different, as it was communicated through story.
The culturally focused intervention, *The Heroic Journey: Ancient and Modern Stories to Grow By*, used the model identified by Campbell in “A Hero with a Thousand Faces” (Botvin et al., 1994). It took stock of the ethnic backgrounds, communities, attitudes and behaviors regarding drug use of young, minority adolescents in NYC, and used stories were representative and respectful of their particular cultures. Ancient myths from Greece, Africa, and Spain were told to illustrate the hopelessness and isolation so often experienced by adolescents and a way through or out of that kind of chaos. Contemporary stories reflected the actual lives of the students and typically illustrated high-risk situations likely to be encountered. All the heroes overcame the obstacles by using skills learned, asking for help, or accepting help when offered, and so achieved their goals by taking the heroic journey. Stories were not read but told by a storyteller or dramatized on video.

At the end of the course students in the life skills training (LST) and culturally focused intervention (CFI) had a significantly higher rate of anti-drinking and drug attitudes than the information-only control (IOC) group. Intentions to use beer, wine or liquor were less in those groups than in the information-only group, and the risk taking scores were lower (Botvin, 1994, p. 122-4). In the 2-year follow-up study the culturally focused intervention and the skills intervention had lower risk taking scores than the info-only group. The CFI students drank less, and less often, than the other two groups, using refusal skills more often. However, there was attrition regarding the use of marijuana, and the number of students experimenting with marijuana was similar across the board (Botvin et al., 1995, p.189).

The results of these studies are significant because they are the first studies to demonstrate the effectiveness of culturally focused interventions. Specifically, drawing on storytelling as a technique honors the traditions of African-American and Hispanic cultures.
Schank (1990) writes, “Knowing a culture means knowing the stories that the culture provides and observing how people interpret their own experiences and construct their own stories in terms of the standard stories of the culture” (p.149). By exposing students to the heroic journey and the wisdom of traditional stories and by applying those concepts to contemporary stories, students are given a new story, a new construct to use when navigating and negotiating the challenges of a drug-free lifestyle. That story can be indexed in memory, retrieved, used, and shared over and over again.

Another evidence-based program for middle school that is culturally focused is “keepin’ it REAL” (Gosin, Marsiglia, & Hecht, 2003). Building on the previous research, “keepin’ it REAL” teaches communication and life skills to combat negative peer pressure and other influences. The acronym in the title stands for “Refuse – Explain – Avoid – Leave,” the strategies that are taught and practiced throughout the curriculum. This research project was conducted over a 48-month period and involved 35 public schools in the Southwest, specifically in Phoenix, Arizona. It is grounded in narrative therapy that is culturally focused.

In the first year, researchers interviewed middle and high school students to capture the experiences of students when offered drugs. The premise was that narratives of adolescent drug offers would reveal how an offer is made and how that offer is resisted. Additionally, those narratives would reveal the processes through which alcohol and other drug use decisions were made. Previously no one had attempted to understand, much less incorporate, the adolescent or cultural points of view into prevention materials.

Translational performances were created, performed, and produced by local high school students. Initially, three parallel versions were created; Mexican-American, non-Hispanic, and a multicultural version that incorporated the first two. This evolved into a Mexican-American
version, European-American version, and an African-American version. Because they were based on real experience and the actors were members of the community in which the project occurred, the participants in the intervention recognized the places and the scenarios as relevant and realistic, which allowed researchers to build culture into the curriculum. In this way information about drugs and alcohol was conveyed, and skills and techniques were modeled in a way that was appealing to the middle school participants. To be able to refuse the offer and maintain the relationship was the goal for many of the students and, therefore, the goal of the program (Hecht & Miller-Day, 2007).

In addition to developing the curriculum materials, 35 schools were stratified according to enrollment and ethnicity. Eight schools were designated as Mexican-American, 9 as non-Hispanic, 8 as multicultural, and 10 schools were designated as control populations. Initial analyses combined the three versions of the curriculum into one intervention category, which was compared to the control group. Students participating in the intervention reported better behavioral and psychosocial outcomes than the control students. While the use of alcohol, tobacco, and marijuana increased over time for all students in all groups, intervention students reported using more resistance strategies than the control groups. In addition the increases in use of alcohol, tobacco, and other drugs were significantly less for the intervention groups than the control groups. Specifically, “a curriculum tailored to Mexican American culture or reflective of Mexican American culture reduced the use of all three gateway drugs and beneficially impacted a number of other substance-use-related psychosocial variables” (Hecht et al., 2003, p.245).

It is interesting to note that despite being culturally grounded, none of this research addresses the sense of identity and pride that one can have as a result of understanding one’s own culture and feeling a part of that community. Ethnic pride and gender pride are certainly viable,
positive influences that create their own kind of positive peer pressure. It would appear that this sense of identity and belonging would be as important as the social competence and communication skills that are taught in this project and would be worth mentioning.

The data from these studies also leads to another discussion in substance abuse prevention, which is the development of self-control. Behavioral self-regulation is one of the developmental tasks of adolescence. Adolescent drug use doesn’t always lead to long-term social, health, or legal harm in either adolescence or adulthood. And, it is possible that adolescent experimentation with alcohol and other drugs is an attempt to engage in and seek mastery over a common adult leisure activity (Percy, 2008). Interestingly enough, self control and self-regulation are not specifically identified or targeted in LifeSkills Training or “keepin’ it REAL” as skills to be taught or modeled; and yet self-regulation is the umbrella under which all of the other skills identified as necessary for healthy and successful adult living can be grouped. Percy’s point of view is, perhaps, a more realistic view, as the issue is to prevent substance abuse, not necessarily use. His argument is, at the very least, controversial, and there are few harm reduction programs to support or test his argument. However, most alcohol and drug experimentation begins in middle school when a student is making that transition from external controls by parents and teachers to internal ones, and a sixth grader probably doesn’t have the self-regulation or restraint needed when offered drugs or pressured to use drugs or alcohol. Assisting in that transition is exactly what substance abuse prevention attempts to facilitate, using healthy models, standards, and skills. This is why such programs are targeted for middle school students.
Story and Storytelling in Substance Abuse Treatment

As the discussion moves from prevention to substance abuse treatment, the purpose and intention shift from diverting a problem by offering new perspectives, attitudes, and behaviors to solving the problems caused by substance abuse. It is important to recognize that the clients in substance abuse treatment are often not yet out of adolescence, either chronologically or developmentally. Cocaine, heroin, methamphetamine, PCP, and pain medications can bring a person to a “bottom” in a couple of years, whereas alcohol can take a lifetime to bring someone to the knees. Drugs and alcohol are easily accessible to young people, especially for those who have grown up in a home or neighborhood where these are commonplace. The audience for whom Wilson wrote *Alcoholics Anonymous* in 1939 was largely male, white, middle aged, well educated, and well heeled – at least at some point in life. Wilson, himself, was a successful stock broker before alcoholism destroyed his career. This is no longer the predominant demographic in a substance abuse treatment agency, at least not in the agencies where I have worked. According to White (2008), the predominant model for treatment is the acute care model, which:

(…) rests on the assumption that AOD problems are self-contained and the individuals have the internal and external resources to sustain recovery and assume full social functioning following detoxification and brief treatment. It assumes a foundation of premorbid skills and social functioning. This rehabilitation model promises the client that he or she will regain prior levels of functioning and status lost via the accelerating severity of AOD problems. This model is poorly suited for individuals who have not achieved such prior levels of successful functioning. (p.370)
It is also episodic, an event with a beginning, a middle, and an end. Sadly, clients in substance abuse treatment do not have this “recovery capital” on which both AA and the acute care models are based. That certainly is the case with the women in our agency.

White and Sanders address the need to serve people of color in addictions treatment and assert that the acute care model isn’t effective with those populations. The Recovery Management model recognizes recovery as a lifestyle rather than just an event. It “assumes that the clients have widely varying degree of problem severity and recovery capital and that the degree and duration of need for recovery support services requires differential allocation of services across these levels of functioning” (White, 2008, p.370). White and Saunders discuss the interrelatedness of family and culture and how each component can cause the problem, can assist in solving the problem, or sabotage the recovery effort. Because the recovery of one person disrupts the entire family dynamic, a family that had survived years of addiction becomes at risk for disintegration. Recovery Management, as presented by White and Saunders, attempts to involve the family, the community, and the culture in the healing process, that reinforces and supports the lifestyle concept. However, that is a daunting task for agencies that have had to absorb both budget and staffing cuts in recent years. Until such supports can be created and implemented, we clinicians are faced with individuals who have presented for treatment, perhaps willingly, perhaps not. What resources provide this needed “recovery capital”? White (2008) offers the following premise.

Sustained sobriety can be a byproduct of religious and cultural affiliation and heightened ethnic identity, whether it occurs within the Nation of Islam, the Indian Shaker Church, or a Buddhist or Hindu Temple. Such recoveries involve not just a redefinition of
personal identity, but also a redefinition of oneself as an Indian, African American, Latino, or Asian person (p.375).

What these cultures have in common is a tradition of storytelling that prevention programs have used to instill the values and the ethnic pride that support a lifestyle of sobriety and recovery. Their traditional folktales, legends, myths that define a culture and its values are used in prevention. AA and NA have their own tradition of storytelling that instills the values and the pride in living a sober life.

What about those people in treatment who have not experienced those stories that define culture, instill its values, and engender pride in belonging? Where are the behavioral models for persevering through difficulty, overcoming obstacles, graciously accepting help when offered, or reaching deep into one’s soul for courage? When people struggle to overcome an addiction, what stories do they know that can be drawn upon for hope or guidance? If the inclusion of traditional stories is valuable in substance abuse prevention, then why exclude those stories from treatment?

Burns worked with story in addictions treatment at the Vila Serena treatment center in Sao Paulo, Brazil. He came to this approach because:

(…) telling your story, narration, is increasingly recognized as the most profound of all therapies. It may yet be realized that Freud’s greatest discovery was not of the unconscious but the validation that a person receives simply in the act of telling her story to an attentive listener”(Burns, 1998, p.3).

Burns also asserts that the “monotheistic, Christian nature of the Twelve-Step program is rejected by an increasing number of drug and alcohol dependents, especially adolescents”. (1999, p.1) He questioned the efficacy of psychology and psychiatry to treat addiction. This led to a study and collaboration with Hillman and his work with archetypal psychology. The program at
Vila Serena made a shift from an analytic, literal approach to a holistic, poetic one after questioning the efficacy of psychology or psychiatry to treat addiction. This led to a collaboration with Hillman. Burns described the shift this way:

Our therapy attempts to deepen, not change, the image (the client has of one’s self) and help a person in treatment to gain perspective and appreciation of this image so that the compulsive use of a psychoactive drug no longer fits the picture…For us the principle door to the image is story (1999, p.4).

There were also events scheduled that supported this holistic, poetic approach to treatment and recovery, including Shakespeare’s *King Lear*, Dante’s *Comedia*, Marlowe’s *Faust*, fairy tales, folk festivals, and popular music. All were viewed in the light of archetypal psychology. “

When story is the focus, there is a smooth and natural transition between treatment and aftercare. It should be mentioned that Brazil lends itself to innovative approaches since it is a poetic polytheistic culture free from the threat of litigation, obstructive licensing and certification, nor do we need to pay obeisance to the ever-present diagnostic manual (*DSM-IV*) or managed care” (Burns, 1998, p.2).

Burns reports a 60%-80% success rate among the patients treated at Vila Serena. However, those patients appear to have brought much “recovery capital” to their treatment experience, as he cited corporate referral sources such as Johnson & Johnson, Caterpillar, Goodyear, and Avon and was able to follow up with these patients through their job performance as reported by their employers. This study uses traditional story with a very different demographic.

For centuries story was used to teach history, culture, and values, explore the nature of life, of good and evil, and respond to the world. It seems to be reclaiming its place as a valid
modality for all of that despite its electronic offspring of movies, television, video games, and
cyberspace communication. Ancient and traditional tales are useful in that they provide wisdom
and model overcoming obstacles. Myths, folktales and fairy tales are infused with hope. Cultural
norms, traditions, and values are illustrated and taught as they had been for centuries.
Contemporary stories illustrate how to navigate and negotiate this world in which we live and
allow the exploration of perceptions, beliefs, behaviors, and consequences in a safe way.
Crafting one’s own story is the work of narrative therapy and can be instrumental in healing,
growing, and overcoming one’s circumstances or one’s history. The use of story capitalizes on
the way the brain remembers, indexes, and retrieves information. In any case what is clear from
the research is that the use of story is potent in influencing thoughts, attitudes, and behaviors
regarding the use and abuse of alcohol and drugs. What isn’t clear is why more treatment
programs don’t take advantage of story and storytelling as a therapeutic tool.
CHAPTER 3
THE STORIES

Four traditional stories were chosen for this study. I chose these particular stories because they address some of the issues that women in treatment and recovery face; abuse and trauma, separating from family, facing one’s fears, and grappling with the unknown. Two of the stories have complicated plots and several episodes. Two are short parables with a clear and simple message. Each story follows the construct of the Heroic Journey and can be related to the journey through addiction and recovery. In addition each story correlates with one or more of the 12 Step of Alcoholics Anonymous, which is the program of recovery outlined in the Basic Text. What follows is a synopsis of each story and how it applies to young women in substance abuse treatment and how it connects to the message of 12 Step Recovery.

Synopsis of “Deidre of the Sorrows,” a Celtic Legend

During the Samhain feast, the Druid of King Conchubar’s court prophesized that the child born to Kevin Harper and his wife would be of great beauty, cause death and destruction, and divide the kingdom. The King decided that he would have the girl raised in seclusion and marry her himself when she came of age, thus defeating the prophecy. The child, Deidre, was raised in seclusion by the King’s storyteller, Levercham. Despite everyone’s best efforts to keep Deirdre isolated, she meets a young warrior, Naoise, and immediately falls in love with him and him with her. His brothers, Arden and Allen, knew Deidre was promised to the King, and the dangers that would lie ahead should Deidre and Naoise choose to be together. So, the four of them fled to Scotland. King Conchubar sent a messenger to Scotland to entice the three brothers back to Ireland. Because the young men were homesick, they decided to return despite Deidre’s
fears that it was a trap. And it was a trap. Once in Ireland, the king sent warriors to kill the brothers and capture his betrothed. The brothers prevailed, killing 120 soldiers. The brothers knew they were in danger and needed to escape, but the king ordered the Druid to stop them. The Druid created a forest that failed to stop them, a raging ocean that failed as well, and finally a sea of jagged rock that defeated the three brothers and left them in a sea of blood. Deidre was taken to Conchubar’s fortress and told that she would be wed in a fortnight. Deidre refused food and drink and died rather than marry a man she didn’t love. The king’s subjects buried the lovers side by side and put a branch of yew in each grave. The branches grew into trees, stretched across to each other and intertwined, growing into one tree that still stands today.

**Discussion of “Deidre of the Sorrows”**

In this story there are two characters that embody core issues of the alcoholic-addict. One is the character of King Conchubar. When the Druid prophesizes that the infant daughter of Kevin Harper and his wife would destroy the kingdom, the King presumes he can defeat that prophecy, assuming his logic and his power to be greater than the power of the deity the Druid serves. The other character is Deidre, herself, who is determined to have her own way despite the consequences of her actions that harm and kill so many. Following Campbell’s model, Deidre’s Call to Adventure is her meeting of Naoise, which drives all of her actions throughout the story. Her Road of Trials takes her first to Scotland and then home. The death of her beloved Naoise and the actions that preceded it caused her death. There was no redemption or recovery for her, no boon to share with the world, which is also true for many alcoholics and addicts. The ultimate destruction of the kingdom echoes the destruction of a family where there are one or more alcoholics or addicts in active addiction.
The design for living presented in the AA Basic Text (2006) is dependent upon one finding some Higher Power in whom the recovering person can believe. The Second Step states, “Came to believe that a power greater than ourselves could restore us to sanity.” The Third Step goes on to state, “Made a decision to turn our will and our lives over to the care of God as we understood Him.” There is much written about the alcoholic’s desire to “take his will back” despite having a relationship with a Higher Power and the havoc that results in trying to “play God” (AA Basic Text, 2006, p.62). Truly believing that he can “play God” and defeat the prophecy, King Conchubar presents himself as just that – the one who can defeat the gods. Power has become the king’s drug of choice, providing him with a high that mirrors the high of scoring (obtaining the drug) and the chemical high of using the drug. King Conchubar goes to any length to have the events of the story unfold as he wants and, therefore, sets the stage for the tragedy that follows. He believes it is his right and his duty to marry young Deidre, based on nothing but his will. He is assuming that Deidre will be a willing and capable queen. He is livid when his three finest warriors not only leave him but take his betrothed as well. Conchubar sends hundreds of his own warriors to their deaths and loses Deidre as well, trying to impose his will. In the process the insanity of Conchubar’s actions is glaringly evident. A once prosperous and harmonious existence has been destroyed because one man was determined to “play God.” It must be said that the King believes he is acting in the best interests of his kingdom, yet this is simply the outward appearance of benevolence, which ultimately turns deadly. And so it is with the addict in active addiction, pursuing the drug of choice no matter what (Naaken, 1996).

Deidre is the other character who illustrates this “self will run riot” that is described in the AA’s Basic Text (2006). When she becomes of age, she wants to experience life in a community not in seclusion. She wants to know about men, about love, about marrying. Once she lays eyes
on Naoise, she impulsively and recklessly declares her love and urges him to forfeit his life as he knows it. For Deidre Naoise has become the drug of choice, as Deidre has become his. Naoise is well aware of the consequences of defying his King by stealing the King’s betrothed. She is not aware. Deidre and the three brothers leave their home to escape the tyranny of the King’s orders, only to be manipulated into returning to their home and their own demise. The power of the King and the Druid together become too much for these young people, and the men drown in an ocean of rock. A once peaceful land is covered in blood and the bodies of innocent people, all because of a young girl who wanted her way and a king who would have his way.

The entire kingdom suffers, much as the entire family suffers when there is an active alcoholic or addict in the family. In the family of the alcoholic or addict family members assume the roles of the enabler, the scapegoat, the orphan, and the mascot; each manifesting the addiction in a different way (Woitiz, 1983). The characters in this story assume those same roles. Both the King and Deidre can be compared to the addict or alcoholic. The Druid and Levercham, the storyteller, are both enablers, promoting the King’s destructive desires by being “dutiful servants.” Naoise becomes the Scapegoat, as he is the victim of both Deidre and the King and the identified problem. The brothers, Allan and Arden, assume the Orphan roles in this family, invisible, having no voice, going along with whatever force is present. The kingdom of the Red Branch is destroyed by this all consuming willpower, much the same as the family unit is destroyed by the alcoholic/addict. This story was chosen because it sheds light on not only the addictive personality (Naaken, 1996) but on the ripple effect the alcoholic or addict has on the family and the community. Often, the addicts and alcoholics will declare they are only hurting themselves, which is never the case. It also illuminates the fierce passion and drive that the
addiction needs to survive within the context of a love story. No matter how beautiful a tragic love story may be, it is still tragic. Nobody wins.

It is important to consider how life might have unfolded for Deidre and Naoise had they not returned home. Had they stayed away, the young lovers would have at least been safe. Returning home was their demise. Leaving home is one of the harder questions facing our women who are newly recovering, especially if they have a family history of alcoholism or addiction. People new to recovery, termed “newcomers” within the 12 Step Fellowship, are advised and encouraged to change people, places, and things in order to recover from active addiction, but separating from family can be difficult, if not impossible. A sober person in a family of alcoholics is the misfit. The newly recovering person needs a sober support system, and rarely can the family of origin provide that. Sadly, it’s often the family that is the problem. Those who try to return home where there is alcohol or drug use and abuse usually relapse. The story of Deidre can be seen as a cautionary tale about family disease of addiction.

**Synopsis of “The Monster who Grew Small,” a Folktale from Ethiopia**

Miobe, the Frightened One, thought he was a coward and began a journey to find courage. His last challenge was a monster that lived in a cave at the top of a mountain. Everyone in the village below was paralyzed with fear, but the boy offered to kill the monster. When he first saw the monster it was the size of three royal barges and it was blowing smoke. Miobe climbed the mountain, and when he next looked, the monster was only the size of one royal barge. Then the creature snorted flame at him, the boy panicked and was halfway down the mountain before he could make his feet stop running. When he looked back, the monster was the size of five royal barges. It was curious that the monster got smaller when he got closer and
bigger when he ran away. To keep from being too scared, the boy closed his eyes tight and ran up the hill, fast - before he could change his mind.

When he opened his eyes, he was at the opening to the cave but saw no monster. Something hot touched his foot. He looked down and saw the monster, but now it was the size of a kitten. He picked it up and it curled up in his palm, making a gentle sound. The boy decided to keep it for a pet. Holding the monster in his hands, he returned to the village and was hailed as a hero. "What's its name?" The monster said, "Some people call me Famine, some call me Pestilence. The saddest people of all call me by their own name. But most people, most people call me Fear."

Discussion of “The Monster Who Grew Small”

While this story is short and very direct, it addresses one of the core issues that the alcoholic/addict faces – fear. The Basic Text describes the alcoholic as “Driven by a hundred forms of fear.” (2006, pg.62) Those fears are identified and examined during the course of making the “searching and fearless moral inventory of ourselves,” that is suggested in the Fourth Step.

This short word (fear) somehow touches about every aspect of our lives. It was an evil and corroding thread: the fabric of our existence was shot through with it. It set in motion trains of circumstances which brought us misfortune we felt we didn’t deserve…We reviewed out fears thoroughly. We put them on paper…We asked ourselves why we had them (p.67-8).

In the Fifth Step, those fears are shared with another human being, taken out of the shadows of one’s own mind, and exposed to the light. When that happens the fear loses its power, just as the monster loses its power in the story.

The message of the Sixth and Seventh Steps of Alcoholics Anonymous is that one can identify one’s weaknesses and have them removed. Finding one’s courage is the catalyst for
Miobe’s quest and his story. Finding the courage to live without the aid of mind and mood altering substances demands that the fears be “right sized,” which can only happen in the light. Miobe finds his courage deep within himself, rather than calling on some external power greater than himself. This affords discussion about the spiritual connection and where in the human psyche or soul or heart that connection is found. While the recovery process is based on spiritual principles, the spirit of the Third Step does not dictate any spiritual practice, religion, or dogma.

Miobe’s story is the Heroic Journey. His Call to Adventure is when he decides he must find his courage and leaves home. His Road of Trials is relatively short as is the story. He must climb the mountain to challenge the monster. The turning point is when Miobe runs away from the challenge one more time. He stops and has a moment of clarity that shows him that the way to find his courage is to persevere not to retreat. That knowledge is the boon Miobe has to share with the world. So, the part of the journey that brings Miobe success, validation, and belonging is that he returns to the community to share his knowledge, thus completing his Heroic Journey. This is also the 12th Step, which is about carrying the message to those who still suffer. Miobe returns to the village and shares the message of courage, the way recovering people are encouraged to share the message and the journey with others that they may recover as well. This story is a microcosm of the 12 Step program of recovery.

It would be interesting to speculate about Miobe’s return to his home and his family of origin. After all, he did need to separate and change people, places, and things, in order to find his courage. The relationship between the newly recovering person and his family of origin is forever changed once a person becomes sober, and sometimes there are difficulties that are so painful, that the old lifestyle is embraced once more, in which case, relapse is likely.
Synopsis of “Unanana and the Elephant,” a Folktale from Nigeria

Unanana had beautiful children. Everyone in the village agreed. One day Unanana had to travel to the neighboring village and leave her children at home with her niece. There was an elephant that loved beautiful children and was known to lure them from their homes and their mothers. Unanana warned her children to stay inside and be safe. But Unanana was gone a long time – a very long time. Her children became bored and wandered outside to play despite the efforts of the niece to keep the children inside and safe. They were approached by the elephant who enticed them far away from the village. The niece tried to follow them into the jungle but was unable to find them once it became dark. When Uwanna returned home the next day, she could not find her children. Her niece was despondent and tried to explain why she was unable to protect Unanana’s children. Frantic, Unanana went from hut to hut trying to determine what had happened to her babies. She was told by the villagers that her children, and many other children, had been lured deep into the jungle by an elephant. Unanana devised a plan to rescue her children. She cooked a great pot of beans until they were soft, put the pot of beans on her head, grabbed her knife, and walked into the jungle. She asked directions from the beasts, and was directed to the elephant.

Unanana went in search of her children, and when she was in the jungle, she came upon a sleeping elephant. As she moved around the beast, she heard voices of children whom she couldn’t find. The closer Unanana came to the elephant the louder the voices. She realized the voices were coming from inside the elephant. Unanana slid between the slacked jaws of the sleeping elephant and slid down into its gullet. There she found her children, her neighbors’ children, and the chief’s children, crying and wailing that they were hungry. Unanana told the children that there was no shortage of meat – to just look around. Uwanna snapped off some ribs
and built a fire inside the elephant. She took her knife and began slashing off piece of meat that she could roast over the fire. The elephant began to groan with pain and choke on the smoke. Unanana continued her work and the elephant convulsed in pain, let out a scream, shuddered violently, and died. Unanana cut an opening between the elephant’s ribs and led the children out of the elephant’s side and back to the village. Unanana was celebrated as a great hunter and warrior and given many gifts. Her family was no longer poor, and her children never went against their mother’s words again.

Discussion of “Unanana and the Elephant”

This story was chosen for several reasons. First, the heroine is a single mother, which is typical of the participants in this study. Second, it comes from an African tradition and culture, which honors the women of color who are participating in this study. Third, it clearly illustrates what strength and courage women can have with a clear head and the drive to do whatever it takes to rescue her children. Finally, it embodies the Heroic Journey. Unanana’s call to adventure is the realization that she must rescue her children. Her darkest moment is in the belly of the elephant, and she returns to her community as a symbol of courage, strength, and mother love.

Unanana, like most single mothers, must leave her children in the care of another so that she may go forth into the world to earn a living to support her children. The folktale validates the dilemma of the working mother, which is to find someone truly trustworthy with whom to leave her children. In this case it was a niece, and often a member of the extended family becomes the caregiver of young children. Sadly, the children aren’t always safe despite the mother’s best efforts. When Unanana returns to her hut to find her children gone, she simply does what is in front of her, without reservation. She cooks so she may provide sustenance to her children when
she finds them, grabs her knife for protection, and begins her search. The dangers of the jungle are well known to its inhabitants, and “the jungle” has become a metaphor for life on the streets of our culture. Unanana perseveres despite the odds and the difficulties. The paradigm for persevering through difficulty is usually alien to the newly recovering person. While in active addiction, any challenge could be avoided by escaping into a chemical high. In early recovery, the psychological withdrawal can be so severe that any challenge can be cause for relapse, as there are no skills for coping with frustration, anxiety, fear, or uncertainty. The Basic Text states,  

Rarely have we seen a person fail who has thoroughly followed our path. Those who do not recover are people who cannot or will not completely give themselves to this simple program….If you want what we have and are willing to go to any length to get it – then you are ready to take certain steps. At some of these we balked. We thought we could find and easier, softer way. But we could not. With all the earnestness at our command, we beg of you to be fearless and thorough from the very start (p.58).

Unanana’s journey into the jungle and into the belly of the elephant illustrates the kind of commitment it takes to live clean and sober and be happy about it. She is able to stay focused on the goal of saving her children, rather than focusing on the distasteful actions she must take to that end or her own discomfort. This story illustrates focusing on a goal and staying committed to it no matter what. Because the goal is rescuing her children and reuniting her family, there is an obvious connection with the single mothers in the study group.

**Synopsis of “The Handless Maiden,” Collected by the Brothers Grimm**

An old man approached a poor miller and told the miller that his fortunes could change if miller would grant the devil what grew behind the mill. The miller knew the only thing behind
the mill was an old apple tree that no longer bore fruit, so he agreed. When the miller told his wife of their good fortune, she shrieked that their daughter was pruning the tree behind the mill. When the old man came to claim his prize, he could not take her because she had washed herself so clean and drawn a protective circle around herself. The old man then demanded that the miller cut off his daughter’s hands. The miller did, and this time, the girl cried herself clean. The devil could not touch her and left in disgust. The miller offered to care for his daughter the rest of his life, but she could not stay with him. She left and wandered until she was exhausted and starving. While she ate pears in an orchard, a gardener brought the girl to the King’s attention, and the King took the wounded girl in. He ordered silver hands be made for her. She was grateful to him and the two fell in love and were wed.

While the King was away in battle, a baby was born. The Queen Mother sent word to her son that a boy had been born and that mother and son were doing well. The devil intercepted the message and delivered a note stating that a baby had been born and that the child was a changeling and his mother must be a witch. The king’s response was to care for his wife and his son until his return, that it didn’t matter to him if the child was a changeling or not. That note from the king was intercepted, and the Queen Mother received a message to kill the queen and the baby. She did not, and the young queen and the baby fled the castle, taking refuge with a wise woman. When the King arrived home and learned the truth, he went in search of his family. While the princess was in hiding, her hands were restored to her and she became whole once more. Seven years later the child found a wanderer in the forest who was in need of food and shelter. The boy brought the wanderer to the cottage, where he questioned the identity of the child’s mother. The stranger said that his wife had had silver hands, and the young queen
produced the silver hands that were no longer needed. When the identity of all was revealed, the royal family returned their kingdom to rule with justice, fairness, and compassion.

Discussion of “The Handless Maiden”

Many cultures have a version of this tale. Often it is the stepmother who inflicts the abuse. This version was chosen because it does focus on relationships with men rather than a mother or stepmother and because it addresses the abuse that many addicted women have endured. There is a trauma model of addiction that defines addiction as a reasonable response to an unreasonable event. (Saakvitne et al., 2000) According to this model, the goal of the substance use and abuse is to become numb rather than face the feelings of having been used and abused, physically, emotionally, and/or sexually. Generally, that works well for a while, but the consequences of the addiction interrupt and interfere with one’s ability to escape the pain, and impose additional consequences as well. In this version it is the girl’s own father who inflicts unimaginable abuse on her.

Cutting off hands conjures up images of amputation of the body parts, bringing up the notion of castration….In most cultures, girls are indeed castrated, but they do not lose a penis, they lose their hands, the ability to master the world and to reach for their dreams (Chinen, 1996, p.102).

Severing her hands renders her powerless, much as an active addiction renders one powerless to function in the world. Estés (1992) writes that the act of losing her hands sends the young woman into the underworld initiation ground. Clinicians and recovering people call such an event, “hitting bottom,” when all is lost, and one must change, or die. Campbell (1973) would identify that as the “belly of the whale.” That moment of clarity holds the gift of desperation,
when one becomes willing to change. Step 1 of Alcoholics Anonymous suggests that one must admit powerlessness over the drug of choice and to acknowledge that life has become unmanageable. No matter what the construct, the experience is the same.

The heroine of the story, once maimed, embodies the powerlessness of Step 1. The father verbalizes his shame and regret over his actions and promises his daughter that if she stays, he will care for her, which mirrors the “honeymoon phase” in the cycle of domestic violence. Abused women are often be taken in by such promises, only to be abused again and again. This is the very situation newly recovering people often face. Too often they choose to stay connected to a family of origin that uses and abuses both them and alcohol and drugs. Too often, they stay with a partner who is abusive because they are afraid they cannot survive without that partner. Breaking free of this cycle is exceedingly difficult, but this heroine chooses that very solution.

The girl in the story refuses to stay with her father and mother, choosing to leave home so that she doesn’t become like her father. As she embarks on her road of recovery, she trusts that she will survive despite the handicap of losing her hands. And she does. A magical helper appears and helps the heroine overcome the barriers to the fruit in the King’s orchard. The young woman is then able to feed herself having accepted the help she was offered. Some Divine force, some Higher Power, has made itself known and has helped without expecting payment. Here, the heroine must rely on faith and trust, which is a new construct for the newly recovering person. The Second and Third Steps of Alcoholics Anonymous suggest that a Higher Power of one’s own choosing will intervene, and will care about each person who takes those steps in earnest, expecting nothing in return. A newcomer’s ability to successfully leave home, or the addictive lifestyle, often depends upon some belief system that will sustain her in difficult times.
and circumstances. This story invites the newcomer to examine the help that has been offered to her in the past and provides a way to assess that help.

While the King does indeed fall in love with the heroine, it is a girl who has been maimed, not a girl who is picture perfect. This challenges the newly recovering person to examine the shame that results after being abused and the residual belief of “I’m not good enough.” Clearly, the heroine without her hands was “good enough” to be loved. It appears there will be a “happily ever after” at this point in the story, but the devil, like an addiction, is very, very patient. He lies in wait, having been outwitted and scorned, determined to have his revenge. Through a series of intercepted communications, the Devil, while not successful in having the young woman killed, does succeed in ruining the life this young woman had built. This is often the case when a newly recovering person stays within the company of her former associates and using buddies. The dealer, or someone with a degree of influence, will shame the newly sober person into picking up the drink or the drug once more.

Again, this story offers a new model of behavior. As a newly single mother, she leaves home a second time, knowing that somehow she and her son will survive. The heroine finds herself in the same situation of being abused by someone she loves and has a second “bottom” in this story. Refusing to give up, she enters the wood, the archetypal sanctuary, and is taken in by the wise woman, the healer, the crone who lives there. In the 7 years that this now single mother raises her son, she cries until she can cry no more. She washes the stumps in a nearby pond, and thinking that she can bathe her babe, takes him to the water’s edge. The baby wriggles free and slips beneath the surface. His mother, determined to save him, goes in after him, only to grasp him firmly in her own two hands…which have been restored. Our heroine has experienced the miracle of healing, not magic.
Addiction represents the …definitive demand for magic…and the final failure of spirituality…Addiction has been describes as the belief that whenever there is ‘something wrong with me,’ it can be fixed by something outside of me… Recovery from addiction requires giving up the search to achieve magical solutions (Kurtz & Ketchem, 1992, p.120).

The heroine’s miracle of healing came as a result of her willingness to trust that she would survive the journey, her willingness to cry until there were no more tears, her willingness to change. This belief in a benevolent universe that will sustain her is as viable a belief system as any organized religion. The AA Basic Text states that the purpose of the book is:

…to enable you to find a Power greater than yourself which will solve your problem.

That means, we have written a book which we believe to be spiritual as well as moral…As soon as we admitted the possible existence of a Creative Intelligence, a Spirit of the Universe underlying the totality of things, we began to be possessed of a new sense of power and direction, provided we took simple steps….to us, the Realm of the Spirit is broad, roomy, all inclusive; never exclusive or forbidding to those who earnestly seek (p.45-6).

The story can open a conversation about belief systems and spirituality as a basis for living, much as the Twelve Steps suggest a spiritual basis for living.

The King’s journey to find his Beloved also offers a new perspective on the significant relationship. Here is a man who is willing to acknowledge the wrongs he had done even though they were not intended and willing to go to any lengths to find his wife. His comfort is not the issue. That he honors his wife and his commitment to her illustrates the power of unconditional love, of forgiveness, of perseverance. The reunification of this family is the result of the work of
both of them and presents a paradigm for healthy partnership that survives hardship. It also reflects the Eighth and Ninth Steps in which one acknowledges harms done and subsequently makes amends (AA Basic text, p.59).

Recurring Themes

Each of these stories contains a message of hope, a spiritual message that is also the message of recovery. Recovery from addiction is a spiritual journey to wholeness, and Kurtz (1992) discusses the relationship between treatment (therapy) and spirituality in *The Spirituality of Imperfection*:

The therapeutic approach looks to origins, to push forces that compel, as the psychological language of ‘drives’ and the sociological focus on ‘the shaping environment’ attest. Spirituality, in contrast, attends to directions, to the pull-force of motives, which attract or draw forward – the language of spirituality is the vocabulary of ‘ideals,’ of ‘hope.’ Therapy may release from addiction; spirituality releases for life (p. 27).

Kurtz goes farther and connects spirituality to storytelling throughout his book. To use story in addictions treatment is to use the very tool used by spiritual teachers and by the alcoholics and addicts who share their stories of experience, strength, and hope in 12 Step meetings. “A lost gold coin is found by means of a penny candle; the deepest truth is found by means of a story. (p.42).”
CHAPTER 4
RESULTS

This pilot research was conducted in a small rural local health department in Maryland. As a member of that staff, I already had a therapeutic relationship with the clients. Although I had done story work at this agency frequently, I did not use story in my work for the 6 months preceding this study so that working with story would be a new experience for them. This population was difficult to engage in treatment and they did not see 12 Step meetings as a viable recovery tool. Most of the clients also reported not getting along with, or liking, other women, so that opening up in a group setting, and engaging in any level of self disclosure was initially threatening and met with resistance. If the stories did nothing more than open the conversation that, alone, would have been useful.

At the time the research was proposed, the census for this agency was approximately 40 women. Thirty of them were participating in the Intensive Outpatient Program. Attendance records at that time indicated about a 40% compliance rate, meaning that about 12 women would regularly attend treatment. During the actual course of the research, the census had dropped to 30 women. The largest group session during the research was 15; the smallest was 8. Only 8 women were present for all four sessions, which made this a very small initial study and prevented the inclusion of a control group. Each story session was completed in a 75-minute session.

Story Session #1: “Deidre of the Sorrows”

Story Session #1 began with a discussion of confidentiality, clients’ rights, and the reading of the disclosure statement. Clients self-selected a personal identification number (PIN) and wrote a clue to help them remember their PIN, which I kept in the file with the completed
surveys. This eliminated the need to collect any identifying information. Once the pretests were collected, “Deidre of the Sorrows” was told. As the women became engaged in the story, their faces reflected their emotional responses to the impending doom in the story. At the end of the story there was a shocked silence. The discussion began with the clients questioning the choice of the story, as it was a tragic tale. “Was that supposed to make us feel better?” one woman asked. I explained my logic, linking the story to the first two of the 12 Steps. The story illustrated how unmanageable life becomes when one is driven by an obsession (Step 1) and the insanity of “addictive” behavior (Step 2). I also related the story to family dynamic when a member of that family is in active addiction, reviewing the roles that are assumed family members (Woititz, 1983). Once the relationship between the story and the group’s work in treatment was verbalized, the discussion gained momentum as the women began to relate to the wave of destruction created by the persistent pursuit of what one wants despite its effect on others. Clients began to look at their own behavior and verbalize the horror and disgust over their own actions. There was an outpouring of, “What have I done to myself and my kids?” “I love my son,” one client shared. “But he’s with his father because I put him there. I was shooting heroin. Now he wants to know why his baby sister gets to live with mommy and he can’t. And I have to accept that.” They began to verbalize a personal responsibility for hurting their children and their families of origin and to realize how much power their addiction had over their minds and their souls. One woman talked about how she had always blamed her parents for taking custody of her children. She shared that she was beginning to realize that not having her children was her excuse for getting high, when it was her actions alone that caused her to lose custody of her children. It was the first time I had heard this particular client take any level of personal responsibility for her actions. Another client also gained insight into the victim role she had
assumed, which she had embraced because, “I’m just smoking weed. At least I’m not doing crack (cocaine).” She then recounted that choices that she had made that had led to the loss of custody for her two oldest children. This was this client’s third admission to our program, and the first real self disclosure she had shared in group. A third client shared that she “often gets impatient, and give in to what I want right now. I don’t know how to have any self control so I never accomplish anything.” Another client was quite articulate about how she gained insight into the ripple effect of the character’s actions being so far reaching and easily made the leap to the ripple effect of her own actions on her family. Tears were streaming down her face as she said, “But I can’t change that. I have to accept that. It’s really hard.” The discussion then moved focus on what can be changed and the clients recognized just how much work it would be to clear up the damage. Despite the challenge, they verbalized a commitment to change their lives and to be better parents. It was a good, working group session. Clients opened up, they validated and supported each other and reported feeling closer to one another as a result of discussion.

The postsession surveys indicated some shifts in attitude and perception. Twenty-nine percent of the women indicated in the first question that they saw themselves as capable of a sober lifestyle on the pretest. That number increased to 71% on the posttest. The second item, “I don’t think there’s any way to solve the problems” that were created in active addiction showed only slight shift in attitude, which seemed odd. The responses to the first question may have indicated a level of hope that had increased, but the second demanded they know “how to get there from here.” Their responses seemed to indicate that they didn’t have a clue how to proceed. In my efforts to compensate for the therapeutic relationship I had with the clients, I deliberately worded the question so that clients would need to think about the question rather than blindly answer “almost always” to everything. There could have been some confusion about
how to answer that question that was seen again in the responses to Question 4 where there was little change. Additional discussion would be needed to explain the thought processes of the clients. A shift was seen in Question 5 regarding separating from one’s family. On the presession survey, 28% of the women indicated it was “okay to separate from their family of origin all or most of the time.” The story clearly illustrated the potential dangers of returning home and being absorbed into old patterns of behavior. Postsession responses showed that 71% of the women responded that a separation from family is okay. This was a significant increase, as “leaving home” can be crucial to one’s continued success in maintaining recovery and it comes up often during group sessions. The remaining three questions showed little change in their responses.

According to the postsession written responses for this story, the core issues that were identified were the ripple effect of one’s actions and the self-centeredness of the addict and alcoholic. Written responses from the participants indicated a shift in point of view from self to other. Four women verbalized that shift in perspective, noting a need to “look at the big picture,” or to “consider the ripple effect of my actions.” An equal number of responses claimed responsibility for “only caring about what I wanted,” and seeing how that affected others. Both of these themes are central to the story itself and the insights and realizations the women verbalized in that session indicated a shift in their willingness to assume personal responsibility for their actions while in active addiction. Recognition of the power of addiction and a willingness to take responsibility for one’s recovery are shifts in attitude and perception that empower the clients as they begin to live without the use of alcohol or drugs. Knowing just how to accomplish that is the work that still needs to be done.
Story Session #2: “The Monster Who Grew Small”

“The Monster Who Grew Small” was presented in Story Session #2 after the presession surveys were completed. It was a much shorter story than the first story, and the women commented how much they liked the previous story because it was more complicated, having multiple characters and episodes. Facing one’s fears was the message of the parable. The women were quick to agree with the lesson of the story but verbalized some surprise at the choice of story. It was seen as too simple. However, it did prompt fertile discussion. Examples of facing and not facing their fears were shared with little prompting. There was a willingness to self-disclose while talking about fear, distinguishing self-centered fear from a healthy fear, and how fear determined one’s choices and actions. One client talked at length about how hard it was to move outside her comfort zone, and that everything, now that she’s clean, is outside her comfort zone. One client shared that she had been afraid to get clean because she would be the only one. Now that she is clean, she finds it hard to stay that way. She shared that it would also be hard to go back to using, especially now that her children were proud of her. Another client shared that she had found her courage in her heart. She went on to say that it was “hard to hold on when others are all up in your business and making things hard for you.” Another young woman struggled with keeping the focus on herself, and stated that her fears held her back from making changes. It was a great time to practice using “I” statements, as this client framed her statements with “you feel” rather than “I feel.” I encouraged her begin by saying, “I feel.” When she did, her words gained conviction and power. Using “I” statements extended to the rest of the group, and the women shared that reframing their sentences changed the way they felt. At the end of the session everyone verbalized one thing they would work to change as a way to diffuse their fears. Group members stated that they were leaving the session feeling empowered.
The presession survey showed that 83% of the clients felt capable of living without drugs and alcohol at least, “most of the time.” That number increased to 100% postsession, which is slightly higher than in the first story session. The second question indicated that half of the participants answered they could solve the problems created by their addiction, which remained consistent. The other half answered the solutions were impossible “some of the time.” On the posttest clients responded that the solutions were impossible “most of the time,” which didn’t seem consistent with the discussion that had just occurred. This could be the result of confusion over the wording or other factors that would need to be explored in group sessions.

Questions 3, 7, and 8 all have obvious correlation to the story for this session. Question 3 asked about having the courage to make different choices. On the presession survey 66% of the women said that they had that courage “almost always” or “most of the time.” The postsession survey response had 100% of the women choosing “almost always” or “most of the time” as their response. There was an increase towards the positive across the board in Question 7; naming one’s strengths. Question 8, which asked about believing they can make it through difficult times, showed that 50% of the women responded “some of the time” on the presession survey. That number shifted to 50% responding “most of the time” in the postsession questionnaire.

The written responses for this story verbalized its message. “Being sober is one of my fears,” wrote one woman. “I was afraid to get clean and sober,” wrote another. Sobriety is the great unknown to the newly recovering person, and the unknown is fraught with fear. “With my recovery, it’s very scary because I’m always afraid of failure.” The fear of failure is a daunting challenge to the newly recovering person. They are acutely aware of how often they had failed or disappointed others while in active addiction and do not want to do that in sobriety. Another
reflected that when she ran “away from problems, they got bigger. When I faced them, they seemed smaller.” Another client found permission to be afraid stating, “It’s okay to be afraid,” understanding that change is frightening. And another felt she could have more faith in herself as an antidote to fear. Facing one’s fears is a recurring theme in treatment and recovery, and is specifically addressed by the Fourth Step of Alcoholics Anonymous. We addressed facing one’s fears with a story.

Story Session #3: “The Handless Maiden”

Story Session #3 began with the completion of the presession surveys that were quite familiar to the women at this point. “Unanana and the Elephant” was to have been the third story, but when the women checked in at the beginning of group, they brought up issues that were addressed in “The Handless Maiden.” I made the decision to follow that dynamic rather than proceed as planned. The oral storytelling context allows this flexibility to respond to the listeners in the moment. It, more than any of the other stories, dramatically illustrated the Heroic Feminine. The message was clear “that a rewarding, good life is within one’s reach despite adversity – but only if one does not shy away from the hazardous struggles without which one can never achieve true identity” (Bettelheim, 1975, p.24). This story also alluded to the help of some benevolent or Divine Power coming to the heroine’s aid, and it had a “happy ending.” One client shared that she felt like there was indeed some loving force that kept her safe through her addiction so that she could be a good mother to her child. But most of the clients expressed outrage at the abuses inflicted on the heroine by her father. Very quickly the women began to share the stories of their own abuses at the hands of family members and brought that shame out into the light. One client revealed that she had been abused by her stepfather and that her mother
refused to believe her. Another client revealed a similar story, having never shared it before. This young woman then realized she had always chosen men who would abuse her, and she vowed she was ready to make a change. In fact, this young woman did report obtaining a restraining order against her baby’s father just days later. Their use of drugs and alcohol was reframed as a response to that trauma rather than being a moral deficiency as some family members insisted. The energy in the room shifted as the women shared their pain and received validation from others. The fact that the heroine had to leave everything she knew behind twice was a dose of reality for the participants as they grappled with the need to separate from their abusers, whether they were family or not. One woman verbalized the need to make that separation and how long she had avoided and evaded that reality. It would be difficult because her uncle, her abuser, lived with her grandmother. She stated that after this particular session, she was ready to make that break. Several weeks later she reported that she did sever all ties with her uncle who had abused her.

Results from the pre- and postsession questionnaires indicated the power of this particular story. The first question about one’s capability to live a sober lifestyle showed that 25% of the respondents answered “almost always” on the presession survey. That number doubled postsession. Questions 2 and 4 had the clients responding to negative statements. Those responses were similar to previous sessions. One client exclaimed, “I’ve been answering it wrong this whole time!” This called into question the validity of those items. Separating from family, question 5, showed a slight increase in the number of clients who believed separation was “almost always okay,” with the same decrease in the number of women who believed separation from family was “almost never okay.” Twenty-five percent of the women indicated that they could “almost never” name their own strengths. That number went to zero on the
Postsession survey. Initially for this session, 25% of the participants stating they believed they could “almost always” make it through the hard times in recovery. That number jumped to 62.5% on the postsession survey.

The written responses to the story included nine different references to not giving up “no matter what.” Determination and persistence are character traits that newly recovering people often lack. Difficult challenges require coping with frustration, which is alien to the alcoholic/addict, so the behavior that the heroine models is a new construct. Six different responses included some level of hope. Having some level of hope is so very necessary for the newly recovering person to persist in the challenges of recovery. One client responded that the story inspired her to separate from her sister who is still in active addiction. This client also wrote that she now believes that she can stay clean and sober no matter what. Changing people, places, and things is suggested for newly recovering people, and separating from family is often the most difficult challenge, despite a family history of addiction, abuse, or trauma. Facing those issues demands great courage, as does “leaving home.” This story evoked responses like, “It’s okay to say, ‘No,’ and never look back,” and “It’s okay to say, ‘No, I don’t want to be treated this way,’ “ and “I know today I can separate from my family in order to keep myself safe.”

The energy in the room reflected the empowerment the women experienced during the story session and was evident in the written response, “I am going to get it and I am going to stay clean. I refuse to go back.”

Story Session #4: “Unanana and the Elephant”

The fourth and final story of this pilot study, “Unanana and the Elephant,” was told after the completion of the presession survey. The women initially responded to this tall tale as though
it were real, marveling at the lengths to which Unanana would go to rescue her children. Much
time was spent describing the challenges of motherhood and the internal resources each and
every mother had to find in the dead of night. Women talked freely of neglecting their children
while in active addiction and the difficulties in having to prove to the Department of Social
Services that they were capable and ready to be parents. The “elephant” the clients had to battle
in real life was the Department of Social Services. It was an appropriate metaphor.

There was much discussion about prioritizing the demands of motherhood, caring for
infants, and nurturing one’s own recovery, which was also in its infancy. One client stated that it
was easy to put her children’s needs ahead of her own but became tearful when she was asked if
she felt invisible. This vulnerability was out of character for this particular client, and she then
began to describe how much the experience of being heard while in treatment meant to her. This
client hadn’t considered that there was a different way to prioritize her life. She opened up and
talked about how her mother had not protected her. Now that her mother had advanced sickle
cell anemia, mother had moved in with her. The conflicted feelings, the struggle to stay clean in
the midst of it all, came pouring out. Another client, who had been sitting silently, began to share
that she had problems putting her recovery first because she wanted to be a more loving parent
than her own mother was. The group members rallied around both of them, telling their stories of
abandonment by their mothers in active addiction while offering both help and support. In that
moment, the group room contained an unusual degree of mutual support for the participants.

Responses to the first question about being capable of living clean and sober were the
same on both the pre and postsession surveys with 67% of the women answering that they felt
capable of living clean and sober lives. When asked in question 2 about the impossibility of
solving their problems, all of the participants indicated feeling that way at least “once in a
while.” However, on the postsession survey, 33% said that they “almost never” felt that way, which is actually the most positive response on that question so far. Question 3, making different choices, saw 33% of the clients indicating they had that courage on the presession survey. That number doubled postsession to 67%. The fourth question verbalized the impossibility of making real change due to family. The number of women who “almost never” felt it was impossible went from 33% on the pretest to 50% on the posttest, which is the most positive response thus far. Question 5 showed an increase in the number of women who almost always believed it was “okay” to separate from family from 16.5% to 33%. There was the same increase in the number of clients who believed it was “okay to separate” only “once in a while.” On the presession questionnaire, Question 6, deserving a better way of life, had 50% of the participants agreeing “almost always.” On the postsession survey 83.5% of the respondents chose “most of the time” or “almost always.” There was a small shift in the clients’ ability to name their strengths, question 7, from 16.5% to 33% indicating they could “almost always” do so, and the same shift in question 8.

Again, the written responses indicated a positive shift in the clients’ motivation and determination to stay clean and sober, which would allow them to better care for their children. “The story made me look at my relationship with my children.” There were five different references to not giving up. It is interesting to note that there were an equal number of responses that indicated a willingness to make sacrifices for one’s children, and to put them first in all things. One woman wrote, “I lost my children due to my addiction and I fought really hard to get them back and I didn’t give up.” The story validated her experience. “A mother would do anything to keep her kids from danger. They (the children) are why I decided to get clean,” wrote another client. And yet, the message of taking care of one’s self in order to take care of others
came through when one of the women wrote, “I have to be there for myself in order to be there for my kids.”

Comparison of Story Session #1 Pretest and Story Session #4 Posttest

I made this comparison because I wanted to see if there was any appreciable shift in the women’s attitudes and perceptions about their recovery. However, it must be noted that this is a small sample, and a leap in percentage may only represent one client. The results could be easily misconstrued. Therefore, it is important to keep perspective on what the quantitative data actually indicates. The first presession survey shows that 29% of the participants “almost always” see themselves as capable of living a drug free lifestyle. That number jumps to 67% by the end of the 4 weeks. It is interesting to note that initially 71% of the women “almost always” felt they deserved a better life. That number dropped to 50% by the second session, and stayed at 50% throughout the rest of this study. Lack of self-esteem and self-worth which are often issues could explain the discrepancy between what can be done and what one deserves. However, further discussion would be needed to clarify why the clients would see themselves as capable but not deserving a better way of life.

The first presession survey indicates that 14% of the women” almost never” felt that making changes was impossible due to family influence. By the postsession survey for Story Session #4, that number increased to 50%. The families of our clients can be triggers for relapse, and yet there is tremendous loyalty to those families. To even consider making changes in spite of family influence is a big step towards recovery and should be encouraged and supported. The final question on the survey was about making it through hard times. The first presession survey indicated that 72% of the women believed they could weather the hard times at least “most of the
time.” By the posttest that number increased to 83%, indicating an increased confidence in one of the clients.

Of the eight questions, two were worded so that the participants were responding to a negative statement rather than a positive one. I worded those questions so that participants would consider each and every question, rather than choosing “almost always” for all of the questions. The second question, “I don’t think there’s any way to solve the problems I’m facing as a result of my drug and alcohol use,” and the fourth question, “I feel it’s impossible to make real changes in my life due to my family’s influence,” had mixed results each time. There are several possible reasons for this ambiguity. In the process of the story and the discussion, the perceived magnitude of their problems may have increased, which tempered their confidence and, therefore, their responses. Clients may have responded with what they thought I wanted to hear for the study. The women may not have been clear about the intent of the statement or may have misread it. In such a small sample, asking for help could prove embarrassing for the participant. If the questions had been read aloud as the women went through the surveys, any embarrassment or misunderstanding could have been averted. In future studies the surveys should be read aloud to prevent misinterpretation of the questions.

The postsession addendum gave the participants the opportunity to articulate a personal response to the story work that reflected to some degree the discussions that followed each story. The discussions that grew out of each story were qualitatively different from many groups, in that the women were focused on recovery and looking at themselves and their past behaviors rather than recounting any of the current drama in their lives. One client wrote, “It wasn’t so much the story itself (that I remember). I liked the lessons I learned and how it related to my recovery…we all talked and got closer.”
Making connections is what stories do. Stories connect the storyteller and the listener and in turn connect the listeners with each other and the world. Learning to connect with other human beings can be powerful medicine and motivation to change. The responses to the fourth and final question on the posttest addendum indicated that the images and insights from the stories had some kind of lasting effect, which suggested that those images and insights were internalized. One client did report separating herself from her family of origin, which she hadn’t thought possible before. She credited the story with giving her the motivation and courage to do so. When she shared this accomplishment with the group, it was with great pride. The paradigms of the stories provided the map for this new behavior of independence. The internalization of those stories can allow them to become a resource for changing behavior in the future.

After this research had been completed, a graduate of this treatment program was asked to share her experience at a meeting of clinicians and administrators from the State Health Department, which I attended. While she talked about her substance abuse treatment, she described a story that had been told in her group session. She shared that she was struck by the ripple effect of one’s actions as a result, and spoke passionately about the ripple effect of having such a powerful and positive experience in treatment. This client went on to say that her children, her spouse, and her parents were all reaping the benefit of her treatment, as would her new employer, her nieces and nephews, and people she had yet to meet. She had taken the story of Deidre and woven it into her own story, which validated the use of story and storytelling in substance abuse treatment.

Incorporating story into existing treatment programs and its implications for growth and change are considered in Chapter 5. Implications for future study are also discussed.
CHAPTER 5

CONCLUSIONS AND IMPLICATIONS FOR FUTURE STUDY

This study examined the viability of traditional stories as a tool in substance abuse treatment. There were several questions to be considered. Could stories open up dialogue about difficult subjects? Would there be the experience of being supported by a community of peers? Would the principles of recovery be conveyed? Would perceptions and attitudes about recovery from substance abuse be changed? Traditional stories were used to shed light on the issues that young women face in addiction and recovery and to nurture the attitudes and perceptions that can empower them to change their lifestyle from addiction to recovery.

My observations as the participant/observer were that the stories invited discussion about the difficult subjects of trauma and abuse and the harms done while in active addiction. The challenges of changing people, places, and things, which can be heart wrenching, were discussed honestly and openly. These stories gave the women a common reference point, a common language to frame discussions that were both personal and relevant to their progress. All of the participants contributed to the discussion, which is not always the case in a group session. I felt the depth of the sharing and the willingness to look at one’s self was enhanced by the use of story. The result was the formation of a working group that was focused on recovery, and more conducive to healing and growth. At the very least the women reported feeling better and feeling closer to each other. I found that the more complex the story the more effort was required to attend to it. This increased effort transferred to the subsequent discussion. With both “Deidre of the Sorrows” and “The Handless Maiden” the energy in the room was palpable. The women were clearly there for each other as they shared their darkest secrets with the group, and so there
was an experience of peer support. This was significant for women who reported that they didn’t like and/or get along with other women. With the more complex stories it was easier to weave the principles of the 12 Steps into the sessions so that the message of recovery was conveyed at least to some degree. When I left those groups, I had the sense that the women had done some significant work that day.

The written responses from the women indicated an infusion of hope and an increased confidence in the women’s ability to change their way of life. A shift in the way the clients experienced the group process was also evident in their written responses. They wrote about feeling closer to each other and liking the depth of the conversations. One client summarized it this way. “It wasn’t so much the story itself. I like the lessons I learned and how it related to my recovery. Also, it was something that we all talked and got closer.”

The surveys suggest that there were shifts in perceptions and attitudes about recovery. However, no real claim can be made that the stories themselves changed perceptions or attitudes, because the sample was so small and the time period was so short. The study lacked a control group. The survey itself was flawed in that the wording of at least two of the questions created confusion among the participants, invalidating those questions. What can be said is that in that moment, there was some sort of change in the way the women perceived themselves and their recovery. Much of what happens in treatment and in 12 Step meetings is the “planting of seeds” and trusting the process of growth. This is not measurable in any quantitative way. But, not being measurable does not diminish the importance or the power of seed planting. It often takes multiple attempts at sobriety before the addiction is put into remission. It would be interesting to follow this particular group of young women for the duration of their substance abuse treatment to see if the images, lessons, or metaphors from these stories stayed with them for that 6-month
period. Following the clients after discharge from treatment would be ideal but likely impossible due to relapse and/or to the transient nature of that population.

While this is a small initial study, it does suggest that further research is indicated to investigate story’s effectiveness on other populations who struggle with addiction and recovery. One of the assumptions of this study is that the Heroic Journey construct is lacking for young women of a low socioeconomic status. Variables of age, education, and number of previous treatment episodes were not considered in this pilot study and may prove significant. The efficacy of traditional story as a change agent for men or for different cultures is another question for future study.

There was great effort to include multicultural stories, because that had been shown to be effective in other substance abuse prevention and treatment programs. Two of the stories were from Western European traditions, and two were from African cultures. The cultural origins of the stories did not appear to have any bearing on the women’s ability to relate to the message of the story. Three of the four stories addressed women’s issues specifically which may have been far more important than the cultural origins and could also be the subject of future study.

Examining the effectiveness of traditional story across socioeconomic lines as well as those of gender and culture is another possibility for future study, especially if that includes a survey of the “recovery capital” that clients have prior to treatment for alcohol and drug problems. People participating in a drug and alcohol education class may respond to story very differently from those in residential treatment and may prove interesting.

Future studies would need to have large enough samples to have a control group. Ideally, those studies would be conducted with trained professionals who are also storytellers. Studies
could also be cofacilitated by a counselor and a storyteller who have the rapport to work as a team. Without both skill sets the work could be compromised in its effectiveness.

AA’s first members “discovered that sobriety involved not only not drinking, it also required throwing out the old way of life – learning to follow a new map, a new way of life that would allow them to be both sober and alcoholic. And that way of life, they discovered, could be learned and taught only through the process of telling stories (Kurtz & Ketchem, 1992, p.114).” It is a holistic approach to the addiction dilemma, addressing the needs of the whole person through working the Twelve Steps. Alcoholics Anonymous advocates and promotes a spiritual solution and uses the language of hope, sharing the journey through the telling of personal stories. One’s experience is validated the moment one sees herself in the story another recovering person tells. The validation and the hope that are communicated in that process are gifts that attendees of 12 Step meetings can carry as they walk the road of recovery. The inclusion of traditional stories in treatment can provide that same service by validating experiences and introducing the models for new behavior that members of AA hear in meetings or read in their literature. The hope that the wounds can be healed, the soul can be soothed, and a new freedom and a new happiness can be found can be communicated through traditional stories.

Although storytelling and/or traditional stories are seen as a viable methodology in many substance abuse prevention programs, they do not have the same regard among treatment professionals. Sharing one’s story in treatment has proven useful, but those stories cannot include the construct for successful living if that client who is sharing is still wrestling with an addiction that prevents any measure of success. It is those healthy behaviors and attitudes, and the arduous journey to achieve them that can be communicated through traditional story.
Perhaps the perception of story and storytelling as a childhood entertainment and education has prevented its inclusion into adult treatment. However, it is clear from this research that traditional stories are a promising and potentially powerful tool in substance abuse treatment.
REFERENCES


Retrieved from vilaserena.com.br/vent/minnmod.pdf


Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, (2011) *The DAWN report: emergency department visits involving underage alcohol use in combination with other drugs*. Rockville, MD: Author


APPENDICES

APPENDIX A: IRB APPROVAL

March 3, 2011

Ms. C. Beth Ohlsson
320 Poplar Hill Ave
Salisbury, MD 21801

Re: Traditional Story as a Tool in Substance Abuse Prevention and Treatment
IRB#: c1210.9s

The following items were reviewed and approved by an expedited process:

- Form 103; Narrative (12/1/10 stamped approved 03/03/11)*; Potential Conflict of Interest (no conflict identified); Vita; Assurance Statement; Supplemental Submission Form for Studies Involving Pregnant Women and Fetuses; State of Maryland IRB exemption approval letter; Informed Consent (no version date stamped approved 03/03/11)*; Synopses of Stories; Pre & Post Tests (Surveys)

The item(s) with an asterisk(*) above noted changes requested by the expedited reviewers.

The following documents with the incorporated requested changes have been received by the IRB office:

1. Narrative (12/1/10 stamped approved 03/03/11)
2. Informed Consent (no version date stamped approved 03/03/11)

On March 3, 2011, a final approval was granted for a period not to exceed 12 months and will expire on March 2, 2012. The expedited approval of the study and requested changes [Narrative (12/1/10 stamped approved 03/03/11) and Informed Consent (no version date stamped approved 03/03/11)] will be reported to the convened board on the next agenda.

This study has been granted a Waiver of Requirement for Written Documentation of Informed Consent under category 45 CFR 46.117(c)(2) as the research involves no more than minimal risk to the participants because it involves discussion and pre and post tests of adults, is minimal risk, and the ICD would be the only link. The research involved no procedures for which written consent is
normally required outside of the research context because all information is de-identified and ICD would be the only link.
The following enclosed stamped, approved Informed Consent Documents have been stamped with the approval and expiration date and these documents must be copied and provided to each participant prior to participant enrollment:
- Informed Consent (no version date stamped approved 03/03/11)

Federal regulations require that a copy is given to the subject at the time of consent. Based on the pregnancy advocate reviewer, the IRB determined that, for this study, it is not scientifically appropriate to require preclinical studies, including studies on pregnant animals, and clinical studies, including studies on non-pregnant women, to have been conducted to provide data for assessing potential risks to women and fetuses as the risk is minimal and there is no added risk by being pregnant. The risk to the fetus is caused solely by interventions or procedures that hold out the prospect of direct benefit for the woman or the fetus because if the women become abstinent, both she and the child will benefit as a result of participation. The IRB determined that any risk is the least possible for achieving the objectives of the research. The IRB determined that the research holds out the prospect of direct benefit both to the pregnant woman and the fetus as the woman may quit drugs/alcohol and this would benefit both. The woman's consent will be obtained.

The IRB determined that each individual providing consent is fully informed regarding the reasonably foreseeable impact of the research on the fetus or neonate. The IRB determined that this research does not involve children as participants. The IRB determined that no inducements, monetary or otherwise, will be offered to terminate a pregnancy. The IRB determined that individuals engaged in the research will have no part in any decisions as to the timing, method, or procedures used to terminate a pregnancy. In addition, individuals engaged in the research will have no part in determining the viability of a neonate.

Unanticipated Problems Involving Risks to Subjects or Others must be reported to the IRB (and VA R&D if applicable) within 10 working days. Proposed changes in approved research cannot be initiated without IRB review and approval. The only exception to this rule is that a change can be made prior to IRB approval when necessary to eliminate apparent immediate hazards to the research subjects [21 CFR 56.108 (a)(4)]. In such a case, the IRB must be promptly informed of the change following its implementation (within 10 working days) on Form 109 (www.etsu.edu/irb). The IRB will review the change to determine that it is consistent with ensuring the subject’s continued welfare.

Sincerely,
Chris Ayres, Chair
ETSU Campus IRB

cc: Joseph Sobol, Ph.D.
APPENDIX B

DISCLOSURE STATEMENT

Traditional Story as a Tool for Substance Abuse Treatment and Prevention: Disclosure Statement

We have an opportunity to study the effect of story on substance abuse prevention and treatment.

As part of the study, you will be participating in group sessions where traditional stories have been chosen to reflect the message of recovery. This will be done over a period of four weeks during regular group sessions. A pre- and posttest will be given to measure if the stories helped you look at your recovery differently, or change your point of view regarding treatment and recovery. Results from the pre- and posttests will become the data for research study. You will also have the chance to share your thoughts and feelings about the stories and whether or not they were helpful. The same kind of work has been done in group sessions before. This study will give us a way to prove whether or not the storytelling is helpful to you in your recovery. The benefit to you, if any, of our use of storytelling is what this study will identify.

Over the next four weeks, I will be telling you stories that are easily applied to your experiences in both addiction and recovery. Using a pretest and a posttest for each story, you will answer multiple choice questions about how the stories affected your thoughts and feelings about your recovery. There will also be a place for you to write about your reaction to the stories. You are under no obligation to participate, and you may stop participating at any time. You have the right to ask for help completing the pre- and posttests, or to ask for more time. You also have the right to stop participating at any time.

Please understand that whether or not you choose to participate will not affect your treatment at Center 4 Clean Start. Your participation is voluntary and under your control. Any reports created using your responses will not identify you personally. You will choose a Personal Identification Number like the one you have for your cell phone, bank account, etc., to use on each pre-test and posttest that you complete, so that your answers can be compared. Your name will not appear on any paper you complete.

If you have any questions or concerns about the research and want to talk to someone other than me, you may call IRB Coordinator for the State of Maryland, Gay Hutchins at 410-767-3448, the IRB Coordinator for East Tennessee State University at 423/439-6009 or 423/439-6002 or Dr. Joseph Sobol at 423/439-7603.

Thank you for your willingness to consider being a participant in this important research.
APPENDIX C
QUESTIONNAIRES

Recovery in story survey

PIN__________________________ SESSION #_____________________

CIRCLE ONE: BEFORE STORY SESSION / AFTER STORY SESSION

1. I see myself as capable of living without drugs and/or alcohol.
   □ Almost always
   □ Most of the time
   □ Some of the time
   □ Once in a while
   □ Almost never

2. I don't think there's any way to solve the problems that I'm facing as a result of my drug and alcohol use.
   □ Almost always
   □ Most of the time
   □ Some of the time
   □ Once in a while
   □ Almost never
3. I think I have the courage to make different choices than I have in the past.

- Almost always
- Most of the time
- Some of the time
- Once in a while
- Almost never

4. I feel that it’s impossible to make real changes in my life due to my family’s influence.

- Almost always
- Most of the time
- Some of the time
- Once in a while
- Almost never

5. I believe that it’s okay to separate myself from my family.

- Almost always
- Most of the time
- Some of the time
- Once in a while
- Almost never
6. I believe I deserve a better way of life.

- Almost always
- Most of the time
- Some of the time
- Once in a while
- Almost never

7. I can name my strengths.

- Almost always
- Most of the time
- Some of the time
- Once in a while
- Almost never

8. I believe I can persevere through the hard times to make my life better.

- Almost always
- Most of the time
- Some of the time
- Once in a while
- Almost never
1. In what ways does this story relate to your experiences in addiction and recovery?

2. What meaning can you find that helps make sense of your experiences in addiction and recovery?

3. After listening to the story, did your feelings about yourself or your recovery journey change in any way? If yes, then how did your feelings about yourself or your recovery change?

4. Do you remember anything from the previous story sessions that are helpful or comforting in your recovery? If yes, then what do you remember?
APPENDIX D
SURVEY RESULTS

Question 1: I see myself as capable of living without drugs and/or alcohol.

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Question 2: I don’t think there’s any way to solve the problems that I’m facing as a result of my drug and alcohol use.

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Question 4: I feel that it’s impossible to make real changes in my life due to my family’s influence.

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Question 5: I believe that it’s okay to separate myself from my family.

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Question 6: I believe I deserve a better way of life.

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Question 7: I can name my strengths.

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Question 8: I believe I can make it through the hard times to have a better life than I have now.

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APPENDIX E

POST-SESSIONWRITTEN RESPONSES

1. In what ways does this story relate to your experiences in addiction and recovery?

   **Session 1: Deidre of the Sorrows**
   
   The story makes me evaluate the part I play in situations that I come into and how they and I evolve. It also makes me realize how much one person’s decisions can effect a situation, i.e. if Deidre had stopped at any point and gone back, no one had to die.
   
   Consider the ripple effect of my actions
   
   I only cared about what I wanted, not where it would get me in life.
   
   I can relate because a lot of the time I was really selfish and could have really harmed by children.
   
   I can relate because when I was using I was selfish and only cared about what I want. You can’t always have your way in life.
   
   Everything that looks good ain’t always good!

   **Session 2: Monster Who Grew Small**
   
   Makes me think about how I run away from problems and they get bigger. When I face them, they seem much smaller.
   
   I can relate by having fear and how scary it is to make changes.
   
   It’s okay to be afraid.
   
   Being sober is facing one of my fears.
   
   This story relates to me because I was afraid to get clean and now that I am I think that I should have done it sooner.

   **Session 3: The Handless Maiden**
   
   I can relate – she doesn’t give up and go back to her old life even when it got tough.
   
   When I was in addiction, I was so worried about what I wanted I didn’t care about who else I hurt.
   
   The story had parts pertaining to healing, deception, self will, and determination
   
   The story reminds me of my selfish family when they were using. They’d sell me out, too.
   
   Relate to the father/daughter relationship. Also her struggle to keep pushing on to find happiness. I’m doing that now!
It’s okay to say, “No,” and walk away and never look back. Because in my active addiction I never thought, I’d just do whatever and not care. The story relates to me in addiction because I would have done whatever it took to get it and it relates to me in recovery because I am determined to keep going on the right path and not giving up.

Session 4: Unanana and the Elephant
Because now that I am in recovery I am trying to make amends with my family. I feel like I can protect my kids now that I’m clean.
I lost my children due to my addiction and I fought really hard and didn’t give up to get them back.
That a mother would do anything to protect her kids from danger
Because I know today that I have to be there for myself in order to be there for my kids.
To never give up and always strive for what you want.
Doing whatever it take to get your kids and stay sober.

2. What meaning can you find that helps make sense of your experiences in addiction and recovery?

Session 1: Deidre of the Sorrows
To go for what’s best for me
To look at the big picture of things and think about the consequences of my actions.
I have found peace in recovery and only chaos in my active addiction.
Having courage and faith in yourself.
Never be taken advantage of.

Session 2: Monster Who Grew Small
I have to face my fears and not hide from them
Having fear
It takes time. One day at a time.
I’m always scared to try new things and I guess with my recovery, it’s very scary because I’m always afraid of failure.
Face your fears and put things in perspective.
That I have to face my fears and not hide from them.
Session 3: The Handless Maiden

I think the story talks a lot about healing and how it’s hard to leave the past behind.

What I gained from the story was that I can do thing. Giving up is not an option for me this time around. I made it this far, I can make (it) again.

Keep trying no matter what.

Over time, if you stay focused…determined, you can recover from anything.

Strength and hope are very meaningful in my recovery and courage to break free from my old life.

Don’t know.

To stay away from wrong/negative people and always think before I act.

When life gets hard never give up.

Session 4: Unanana and the Elephant

She does whatever it takes.

That you will do anything for your children. My kids are why I decided to get clean, but now I am doing it for myself.

Stay strong.

Keep going.

To do anything it takes for yourself, not to give up.

Don’t know.

3. After listening to the story, did your feelings about yourself or your recovery journey change in any way? If yes, then how did your feelings about yourself or your recovery change?

Session 1: Deidre of the Sorrows

I will take more effort to make my part have a positive influence in every situation.

I realize I can do anything as long as I keep my mind to it.

It just made me more aware of how my actions and choices really can affect others.

More aware of the ripple effect of my actions.

Yes. I feel inspired by our conversation and I know I can make it!

Making me not want to do drugs anymore because I love myself and my kids.

No but the story was awesome!
Session 2: The Monster Who Grew Small
All I can do is think about my life and my kid’s life and what can happen to us.
Have more faith in myself that I can stay sober.
It’s okay to be afraid.
No.
I need to stay in today more and not fear the future.

Session 3: The Handless Maiden
After talking about fear with the group it made me feel better and think about how to solve my problems.
I think I need to deal with some of the emotions I’ve been hiding.
Not really.
I am going to get it and I and going to stay clean no matter what. I refuse to go back. I can do it.
Yes, it gave me a better perspective on the healing process.
I have a new perspective and a little more hope.
It’s okay to say, “No, I don’t want to be treated this way.”
No.
Yes, a lot. I have a lot more hope. And I see a lot for my future.

Session 4: Unanana and the Elephant
It just made me look at my relationship with my children because my (daughter) doesn’t always listen.
My kids come first.
I know today I can separate from my family in order to keep myself safe.
Never give up.
Yes, it motivated me to try harder.
No.

4. Do you remember anything from the previous story session(s) that is helpful or comforting in your recovery? If yes, what do you remember and how is it helpful?

Session 3
“The story of the girl who a "future teller" said would start wars because of her beauty and the king said he would marry her but she ran off to Scotland with her lover and his
two brothers (who happened to be his 3 best soldiers). This story is helpful and comforting in my recovery; in my life because it demonstrates in hidden way that one person can make a difference. If one person in the whole story had stopped at any point, the death and destruction that came would have never happened. If anyone could put aside their own wants lives could have been saved. It also shows how love can become selfish and narrow minded and how if blinded by that love you can hurt the person you love (she had her lover watch his own brothers die in front of his own eyes to get what she wanted). When you love someone you need to keep your eyes wide open, because if they have to give up so many things for you, to be with you, you may have to really look at that and decide if being together is worth it (resentments come as a result of these kind of situations anyway). Loving means being unselfish and it’s hard to do, but compromise is where some kind of resolution can be found (I’ve learned this with my boyfriend’s mother).

But the thing that gives me hope is that one person can make a difference. I can make a difference. In the things I do, the things I don't do, my decisions, my words, my actions, I can make a difference in my life and when I make good choices and take the right path I can make a positive difference in the lives of those I love and sometimes I may have an impact on someone I don't know or never met (just like as counselors you have an impact on so many people in our lives that you may never meet or know, people that we haven't even met yet...that's BIG, almost unfathomable). So I try to the best of my ability to make good decisions, to look at the big picture, to be conscious of my actions and words. Because I can make a difference and that story exemplifies that point at every twist turn and decision (to act or do nothing) that EVERY (even the brothers deciding to support their brother in taking the girl and running, knowing that the King would not be happy and probably aware that the King would kill them all if he ever found them) character made. No character was more important than the other, even if the part they played was big or small, the smallest part could have stopped the whole sad ending.”

“Yes, I learned about perseverance and stronger will.”

“I haven’t really thought about the stories. Perhaps they have subconsciously affected me.”
Session 4:

“My favorite story was the story with the king and the lady with no hands! Something I got from that was to never give up, always for where you want, and it made me very determined to keep my kids, and get and stay clean.”

“The handless maiden – I keep thinking about all the terrible things that happened to her and yet she still stayed positive and overcame her situations, healed, and had a good life with her child. I want to stay positive so I can change my life for the better.”

“The handless maid really stuck with me and I got the message that people are going to hurt me but I have to step up and get away from it. I have separated myself recently due to hearing that story.”

After Session 4:

“Unanana protected her kids from bad things and bad people. She showed me that a mother would do anything to protect her kids.”

“Unanana…how she never stops looking for her children and she never gave up until she got her child back and other people kids too. That’s how all people should be not sometime but all the time that’s a good citizen.”

“The maiden with no hands. I related to that because all my life I have been sacrificing myself just to make others happy. Unanana and the elephant. I related to this one because I myself have lost my kids, and no matter what I did what it took to get them back.”

“It wasn’t so much the story itself. I liked the lessons I learned and how it related to my recovery. Also it was something we all talked and got closer.”
APPENDIX F
THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol - that our lives had become unmanageable.

2. Came to believe that a power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God as we understood Him.

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed and became willing to make amends to them all.

9. Made direct amends wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory, and when we were wrong, promptly admitted it.

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

12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.
VITA
CLAIBORNE BETH OHLSSON

Education:  
M. A. Reading with a Concentration in Storytelling, East Tennessee State University, 2011
B. S. Dramatic Arts/Education Western Maryland College, Westminster, Maryland, 1972
Governor Thomas Johnson High School, Frederick, Maryland, 1968

Professional Experience:
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Theatre Arts Instructor, grades 6-8, New Market Middle School, New Market, Maryland, 1992-1998
Artistic Director, Jack B. Kussmaul Theatre, Frederick Community College, Frederick, MD 1987-1993
Adjunct Theatre Arts Instructor, Frederick Community College, Frederick, Maryland, 1987-1992
Theatre Arts Instructor, grades 9-12, Magnet Program for the Arts, Theatre Arts Instructor, grades 11-12, Governor Thomas Johnson High School, Frederick, Maryland, 1981-1991
President, Frederick County Arts Council, Frederick, MD 1982-1985
Director, Actor, Stage Manager, Fredericktowne Players, Frederick, MD 1978-90
Founder and Artistic Director, Little Engine Company, children’s theatre Frederick, Maryland, 1979-1985
Language Arts Instructor, grades 6-8, West Frederick Middle School, Frederick, Maryland, 1978-1981
Theatre Arts and English Instructor, grades 10-12, Catonsville Senior High School, Catonsville, Maryland, 1972-1976