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A Phenomenological Study of the Experience of Counseling for Women with Addictions

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ABSTRACT

A Phenomenological Study of the Experience of Counseling for Women with Addictions

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This qualitative study explores the experience of counseling for women with addiction issues. Six women with varying ethnic backgrounds between the ages of 24-44 years old participated in the study. Each woman was diagnosed with a substance use disorder and had to have participated in at least five counseling sessions to be included in the study. The study utilized a phenomenological methodology, which seeks to understand the core essence of the phenomenon of counseling itself. Each woman was interviewed once for at least 45 minutes and two women were interviewed twice. These interviews were recorded, transcribed verbatim, and then underwent four levels of analysis. A composite chapter is included which discusses how these analyses were utilized in determining the textures, structures, and ultimately, the essences of the phenomenon that each woman experienced. The results found that the essence of counseling for these six women was trust, feeling valued, and counseling as a transformative process. It demonstrates the need to address trust in the counseling relationship more fully as well as the necessity of helping clients feel valued in the counseling relationship. This study includes recommendations for counselor educators and those working in clinical practice.

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Dedication

"The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss, and have found their way out of the depths. These persons have an appreciation, a sensitivity, and an understanding of life that fills them with compassion, gentleness, and a deep loving concern. Beautiful people do not just happen."

Elisabeth Kübler-Ross

"There is no greater agony than bearing an untold story inside you."
Maya Angelou

Chapter 1

Introduction

The literature has repeatedly documented the complexity of the population of women with addiction issues (Fallot & Harris, 2004; Orwin, Maranda, & Brady, 2001; Padgett, Hawkins, Abrams, & Davis, 2006; Smyth, Goodman, & Glenn, 2006). Substance abuse has been found to be interrelated with a host of mental health issues (Brady, Killeen, Brewerton, & Lucerini, 2000), trauma (Fallot & Harris, 2004; Orwin et al., 2001), and poverty related struggles (Padgett et al., 2006) as well as stereotypes and stigma faced by drug-abusing women. These studies have examined the barriers women have faced that are unique to their gender, as well as their statuses as drug-using and often times poor and parenting. Previous research has demonstrated the inconsistent and often disrespectful treatment of drug-using service clients (Mulia, 2002; Smyth et al., 2006), their difficulty obtaining treatment due to lack of childcare, transportation, or failing to meet eligibility of programs (Mulia, 2002), and has found the process of entering treatment to be fraught with tension, fear, and hesitance (Smyth et al., 2006). Overcoming these barriers requires change and the individual and systemic levels and a greater understanding of the process through which women seek treatment.

In light of the information professionals have about the treatment of women with addiction issues, researchers do not have an in depth understanding of how women with addiction issues experience the process of counseling and how this process influences their lived experiences. Some work has been done in the areas of experience of stigma,

stereotypes, access to treatment, and treatment retention (Smyth et al., 2006), but increased attention to the subjective perspectives of drug-using women is needed, especially because of this group's characterization of "manipulative" and "resistant" (Mulia, 2002, p.714) and also because of their underrepresented voice in the literature. The purpose of this dissertation is to explore the process of counseling for women with addiction issues in order to better understand the factors that create an effective therapeutic experience for them.

For this research, *counseling* will be conceptualized as the practice of spending time with a psychological professional trained to help diagnose and treat mental and emotional problems (Psychology Today, 2014). The participants will have the space to expand that definition as it fits to their experiences. *Women with addiction issues* will be defined as individuals who identify as women who have a documented substance use disorder. This population is defined throughout the literature as women with addiction issues, women who abuse substances, women with substance abuse issues, drug-abusing, drug-using, and women with addiction. All of these definitions include women with a diagnosed substance use disorder and will be used interchangeably throughout this dissertation. Substance use disorders include alcohol, amphetamine, cannabis, cocaine, and opioid-related disorders. It will also include polysubstance-related disorder. This term will exclude nicotine and caffeine-related disorders. This chapter begins with a personal introduction to the topic. It will highlight theoretical framework along with the scope and need for the study. The chapter will also provide rationale for methodology and will conclude with an overview of remaining chapters.

Personal Introduction to the Topic

My interest with the topic of understanding the experience of counseling for women who abuse substances comes from working as an individual and group psychotherapist for women with co-occurring substance abuse and mental health issues, as well as working in private practice with many of these women who transitioned from treatment and integrated into the community. I heard stories of difficult childhoods, substance use that typically occurred in teenage years as a way to connect to peer groups or significant others, and a variety of poverty related and relational struggles in adulthood. I also continually heard stories and felt the frustration of many of my clients as they interacted with systems that had so much control over their lives and their families. I had the vicariously traumatizing experience of seeing a mother being taken away by authorities as her children were sobbing and clinging to her and her parental custody was being permanently terminated. I saw the interconnectedness of relationships and drug addiction, and alcohol and drug use as a coping mechanism to deal with stress and hopelessness related to so many barriers.

In my position as a psychotherapist, understanding the subjective experience of women who abuse substances is important to me because counseling is the venue through which I intervene. Most of the women with addiction issues, with whom I have worked, have been mandated to attend counseling with me, and I typically interact with child protection workers and social workers that question me about my client's attendance and "compliance" in counseling. This has always seemed counterintuitive to me, and I am curious about how clients view counseling in this sense. Furthermore, I have had the

experience of working with clients who have concealed relapses from me and other providers for months at a time, and my curiosity about the process of counseling for women with substance abuse issues also involves safety and trust in the therapeutic relationship. How do women with addiction issues view counselors? What is it like to have to attend counseling when they may not want to? What builds trust with a counselor? How is counseling actually helpful with so many struggles going on? Is time in counseling just another hoop to jump through in order to get full custody of their children back or fulfill another legal requirement, and if so how can I change that? I am curious about all of these questions for this population as to determine how they actually experience counseling. I believe that the best way to work effectively with women with addictions and other marginalized populations is to *ask* the individuals themselves how to be effective.

Scope of the Study

Women with addiction issues are a complex population. Along with substance abuse typically comes trauma (Fallot & Harris, 2004; Orwin et al., 2001), exposure to violence (Clark et al., 2001), and mental illness including post-traumatic stress, anxiety, and depression (Beckwith et al., 2002; Luthar et al., 1998). Along with individual struggles, women face additional barriers to receiving treatment including stigma regarding their femininity or motherhood, lack of childcare, transportation, funding, or failure to meet criteria for treatment entry (Mulia, 2002). In the process of seeking treatment and other services for addiction, women report tension and face institutional rules and protocols that can confound their attempts to better their situations (Mulia,

2002). Much of the literature has focused on the individual actions of this population deemed "complex" or "high use" (Smyth et al., 2006, p.50) rather than shifting the focus toward the institutions and systems through which they are attempting to receive assistance (Smyth et al., 2006). Researchers have advocated for systemic change and a "full framed" approach in addressing this population. An increasing emphasis on specialization in social and mental health services leaves systems unable to attend to the multifaceted needs of this marginalized population (Smyth et al., 2006) and often fails to address the interconnectedness of their relationships with substance abuse and the unique context from which they come. There is an apparent gap between what is desired in treating this population and what is currently practiced.

A venue of treatment that has been found to be effective in working with the complexity of this population is that of individual psychotherapy. Most of the literature regarding the efficacy of psychotherapy focuses on therapeutic outcomes (Wampold, 2001) but a growing body has begun to focus on the therapeutic alliance. A perceived strong therapeutic alliance in psychotherapy has been found to increase self disclosure for clients (Levitt, Butler, & Hill, 2006; Wampold, 2001), mitigate secret keeping (Farber, Berano, & Capobianco, 2004; Kelly & Yuan, 2009), and has been found to impact outcomes of drug use and attendance for substance abusing populations (Crits-Cristoph, Temes, Ball, Martino, & Carroll, 2009; Marcus, Kashy, Wintersteen, & Diamond, 2011). These findings are vital in understanding the efficacy of therapy for women with addictions.

Need for the Study

In an era of managed health care, welfare reform, and now policies addressing drug use in the United States, there is a heightened concern about drug users' access and utilization of both mental health and treatment services. Access and service utilization of "high use" populations such as women who abuse substances (Mulia, 2002) are subject to great scrutiny. A fundamental concern is that drug users have access, engagement, and retention in various services— when difficulties arise in any of these three areas, often times the client population gets blamed for these issues. Women with addiction issues are said to have "complex problems," unpredictable help-seeking patterns, low levels of motivation, and are resistant and unwilling to change (Mulia, 2002). Furthermore, a growing trend in treating marginalized populations is the "specialization of services" (Smyth et al., 2006, p. 490), which essentially focuses on specific issues (i.e., substance abuse, mental illness, homelessness) in isolation instead of treating women in their various and unique contexts. More insidious are the studies of care providers that have found that stereotyping and differential treatment occurs in service settings (Mulia, 2002). Poor treatment of women with addiction and failure to address women in context undermines success of the intervention as well as the woman herself. It is when the perspectives of the drug-using clients are considered that the focus of inquiry shifts more toward the workings of the institutions instead. An increased focus on the perspectives of women with addictions regarding their treatment experiences can contribute to the existing literature and offer the valuable information on increasing the efficacy of these services (Smyth et al., 2006).

There is large gap in the literature regarding counseling experiences for women with addiction, and few studies to date that have examined the process of counseling for women with addiction. The goal of this dissertation is to contribute to the understanding of the subjective experience of the process of counseling for women with addiction issues in order to understand how counseling can be most effective.

Rationale for Phenomenology

I chose a qualitative research design due to its use of inductive reasoning and emergent design (Creswell, 2007), as well as its nature as a form of research that is non-standardized and dependent on the expressions of both the researcher and participants (Creswell, 2007). Qualitative research focuses on the lives, stories, and experiences of people as observed in their natural setting and this is an appropriate fit for the population of women with addiction as it will give voice to their experiences. When researchers conduct qualitative research, they are embracing the idea of multiple realities. When studying individuals, qualitative researchers conduct a study with the intent of reporting these multiple realities (Creswell, 2007). Evidence of multiple realities includes the use of multiple quotes based on the actual words of different individuals and presenting different perspectives from individuals. This is consistent with my constructivist worldview, in which individuals seek understanding of the world in which they live. They develop subjective meanings of their experiences. These meanings are rich and varied, leading the researcher to look for the complexity of views rather than narrow the meanings into a few categories or ideas. The constructivist worldview also supports the mind's social constructions of realities, the implications these constructions have on

individual's interactions and lives, and the co-construction of meaning (Charmaz, 2006; Crotty, 1996).

The phenomenological approach was chosen because it focuses on several individuals' experience of a phenomenon (Creswell, 2007). Phenomenology has been defined as the study of "how people describe things and experience their senses" (Patton, 2002, p. 105). When researchers use a phenomenological approach, they report how individuals participating in the study view their experiences differently (Moustakas, 1994). In order to develop a deeper understanding of a phenomenon, I engaged in in-depth interviews with people who have directly experienced the phenomenon of study, and I developed a composite description of the essence of the experience for all of the individuals. This approach is appropriate for understanding the process of counseling for women with addiction issues because each woman experienced the process in her unique context from her own worldview. The phenomenological approach allowed me to specifically examine the "experience of the process of counseling" by focusing on the phenomenon itself as experienced by each participant. The reader is provided with rich, descriptive detail of a unique experience, provided by women who have actually lived it.

Population

Criterion for participation in this study was women who have a documented substance abuse diagnosis and who have participated in at least five or more counseling sessions. The population from which participants are sampled were women living in residential treatment for co-occurring disorders or substance addiction and mental health problems. The population of women from which the research took place are a group who

typically have one or more children or are pregnant, have had significant housing difficulties including but not limited to homelessness, eviction, or foreclosure, and who have an addiction to a substance. Participants were selected through the assistance of the counseling supervisor at a local inpatient treatment center and three chemical dependency counselors who are currently working with the women with substance abuse issues from this sample. I am also a licensed marriage and family therapist. I confirmed each participant's suitability for the research and provided them with the basic information surrounding the project and answered any pertinent questions. Upon verification that the individual had met the research criteria, a consent form was given to the participant.

Overview of Study

Each individual was interviewed in person and audiotaped, utilizing an interview guide with few predetermined open-ended questions. This allowed the interview to be sufficiently flexible in order for participants to fully explore their lived experiences. Following data collection, transcription and initial analysis, I revisited with two of the participants with a copy of the transcriptions and analyses. The participants were asked to comment on the fidelity of the transcript and were given the chance to suggest correction or elaborate on their original interview. This process is known as a "member check" and the purpose is to gain clarification on interpretations and themes from the initial interviews.

After the data were collected from both the initial interviews as well as the member checks, the written transcripts were read several times to obtain an overall feeling for them. Significant phrases or sentences that pertain to the lived experiences of

the process of counseling were identified from each transcript. This is known as the *horizonalization* of the data. The results were integrated into an in depth, exhaustive description of the phenomenon and the words of the collective group began to develop a "portrait" of the phenomenon itself. Due to the nature of qualitative research, traditional methods of quantitative research such as internal, external, and construct validity and reliability do not apply (Choudhuri, Glauser, & Peregoy, 2004). Lincoln and Guba (1985) argue that ensuring credibility is one of the most important factors in establishing trustworthiness. This research ensured the credibility of the study through prolonged engagement and persistent observation, hours in the field with participants, and triangulating with of the data with member checks as well as an evolving literature review. Rich, thick descriptions of the phenomenon under study will be provided and peer review of the researcher's methods and findings will be utilized.

Summary

In the midst of the controversial social and political topic of the treatment of addictions, the research has shown that women who abuse substances are continuing to struggle with a variety of issues. The literature is clear that there is room for improvement in the treatment of this complex population, but there is a dearth of literature documenting what the process of counseling is like for specific individual women with substance abuse issues. By focusing on this group through a phenomenological framework, the phenomenon of the process of individual psychotherapy can be better understood from those who have experienced it.

Overview of Remaining Chapters

Chapter two will include a review of the literature including specific exploration of key issues that have been found to be common experiences of women of with addiction issues as well as trends in the treatment of this population. Chapter two will also include specific factors that have been found to be effective in counseling. Chapter three will consist of a detailed description of the research design and methodology as well as comprehensive definitions of the qualitative and phenomenological approaches. Chapters four through nine will provide an overview of each of the participant's stories, Chapter ten includes the composite description and Chapter eleven provides a summary of the study and includes limitations and implications for future research.

Chapter 2: Literature Review

Women with addiction issues are a complex, often marginalized population with a number of struggles, such as traumatic histories (Fallot & Harris, 2004; Orwin et al., 2001), childhood sexual abuse (Clark et al., 2001), physical abuse (Najavits et al., 2003), intimate partner violence (Staggs, Long, Mason, Krishnan, & Riger, 2007), and issues related to poverty (Padgett, Henwood, Abrams, & Drake, 2008). Despite the past decade of chemical dependency treatment becoming more specialized for women and incorporating programming such as prenatal and parenting care, couples counseling, and education about domestic violence, women with substance use disorders still have high rates of recidivism and report quality of life measures significantly below non-substance dependent women (Gil-Rivas, Prause, & Grella, 2009). They also report the experience of obtaining treatment as being frustrating, demeaning, and, for some, worse than receiving no care at all (Mulia, 2002).

While there is an abundance of literature addressing specific types of programming for women with addiction issues, there is a dearth of research to date that captures the experience of counseling for this population. Counseling has been found to have beneficial outcomes in working with the mental health disorders that co-occur with substance use disorders for women including post traumatic stress disorder, anxiety, and depression (Marich, 2010). Furthermore, participants in counseling for substance use disorders have reported a greater desire for focus on their mental health issues instead of their substance use (Najavits et al., 2004). However, most women in counseling who struggle with substance use disorders attend counseling within the constraints of an

inpatient or outpatient therapy program and can often suffer consequences for not attending sessions and for not complying with treatment. Women with substance use disorders may associate counselors with other figures of authority who exhibit power over them and threaten them with punishment for noncompliance. They have also been found to experience high levels of shame (Luoma, Kohlenberg, Hayes, & Fletcher, 2012) and may view counseling as a distressing process. Women may fear incarceration or loss of custody of their children if they seek treatment for substance abuse, and referral to substance abuse treatment may create employment strain or loss of employment for women. This can be detrimental for women with little financial means, especially those who are parenting. Furthermore, referral to an inpatient treatment facility may mean loss of eligibility for subsidized or affordable housing and often times providers encourage women to leave their using friends and community without proper housing and support in place (Smyth et al., 2006). These implications make it especially important to understand how women with addictions view the counseling process and experience counseling so they will have the support and space to work through their multitude of struggles.

The following chapter will outline the population of women who abuse substances including co-occurring mental health and traumatic experiences, barriers to treatment, and the progression of gender specific care. The chapter will provide a brief overview of experiences of women in treatment for chemical dependency and types of services offered including programs designed for parenting and that have a focus on mental health issues. It will highlight client experiences of counseling and facilitators of a beneficial therapeutic experience. The purpose of the review is to understand the needs of

this complex population and to develop an understanding of how they view the counseling process in order to inform the practice of the clinicians who work with them.

Characteristics of the population

As with many marginalized people, women who seek substance abuse treatment typically have a range of problems and crises that cannot be distilled into one issue (Eby, 2004). Substance abuse has been identified as a way for women to escape from distressing situations in their lives including poverty, emotional pain, intimate partner violence, and trauma (Fillmore & Dell, 2001; Finkelstein et al., 2004; Padgett et al., 2006). Women with substance abuse issues often face several barriers to accessing treatment including stigma, lack of childcare, lack of funding, or fear of losing connection to significant relationships if they were to become sober (Rosen, Tolman, & Warner, 2004). The majority of women with substance abuse issues do not seek treatment, and many women among those who do receive treatment report a variety of complex issues including traumatic histories (Orwin, Maranda, & Brady, 2001), childhood sexual abuse (Clark, et al., 2001), physical abuse (Najavits et al., 2003), and a history of growing up in homes where one or more parents abused substances (Finkelstein, 1996). In adulthood, many women who struggle with substance abuse issues report intimate partner violence and exposure to violent situations resulting in the death of significant others. They also report higher levels of homelessness and poverty related trauma than those women who do not abuse substances (Fallot & Harris, 2004). Some have permanently lost children to death or judicial removal (Ranskin, 1992) or temporarily lost custody due to their use (Laken & Hutchins, 1996). Often times their use

is perpetuated following the removal of children from the home. Thus, the common threads running through the lives of women who abuse substances are trauma, loss, poverty, and unresolved grief.

Given the high rates of trauma and exposure to violence, it is not surprising that women with substance abuse issues struggle with a variety of mental health difficulties including posttraumatic stress, depression, and anxiety (Beckwith, Rozga, & Sigman, 2002). Among individuals who abuse substances, women are more likely than men to report mental health problems (Brady et al., 2000). One study found that almost 90% of addicted women had at least one affective or anxiety disorder diagnosis during their lifetimes (Luthar et al., 1998). In a study of women with mental health problems, over 50% of women had a co-occurring substance use problem and nearly all were rooted in history of trauma (Fallot & Harris, 2004). Substance abuse tends to co-occur with mental health issues as well as a host of other difficulties and thus should not be viewed in isolation for women.

There are specific ethnic subpopulations of women that struggle with co-occurring mental health and substance abuse disorders. Native American women have high rates of substance-related problems (Indian Health Service, n.d.). Factors related to relapse in Native American women include low self-esteem, negative feelings, and negative social factors (Chong & Lopez, 2007). In a prevalence study conducted in the mid 1990s with three Tribal nations in the Southwest, almost 30% of adult Tribal members had a current diagnosable alcohol or drug problem (Herman-Stahl & Chong, 2002). Only one-third of these individuals sought help in the past year, with women

equally as likely as men to do so. Between 74-94% of those who had sought help reported to using substances 30 days prior to the interview (Herman-Stahl & Chong, 2002). Chong and Lopez (2005) found that family and friends participating in the treatment milieu and the absence of negative peer influence can significantly improve the psychosocial status of Native women at the discharge of their treatment programs. This population is highlighted in the current study because three of the six participants interviewed identified as Native American.

Addiction as a means to connect for women

Along with coping with difficult circumstances women often use and abuse substances as a means to connect with others. It is common for families, neighbors, and community members to gather and spend time with other another particularly in impoverished neighborhoods, and drinking and the use of other drugs may be a standard aspect of these gatherings. The 12-step admonition to avoid the people, places, and things that might trigger a relapse may also prove to be difficult for women, especially if substance abuse is so prevalent in their relationships and other forms of social capital.

One qualitative study highlighted themes of connection along with mental health struggles and poverty related to substance abuse (Padgett, Hawkins, Abrams, & Davis, 2006). In interviewing 13 women who abused substances and had a history of homelessness and mental illness, 9 of the 13 women reported a lifetime history of substance abuse, primarily alcohol, marijuana, and crack cocaine. For these women, substance abuse typically began in their early teens, and was made relatively easy given the availability of drugs in their poor neighborhoods and use by siblings and peers. Drug

dealers, fellow substance abusers (in and out of treatment settings) and proximity to liquor stores were some of the few constants in these women's lives. One of the participants began smoking marijuana at age 12 to join in with her older sisters, and went on to abuse crack cocaine with male partners. Along with the influence of social relationships, the women attributed their substance abuse to inner turmoil, multiple losses, and the cumulative effects of homelessness and extreme deprivation (Padgett et al., 2006). This study highlighted the interconnectedness of relationships and addiction for women and the major influence that connecting with others can have on beginning and continuing use. It also showed the multidetermined and contextual nature of substance abuse and how it is often the product of a desire to belong, to please a male partner, and to escape from painful realities.

Similarly, researchers in another study interviewed 41 women with substance abuse and mental health disorders upon entry into residential treatment and followed up at 6 and 12 months about what their experiences were like (Padgett, Henwood, Abrams, & Drake, 2008). During the course of the study, more than half the participants left supervised settings, and those living in their own apartments began living in new neighborhoods that were poor and sometimes drug and crime ridden. The participants in the study reported finding support in 12-step groups, but attendance became difficult as some of the group members still used drugs and alcohol. Many of the participants found that peers who were still abusing substances or not moving toward recovery often were not supportive and fell by the wayside. One participant explained, "When you use, you got many friends… Everybody opens the door. But once I decided to get clean, it's like, I

don't fit in the crowd no more" (Padgett et al., 2008, p. 335). Drug and alcohol use was seen as a form of social currency, and ceasing use meant that participants lost what few "friends" they had in the first place. The study also found that the participants' recovery was threatened by several factors including pervasive availability of drugs on the streets and in homeless shelters. Overall this study spoke to the fact that ceasing drug use often times means losing friends and becoming disconnected from the community. For women with limited resources, this disconnect may prove to be detrimental, especially if they do not have the resources to change communities. Both of these studies highlighted the function of using and abusing substances as a means to connect with individuals as well as feel connected in the community. Their use connected and "opened the door" for them and their sobriety left them feeling isolated and disconnected. Many women who attend treatment are encouraged or in some cases required to sever relationships which are deemed unhealthy or damaging by the service community (Smyth et al., 2006) but at the same time the building of healthy alternative relationships is not being facilitated. In place of family and friends women are offered a vague promise that they deserve better, and this can serve as a threatening aspect of attending treatment.

Barriers to treatment

As previously mentioned, lack of resources for women who abuse substances is one of the main reasons why entry into treatment may prove to be difficult. Despite advances in treatment, women with substance abuse issues still report difficulties utilizing conventional systems of care for a number of reasons. These reasons include fear of criminal prosecution, lack of transportation, lack of childcare, lack of readiness to

obtain sobriety, guilt, denial or shame regarding their substance use and addiction or fear of being forced into treatment regardless of it is their choice (Mulia, 2002).

Along with lack of resources, another barrier to treatment that women face is status loss and stigma of abusing substances based on their multiple identities. When women are both drug using and poor, they are viewed critically not only because of their drug use, but also because of their poverty and womanhood. Although women in poverty face a great deal of difficulty and stigma, drug-abusing poor women, especially those who are pregnant and parenting, face an enormous amount of distain, suspicion, and judgment. Along with the stigma they are faced with, poor women who abuse substances also face penalties that are specific to their gender (Mulia, 2002). This comes in part due to cultural views on what behavior is considered feminine, and who is a dangerous and unfit mother. The image of a drug-abusing woman does not conform to social and cultural ideals of femininity and motherhood. Women who abuse drugs have found that their social identity is often further shaped by stereotypes about their deviant sexuality and promiscuity (Mulia, 2002). They also face the fear that their children could be forcibly removed from their custody at any time. The stigma faced by drug-abusing women reflects differences in social class, ethnicity, and kinds of drugs abused. Internalized stigma and bias and other self perception issues create barriers on their own, but those who are not heterosexual, middle-class White individuals may experience real bias and barriers that are externally based. Several studies have documented that substance abuse among low-income and racial minority groups is viewed and responded to more harshly (Blanchard & Lurie, 2004; Limbert & Bullock, 2005).

Given the aforementioned barriers and stigma women face upon entering into treatment and potentially detrimental outcomes for women and their children, policymakers, researchers, clinicians, and other care providers have recommended that substance abuse treatment programs address women's physical, social, and mental health in a holistic sense instead of merely treating their addiction. Addiction has been found to be interconnected with identity and relationships for women, and treatment has only recently been providing gender specific services. Gender was not acknowledged in treatment centers until as late as the 1970s and most women were treated from the conventional 12-step model with no special services for women's issues or parenting. Greater attention has been given substance abusing women's children's needs through prenatal services, parenting programming, childcare, and other child-centered services in a centralized setting. This has resulted in the development of a number of residential and integrated treatment programs with an inclusion of onsite prenatal, childcare, and parenting related programming for women in the United States and Canada (Niccols et al., 2010).

Treatment experiences for women with addictions

While the recognition of the need for gender specific programming has advanced the treatment of women with addictions, there still remains a fundamental concern that there be effective and efficient access, engagement, and retention of drug-using women in services (Mulia, 2002). The growing recognition for holistic care has created a range of innovative approaches including relational-cultural theory, which emphasizes the importance of relationships for growth, development, and change (Jordan, Hartling, &

Ballou, 2002), harm reduction theory which gives language and techniques for meeting clients "where they are at" and tracking small gains (Marlatt & Witkiewitz, 2002) as well as strengths-based work (Leadbeater & Solarz, 2004) and feminist therapy, which provides a set of tools to attend to power differentials between clients and providers and raise awareness of structural causes of personal distress (Brown, 2004). Applications of these modalities still fall short for many marginalized people who cannot be viewed in isolation from their identity, relational, racial, and cultural contexts.

A current trend in treating marginalized populations is the "specialization of services" (Smyth et al., 2006, p. 490), which is the treatment of prescribed issues or constellation of issues, rather than on the person and her experience of contending with the issue. Specialization of services has led to a situation in which specific issues (addiction, mental illness, homelessness, domestic violence) become targets of intervention, rather than the people and their actual situations. Following close behind is the adoption of narrowly defined definitions of success for a specialized program and its participants (e.g. she is drinking or she is not). These measures enable the assessment of the immediate effect of an intervention of a single short-term goal, but do not give any sense of its long-term impact and staying power. This is especially true once the complexities of a woman's life exert their force. Smyth et al. (2006) presented a framework called the "full-frame approach" which is a model that privileges context and community, and described two programs that are utilizing this model. The full-frame approach is based in and on their specific geographical communities' needs and

strengths. The aim is to help vulnerable and marginal populations connect more effectively with mainstream programs.

It is apparent that women with addiction issues experience a range of problems and crises that cannot be consolidated into one straightforward issue and thus resolved with a rigidly defined, predetermined intervention (Eby, 2004). Failure to understand a woman in a comprehensive, contextual manner will likely undermine the long-term success of the intervention and the woman herself (Smyth et al., 2006). It is therefore integral to consider issues of access and utilization from the perspective of women with addiction, particularly in light of this group's frequent characterization as "manipulative" or "noncompliant" (Mulia, 2002, p.714).

One study explored women's subjective experiences of service utilization from a sample of 28 women (Mulia, 2002). The women in the study had interacted with institutions under both voluntary and nonvoluntary circumstances. The kinds of services they had received or tried to receive included drug and alcohol treatment, mental health services, housing, medical and dental care, health insurance, and practical support (such as food, transportation). The results of the analysis found that while women's material needs compelled them to seek institutional aid, the process of accessing and receiving services was fraught with tension. The women reported needing to sometimes weigh the need for institutional aid against the desire to avoid the frustration and strain they experienced in service settings. A notion highlighted in the study was that institutional rules could inadvertently hinder and obstruct utilization of services.

One participant spoke of her frustration in wanting to attend residential treatment,

but needing to attend a hospital-based detox center first. Because she was participating in a methadone maintenance program (while still smoking crack cocaine) she was unable to get into that detox. Her case illustrated the important point that for many women, eligibility for specific services (residential treatment) is for all practical purposes contingent on access to and successful completion of a different service (hospital detox center), which in turn depends on other eligibility criteria. This participant did not satisfy these multiple and conflicting requirements because of her polydrug addiction and therefore did not qualify for the treatment she wanted unless she could independently detox herself from crack cocaine first. She therefore had to accomplish on her own that which she sought assistance for.

Another finding from the study was that women experienced relational tensions with staff across various institutions including drug treatment providers and health care workers. To varying extents, the women attributed their negative experiences to provider stereotyping and discrimination. The women in the study reported feeling that because they were both drug-using and poor, their concerns were not recognized as legitimate. Clients also experienced coercive and aggressive confrontational treatment from staff in residential treatment. One client described vivid scenes of being seated "in that chair" and confronted by several counselors. She stated, "And they would attack you at once, with all these words, y'know": (in stern voice) "You will never amount to nothing, your family doesn't want you," this and that. And that's how they talked to us" (Mulia, 2002, p. 728) This example points to the highly confrontational approach used by some treatment programs and is criticized by both clients and drug treatment researchers.

While some literature focuses on the subjective treatment experiences of women who abuse substances, a growing body of literature is emerging regarding overall treatment utilization for this population. Rosen, Tolman, and Warner, (2004) examined the utilization of mental health, alcohol, and drug treatment in a sample of low-income women. The results found that fewer than one in five of the respondents with a current mental health and/or substance dependence problem had received treatment in the past five months. Those respondents who reported wanting treatment but did not receive services were asked why they did not obtain treatment. The most common response for not seek treatment was cost or insurance problems (26.4%) followed closely by fear of treatment (26.4%). Respondents also mentioned not knowing where to go for help (13.2%), not having time for treatment (11.3%) and problems such as no transportation (9.4%) and no childcare (7.5%) Over two thirds (69.8%) of respondents who were concerned that they had a mental health problem, and did not receive mental health services in the past year, screened positive for a current mental health disorder. It was evident in this study that increased barriers decreased the likelihood that respondents would receive treatment.

Similarly, another study sought to explore treatment utilization among a sample of 77 women with current PTSD and substance use disorders (SUD): lifetime utilization, past 30 days utilization, and perceived helpfulness/harmfulness of current treatments (Najavits et al., 2004). Results indicated high treatment utilization overall (approximately 14 treatments per person and four types of treatments per person). The most common treatments were individual therapy and medication. Some participants

reported no treatment utilization whatsoever. Only individual therapy was reported to focus on both post traumatic stress disorder and their substance use disorder and this stood in stark contrast to what most participants wanted: 80.3% of the sample wanted combined PSTD/SUD treatment, with the next largest group favoring PSTD treatment alone. Fewer than 20% wanted SUD treatment alone.

These studies point out the wide range of treatment utilization among women who abuse substances. It seems as though treatment utilization is extensive for a subgroup of women and for others there is no utilization of treatment at all. The latter study also pointed out that for the women who do obtain treatment, they desire to work through their mental health issues along with their substance use disorder. A telling finding from the study was that women desired a greater focus on their post-traumatic symptoms along with treatment for their substance use disorder. These results echo a critique from several researchers and clinicians that traditional models of addiction and relapse prevention fail to consider the role that unresolved trauma and other mental health issues impact an addicted individual's attempt at recovery (Gil-Rivas et al., 2009). Researchers have specifically appraised traditional models of addiction recovery such as the 12-Step/Minnesota Model or Cognitive-Behavioral Therapy (CBT) and contended that these approaches tend to marginalize addicted, traumatized women more than they do their male counterparts (Miller & Guidry, 2001). It is therefore vital to analyze and understand the types of treatment modalities that are effective for this population.

Integrated Services

Some clinicians have expressed concern that including motherhood needs of women in treatment may be overwhelming for women and provoke feelings of guilt, distress, and shame that may be detrimental to maternal mental health (Luoma et al., 2012). However, the inclusion of pregnancy and child-related services has been found to be effective in treating women with addictions with the assumption that recognizing and supporting women's role as mothers should improve outcomes, including mental health outcomes. This finding was supported in a systematic review of 38 studies. Ashley, Marsden, and Brady (2003) found that programs with prenatal care or childcare were associated with reduced maternal mental health symptoms (cited in Niccols et al., 2010). In their meta-analysis on the effects of substance abuse treatment for women, Orwin, Francisco, and Bernichon (2001) concluded that enhancing women-only treatment programs with prenatal or childcare enhanced value beyond the effects of standard women-only programs. The effect size for psychiatric problems from studies comparing these childcare enhanced programs to standard women-only programs was positive ($d=.18$) but nonsignificant ($p=.199$).

Similarly, Niccols et al. (2010) combined three studies that compared maternal mental health for women participating in integrated and nonintegrated substance abuse treatment programs and provided enough information to permit meta-analysis (Luthar et al., 2007; Sacks et al., 2004; Schinka et al., 1999). The results researchers found that there was more improvement in mental health scores for women in integrated than nonintegrated programs, however the average effect size was small. It is possible that integrated treatment programs improve mental health more than nonintegrated programs

by addressing women's parenting needs, their children's needs, and their role as mothers. Respecting and understanding the complexities of a marginalized woman's relational context requires acknowledging her role in the lives of others, including her children.

Mental Health Treatment

Treating mental health symptoms has also been found to be an integral part of addiction recovery for women with addictions. It is evident that substance use frequently coexists with mental health problems and poverty yet the link remains largely under-acknowledged in the research and treatment of substance use disorders for women. It has also been found to be effective when women have some degree of choice in the type of therapeutic treatment modality they participate in (McCrady & Bux, 1999). Unfortunately, often times treatment readiness is determined by assessing whether or not a woman's understanding and description of her situation warrants treatment. Many women with addiction issues know this, and adjust their narrative to fit the provider's expectations (Blom, 2004). If a woman's authority at the problem-definition stage is undermined, her ability to frame, understand, and address her own difficulties may continue to be thwarted as she progresses through treatment. Therefore giving women a choice in the form of treatment they engage in is essential.

One treatment program for alcohol use disorders offered women a choice between individual or conjoint therapy upon their entry into treatment. The results found that women overwhelmingly selected individual therapy rather than conjoint therapy as their choice of treatment (McCrady et al., 2011). Women who chose conjoint treatment were seeking support from their partners or had relationship concerns that they hoped to

address during treatment. Women choosing individual treatment were more likely to follow through with their scheduled intake interviews and were more likely to enter treatment than women who initially thought they would come to treatment with their intimate partner. Overall offering women a choice of individual versus conjoint therapy resulted in a higher proportion of women entering the treatment study than in a prior study in which women did not have a choice of individual therapy.

Along with offering choices in treatment, it is also vital to consider each individual woman's context. This is described as a "full-frame approach" (Smyth et al., 2004, p. 489). With this approach a woman determines the nature of the work to be done, sets her own goals or intentions, and collaborates with staff to determine how those goals might be met. Practitioners working from this model are "facilitators of self-assessment, not assessors" (Smyth et al., 2004, p. 495), and are active partners in a journey, not guides. In the full-framed approach, valuing relationships and understanding the client's perspective and priorities above a particular outcome ultimately leads to new solutions and possibilities. This approach differs greatly from the specialization approach in which goals and outcomes are narrowly defined.

Data from a number of studies demonstrate that interventions targeted to an individual's complex perceptions of self, relationships, and needs are more successful in effecting change than interventions that emphasize a narrow and predetermined goal (Epstein, Bell, & Goodman, 2003).

Experience of Counseling

It is difficult to determine what clients find valuable about their experience in counseling. Some psychologists question the extent to which clients are able to provide valid information about their experiences (Howard, 1990) but there is very little research measuring clients' assessments of their counseling experiences. Research has typically focused on counseling outcome studies that evaluate client change using client self-report to assess changes in symptoms. Clients' reported perceptions of change thus guides the treatment, informs theories, and ultimately sustains the profession by creating a continued demand for psychotherapeutic services.

Therapeutic Alliance

The therapeutic alliance has been consistently found to be associated with outcomes in both adult and individual therapy (Marcus, Kashy, Wintersteen, & Diamond, 2011). Bordin's (1979) theory of the working alliance offers one of the most comprehensive definitions of the alliance to date. Bordin talked about the alliance as describing the degree to which the therapy dyad is engaged in collaborative, purposive work. His theory is based on two assumptions: first, alliance is concerned with the purposive work of therapy (Hatcher & Barends, 2006). Second, alliance is interpersonal. It is developed and expressed as a reciprocal, interactive relationship. The client and therapist are engaged in a joint effort to address the client's problem. With this framework, Bordin talked about three core features of collaborative work in therapy. First, this work is based on an agreement as to how the client's problems are defined and what the solutions might look like (goals). Second, there is agreement on what will be

done to achieve these goals (tasks). It is essential that there is mutual confidence that the tasks will help the client reach the solution. Third, the successful partnership in counseling is based on a level of trust and a bond in the relationship that is commensurate with the task. This bond will vary across theoretical approaches in therapy depending on what sort of personal involvement is expected of the client. These features place alliance at the heart of therapy and are key in outlining collaborative, purposive work (Hatcher & Barends, 2006).

In one study that focused on alliance, Levitt, Butler, and Hill (2006) interviewed 26 participants about significant experiences and moments they recalled within their individual therapy sessions. The interviews were analyzed using grounded theory, creating a hierarchy of categories that represented what clients find important in therapy. A list of principles was constructed to guide the moment-to-moment process of psychotherapy practice. Twenty-one participants described their relationship with their therapist as a central part of therapy. Trust was described as a core trait in the relationship. One client described his basis of trust in his therapist:

"From the moment I ever had a first session with him he was completely open with me about everything… I told him a lot of things about me, things that I had done that I regretted and he never blinked an eye" (Levitt et al., 2006, p. 318).

The principle that was developed from the therapeutic relationship category was, *clients tended to develop trust after scrutinizing therapists for displays of caring, especially when vulnerable issues arose. Therapists can convey caring by appearing*

genuine, showing respect for the client's process, and demonstrating faith and expertise in the therapeutic process.

The participants in the study described qualities that they attributed to the therapist that helped develop safety in the therapeutic interaction. The categories in this cluster contained clients' opinions on what makes a good therapist. Clients identified two polarized problems with therapists' personalities: being too distant and being overinvolved. Distant qualities included therapist defensiveness and insensitivity—typically manifested in the lack of attunement to clients. One client quipped, "If you can't find the problem, you sure as hell can't solve it" (Levitt et al., 2003, p. 321). Clients also objected to therapists that were overly involved in therapy. Therapists described as too invested in the client's recovery, pitying, or jealous of the client's other relationships were experienced as compromised in their efficacy. The subcategories in this category emphasized qualities of the therapist that allowed them to convey to their clients care and sincerity. These factors included qualities that convey an invitation to greater intimacy (e.g., vocal quality), an acceptance of the client, genuineness, attentiveness, and empathic concern. Clients repeatedly testified that these types of traits helped them to be open in sessions and make progress in therapy. Overall clients spoke of their therapeutic relationship in excess of any other factor and highlighted the importance of the therapist conveying care within that relationship. This finding is supported by the meta-analysis by Wampold's (2001) finding that relational and contextual factors contribute more to chance than do specific interventions. Specific interventions that therapists used were described as helpful, but clients rarely attributed important change or insight to one

intervention. Clients in the study (Wampold, 2001) rarely discussed symptomatic change as an important outcome of their psychotherapy. They tended, instead, to discuss global changes such as relating better with others and understanding or feeling better about themselves. Relational factors and qualities of a therapist that convey intimacy and care are integral for an effective therapeutic experience.

Two studies have assessed the therapeutic alliance with substance abusing populations and both found that a stronger therapeutic alliance was related to reduced drug use. Marcus et al. (2011) assessed a sample of 600 adolescents in outpatient treatment for cannabis abuse or dependence. The results found that if a client reported an especially strong relationship with his or her therapist, the therapist was likely to report an especially strong relationship with that client. The client relationship perception predicted reductions in cannabis use and that the therapist client-level ratings of the therapeutic alliance (i.e., the therapist relationship effects) were related to the client's attendance in treatment. Similarly, Crits-Christoph et al. (2009) studied the therapeutic alliance in motivational enhancement therapy and counseling as usual in a sample of 461 adults receiving outpatient treatment for alcohol and cocaine dependence. The results found that although the alliance did not differ across treatment modalities, stronger alliances were related to better drug/alcohol use outcomes. These results are vital in understanding and facilitating a strong therapeutic alliance in drug-abusing populations.

Bedi, Davis, and Williams (2005) identified and categorized the variables that clients consider important for forming and strengthening a positive therapeutic alliance. Forty participants were interviewed and were asked to describe observable behaviors and

verbalizations that they thought had significantly helped establish the alliance. The results indicated that many key factors understood by clients to be involved in alliance formation are deceptively simple including eye contact, smiling, warm and personalized greetings and farewells, identifying clients feelings, encouraging the client, and referring to material in previous sessions. The results of this study also indicated that the psychotherapist's personal characteristics (e.g., attire, age, gender, body type, ethnic background) and that the therapeutic environment (e.g., office size, lighting, decorations, nature of books in the office) also impact the development of the therapeutic relationship. Furthermore, contrary to previous research, therapeutic interventions were perceived by participants to influence the alliance. Previous research has indicated that psychotherapeutic technical activity has been linked to psychotherapy outcome rather than to alliance formation. Participants in this study indicated that clinical interventions as having relational consequences for the formation and strengthening of the alliance above and beyond their direct impact on outcome. This finding emphasizes that techniques cannot be divorced from the context of the relationship, a point echoed by Mohr and Woodhouse (2001).

The therapeutic alliance has also been linked to secret keeping in therapy, which also has implications for women who abuse substances. Kelly and Yuan (2009) tested the link between the strength of the working alliance and keeping a relevant secret in therapy. Their results found that the clients who reported keeping a relevant secret from their therapists, as compared with clients who reported that they were not keeping one, rated the working alliance as substantially weaker. Their therapists also rated the working

alliance as weaker, even though they typically could not tell which of their clients were keeping a relevant secret. Moreover, clients' reports of the strength of the working alliance were significantly positively related to symptom change. However, secret keeping in therapy was not significantly related to symptom change. These findings support the belief that secrecy in therapy is problematic for the therapeutic relationship. They demonstrate either that clients tend to keep relevant secrets when the relationship with their therapist is relatively weak, or that the relationship is weakened by the clients keeping a relevant secret. The results are consistent with Farber et al.'s (2004) earlier observation that clients reported feeling relieved and having a sense of authenticity in therapy after disclosing their secrets. This finding is especially important to women with addictions as they may keep use of substances or a relapse as a secret from therapists. A strong therapeutic alliance is therefore vital in providing clients with the trust to be completely open and process the nature of their addiction without fear of repercussions from clinicians.

Therapeutic alliance has also been linked to facilitating self-disclosure in therapy. A strong therapeutic alliance has been found to facilitate client openness and disclosure, which are related to improved therapeutic outcomes. Farber, Berano, and Capobianco (2004) investigated client perceptions of the process, benefits, difficulties, and consequences of disclosing and withholding material in psychotherapy sessions. Their mixed method study highlighted the complexity of the process of self-disclosure. Of 21 participants, nine suggested that it was the fear of their therapist's reaction that made it most difficult to reveal secrets in sessions. ("A fear of being judged, a fear of giving away

a part of myself to someone I know nothing about;" I get almost bashful, I start to worry about what they were thinking of me"; Farber et al., 2004, p. 342). Another eight participants suggested that a fear of their own reaction inhibited disclosure ("I feel embarrassed, as if I'm being bad by saying certain things out loud"; "If I truly express myself, then there would be a sadness and I'd be inconsolable, and that's scary"; Farber et al., 2004, p. 342). In response to a question regarding feelings when disclosing something very personal or deeply felt, 12 respondents described feeling vulnerable ("I feel very vulnerable and exposed"; "I worry that my therapist is secretly enjoying it, like a voyeur or something"; "I feel weak and uncomfortable"; "I hear myself talking about very painful things and not realizing I had so much pain"; Farber et al., 2004, p. 342), whereas five participants reported feeling shame, guilt, or embarrassment ("I'm ashamed about what I'm revealing"; "I feel like a child in confession"; Farber et al., 2004, p. 343). Understanding the shame, vulnerability, and fear that can accompany the process of revealing personal information is essential in working effectively with women with addiction issues.

Although self-disclosure has proved to feel difficult, the therapist's relationship-building skills and acceptance have been found to facilitate self- disclosure (Farber et al., 2004). Participants reported "It's easier to reveal when the therapist affirms that she understands your struggles, that they are normal" (Farber et al., 2004, p. 342) and "When I judge something as not good about myself, she doesn't seem to share that criticism and it's easier to share with her then" (Farber et al., 2004, p. 342). Participants also noted nonverbal behavior in regards to the therapist's communication of acceptance. ".. when

he shows acceptance by not withdrawing eye contact, or smiling, or having a warm expression" (Farber et al., 2004, p. 342). Another participant commented on how her therapist "slowed down his speech, talked softly, and smiled lovingly" (Farber et al., 2004, p. 342). Among several therapist demographic variables presented to respondents in Farber et al.'s (2004) study, the therapist's gender, age, and race were thought to affect ease of disclosure. ("It's easier to talk to someone of the same race, and easier if the person is older, and easier if the person is the same gender"; "If anything, maybe gender- I just think that women are more in touch with their feelings"; "She is a relatively young woman and I really like that we have both youth and gender in common; Farber et al., 2004, p. 342). This study found that relatively simple therapeutic techniques such as affirming and genuine nonverbal behavior and offering acceptance and encouragement have been found to facilitate client self-disclosure.

Self-disclosure and openness have also been related to power struggles between the client and therapist. Rennie (1994) consistently found that clients would consciously conceal and engage in counselor manipulation when they felt that the therapist was trying to impose a treatment plan or specific idea. Client self-concealment may be related to issues of power inherent in the psychotherapeutic relationship. For women with addiction, it is crucial to understand the aspects of counseling that make the process beneficial. Helping women have agency and choice in the their treatment along with developing trust seem to be foundational aspects of beneficial counseling. These findings will ground the current study in the aspects that have determined counseling to be effective for marginalized populations.

Chapter Summary

It is clear from the literature that women who abuse substances are a complex population with a variety of needs. Although policymakers, funders, and practitioners are working diligently to address and meet the needs of marginalized populations and those whose situations are highly unstable and prone to crisis because of addiction, traumatic experiences, economic hardship, discrimination, and other societal disinvestment in them or in their communities (Smyth et al., 2006), there is still a growing recognition that full-framed services are needed in treating women with addictions. Many marginalized women experience a range of problems and crises that cannot be distilled into one straightforward issue. Childhood and adult trauma and other mental health disorders pervade the lives of these women as well as host of poverty related issues. Women with addictions face a number of barriers to treatment related to insurance, childcare, transportation and even eligibility criteria established to ensure "success" and continued program funding but that often times screens out those most in need of services (Smyth et al., 2006). They also face societal and internalized stigma based on the interplay of their addiction and their femininity. Accessing services has been found to be laced with fear and fraught with tension for women with addictions. Future research must address the ways to reduce the negative impact of stereotypes of women with addiction.

Because of the difficulty of accessing and receiving appropriate and beneficial services, it is imperative for counselors and other mental health providers to have a thorough understanding of the population and the properties that make for a beneficial counseling experience. The literature has found that alliance and self-disclosure seem to

be essential ingredients in an effective therapeutic encounter, especially for populations with substance abuse issues, and these tenets will ground the current study in examining the subjective experience of counseling for women with addiction issues.

Chapter 3 will outline the methods that will be used to investigate the experience of counseling for women with addiction issues and the theoretical frameworks used to guide this process. A description of qualitative research and the phenomenological methodology will be given as well as ethical considerations, data collection and analysis, limitations and conclusion.

Chapter 3: Methodology

Introduction

The literature review has brought to light several themes unique to women who abuse substances including those of struggle, stressors, and multiple barriers. The existing literature has documented that mental illness (Belle & Doucet, 2003; Groh, 2007), trauma (Orwin et al., 2001; Padgett et al., 2006), and exposure to violence (Poole & Greaves, 2007) are commonly interrelated with substance use disorders. The treatment of women with substance abuse has proven to be a complex topic, and the literature has noted that treatment for this population is lacking a full-framed perspective (Smyth et al., 2006). One aspect of treatment is individual counseling, which has been found to be effective in working through co-occurring mental health disorders and post-traumatic stress that often underlie substance abuse disorders (Marich, 2010). The process of therapy may be laced with fear and hesitance for women with addictions as they may be mandated to participate in therapy as part of their inpatient or outpatient treatment (Smyth et al., 2006). Giving a woman the choice of her treatment and making her a collaborator in treatment has found to be essential in effectively working with this population (Smyth et al., 2006).

Understanding the process of what counseling is like for these women is essential in informing policy makers, clinicians, and other professionals who serve this population. It is the experiences of these women in therapy that this research hopes to honor and understand and provide the reader with the essence of what it is like. The aim of this research is to allow space for the participants to share their story, to give voice to their

experience. The literature has clearly shown their voices tend to be devalued, disrespected, or not heard at all. The purpose of this dissertation is to explore the process of counseling for women with addiction issues in order to better understand the factors that create an effective therapeutic experience for them.

This chapter will describe the methodology and method to be used in this research study. It will begin by outlining the approach of qualitative research and also the specific method of phenomenology, including a brief history and its connection to philosophical frameworks. The specific lens of constructivism will be discussed along with how that framework ties in to the research. The chapter will describe measures taken to ensure rigorous methodology and issues of credibility and trustworthiness.

The role of the researcher and researcher's disclosure statement will be laid out as well as a discussion surrounding the importance of the Greek concept of *Epoche.* Descriptive information about the population as well as ethical considerations will be given. The chapter concludes with projections for specific data collection and analysis and the limitations of the study.

Qualitative Research

Qualitative research seeks to understand the lived experience of participants through interviewing and sometimes observing them in their natural setting. It can be thought of as any research that is not measured by statistics or any other form of quantifying data (Corbin & Strauss, 1990). Qualitative differs from quantitative research not only in its method, but also in its philosophical ideology. Instead of the idea of one universal reality as in the positivist traditions of hard sciences, qualitative research

acknowledges multiple realities based on each individual's interpretation and perceptions (Lincoln & Denzin, 2008). An essential and difficult part of engaging in this type of research is the necessity of letting go of preconceived notions about participants and their experiences, and embracing their stories with openness and empathy. Moustakas (1995) described this nonjudgmental empathic stance as "Being-In" another's world; that is, immersing oneself in another's world by listening deeply and attentively as to enter into the other person's experience and perception. Moustakas writes:

> I do not select, interpret, advise, or direct… Being-In the world of the other is a way of going wide open, entering in as if for the first time, hearing just what is, leaving out my own thoughts, feelings, theories, biases… I enter with the intention of understanding and accepting perceptions and not presenting my own view or reactions… I only want to encourage and support the other person's expression, what and how it is, how it came to be, and where it is going (1995, p. 82-83).

The qualitative methodology of inquiry gives the researcher an empirical basis for describing the perspectives of others. Research is done in a natural setting or at the site where participants experience the issue. The information is gathered "up close" by directly talking to people (Creswell, 2007, p. 37). The researcher is the key instrument in qualitative data collection. Although researchers may use a protocol, they do not rely on questionnaires developed by other researchers. The researcher collects the data themselves through observing behavior, interviewing participants, and examining documents (Creswell, 2007). Researchers make interpretations about what they see, hear,

and understand and these interpretations cannot be separated from their own background, history, context, or prior understandings. Multiple views of the issue can emerge with the researcher, participant, and reader all making interpretations of the study.

The researcher also utilizes multiple sources of data in qualitative examination. This involves gathering data in the form of interviews, documents, and observations rather than relying on a single data source. This is called data *triangulation,* and is also a method for ensuring credibility of the data. The logic of triangulation is based on the idea that no single method ever adequately solves the problem of rival explanations (Patton, 2002) and studies that only use one method are more vulnerable to errors linked to that particular method than studies that use multiple methods. Triangulation provides cross-data consistency checks (Patton, 2002) and ensures that the research is reflecting the participants' meanings; not the meaning the researcher brings to the research.

Another characteristic of qualitative research is that it utilizes inductive data analysis, or themes, patterns, and categories are built from the "bottom-up." This is done by organizing data into abstract units of information. Researchers work back and forth between the themes and the database until a comprehensive set of themes is established (Creswell, 2007). Qualitative research also utilizes an emergent design, which means that the research process emerges as the research takes place. The initial plan cannot be tightly prescribed as all phases of the research process may shift after data is collected. This might mean that the questions may change, the forms of data collected may shift, and the research site being studied may be modified (Creswell, 2007). The key idea behind the emergent design is to learn about the issue from the participants and to address

the research to obtain that information. Qualitative researchers also strive to develop a complex picture of the problem under study. This holistic approach assumes that the whole is "understood as a complex system that is greater than the sum of its parts" (Patton, 2002, p.59).

In summary, qualitative research involves collecting data in natural settings while being sensitive to the people under study and the data is analyzed inductively to establish patterns or themes. The final product provides a voice for the participants, the researcher's reflections, a complex description and interpretation of the problem, and perhaps a call for action (Creswell, 2007). This research will utilize a phenomenological method of data collection and analysis to better understand the essence of the participant's experiences.

Phenomenological Research

Phenomenological research is a method of inquiry that requires carefully and thoroughly capturing and describing how people experience some phenomenon- how they perceive it, describe it, feel about it, make judgment about it, remember it, make sense of it, and talk about it with others (Patton, 2002). It investigates the way events appear when the researcher puts all judgment, theory, and constructs aside and examines an issue from the perspectives of those who have experienced it. It is an attempt to approach a lived experience with a sense of "newness" and to elicit rich and descriptive data (Creswell, 2007).

Phenomenology as a philosophical view was developed by the German philosopher Edward Husserl (Patton, 2002). He pioneered a new realm of philosophy and

science and developed a "philosophic system" rooted in subjective openness. Husserl viewed phenomenology as the study of "how people describe things and experience through their senses" (Patton, 2002, p. 105). His most basic assumption was that *we can only know what we experience* by attending to perceptions and meanings that awaken our conscious awareness (Patton, 2002)

Husserl contended that people only know what their experience is and means, and that there is no separate reality (Patton, 2002). Phenomenologists strive to focus on how a phenomenon is experienced by participants in such a way as to make sense of the world and, in doing so, develop a worldview. It also aims to explore how individuals make sense of their experience and transform their experience into their consciousness, both individually and as a shared meaning. The meanings are examined for what they say about the experience or some aspect of the experience in general.

In phenomenological research, as in life itself, events are comprehended differently by different witnesses. Since truth has multiple perspectives and is revealed by the viewer, description can feel "unfinishable" (Fischer & Wertz, 2002, p. 277). Nevertheless, in the presence of the same empirical events or reports, researchers do come to an agreement about the *essential* aspects of the phenomenon. A rose may be a different rose to each of us, but we all recognize that it is indeed a rose (Fischer & Wertz, 2002). The function then of phenomenological research is to uncover or make visible the lived meanings of an event for particular individuals, and then across individuals.

To gather phenomenological data, the researcher must engage in in-depth interviews with people who have directly experienced the phenomenon of study; that is,

they have "lived experience" as opposed to secondhand experience. It aims at gaining a deeper understanding of the nature of meaning of some type of phenomenon. The researcher transcends or suspends past knowledge and experience to understand a phenomenon at a deeper level (Merleau-Ponty, 1956). Bracketing is a process to assist the researcher in transcending knowledge and experience and involves the researcher setting aside one's beliefs, feelings, and perceptions to be more open or faithful to the phenomenon (Creswell, 2007; Colaizzi, 1978). It is essential for the researcher to be aware of how my worldviews and history may shape their perceptions of the research process.

"Phenomenology, step by step, attempts to eliminate everything that represents a prejudgment, setting aside presuppositions, and reaching a transcendental state of freshness and openness, a readiness to see in an unfettered way, not threatened by the customs, beliefs, and prejudices of normal science, by the habits of the natural world or by the knowledge based on unreflected everyday experience" (Moustakas, 1994, p. 41). It is through this open and fresh lens that the experiences of women with addiction issues in therapy will be captured. The participants' experiences will be defined as "truth" for them according to the constructivist tradition.

The Constructivist Tradition

Constructivism is a worldview through which the idea of "truth" is defined. It begins with the premise that the human world is different from the natural, physical world and therefore must be studied differently (Guba & Lincoln, 1990). From this perspective, the world of human perception is not real in an absolute sense like the sun

and the moon are real, but it is "made up" and shaped by cultural, social, and linguistic constructs (Patton, 2002). The Thomas theorem posits: "What is defined or perceived by people as real is real in its consequences" and this summarizes the constructivist tradition. It studies how people construct multiple realities and the implications these constructions have on their interactions and for their lives. Crotty (1998) summarized constructivism for the epistemological consideration as focusing exclusively on "the meaning-making activity of the individual mind." Crotty stated that "constructivism points out the unique experience of each of us; it suggests that each one's way of making sense of the world is as valid and worthy of respect as any other, thereby tending to scotch any hind of a critical spirit" (p. 37).

Lincoln and Guba (1985) described several assumptions as primary for constructivist research. "Truth" is a matter of consensus among informed and sophisticated constructors, not of correspondence with objective reality. "Facts" have no meaning except within some value framework; hence there cannot be an "objective" assessment of any proposition. "Causes" and effects do not exist except by imputation (p. 44-45). Phenomena can only be understood within the context in which they are studied; finding from one context cannot be generalized to another; neither problems nor solutions can be generalized from one setting to another. Finally, data derived from constructivist inquiry have neither special status nor legitimation; they represent simply another construction to be taken into account in the move toward consensus.

Phenomenology and the qualitative approach both adhere to the lens of the constructivist tradition. Overall this approach suspends judgment about what is "real" and contends that

perception and reality are inextricably related and determined primarily by one's consciousness of the experience.

The previous pages have outlined the research approach, specifically qualitative research and the phenomenological and constructivist traditions. The following pages will describe the specific method employed in the study.

Method

Core Research Question

As mentioned previously, qualitative research is not measured by means that can be quantified; qualitative data instead *describe*. They take us into the time and place of the observation so that we know what it was like to have been there (Patton, 2002). They tell a story. Colaizzi (1978) ascertained that the success of phenomenological research questions depended on the extent to which the questions touch lived experience distinct from theoretical explanations. Exploring women's perceptions and stories of their experiences of the process of psychotherapy tap into a personal experience not studied extensively or shared clinically with mental health providers.

Questions must be stated in clear and concrete terms and the position of each key words of the question determines what is primary in pursuing the topic and what data will be collected (Moustakas, 1994). Moustakas (1994) writes about the importance of a core question that will "remain viable and alive throughout the investigation" (p. 105). In phenomenological research the core question has definite characteristics. It seeks to reveal more fully the essences and meanings of human experience and also to uncover the qualitative rather than the quantitative factors in behavior and experience. The core

question “engages the total self of the research participant, and sustains personal and passionate involvement” (Moustakas, 1994, p. 105). It does not seek to predict or to determine causal relationships and is illuminated through careful, comprehensive descriptions, vivid and accurate renderings of the experience, rather than measurements, ratings, or scores.

The core question posed for this study is “What is the experience of counseling for women with addiction issues?” A phenomenological study focuses on descriptions of what people experience and how it is that they experience what they experience. The phenomenon under investigation is the process of counseling and women’s experience of it, and these questions strive to capture the essence of this experience. A list of guiding questions for the interview include: “What has been your experience in counseling?” “What are memorable experiences of counseling?” And “How have you been impacted by counseling?”

The purpose of broad, general questions is to focus attention on gathering data that will lead to a textural description and a structural description of the experiences. The questions in a phenomenology are intentionally unstructured in order to allow the space for participants to report what has influenced or affected their experiences of the phenomenon. A phenomenological study focuses on descriptions of “what people experience and how it is that they experience what they experience” (Patton, 2002, p. 107) thus, each participant has a unique set of experiences and their own “truth” about what they have experienced. These questions will assist in opening up the inquiry, but the

interviews will not be narrowly pre-scripted. Each interview will unfold as the participants describe the aspects of therapy that are important and meaningful to them.

Ensuring Rigorous Methods

The credibility of qualitative research depends on elements of inquiry. Three distinct but related inquiry elements include ensuring rigorous methods, credibility of the researcher, and philosophical beliefs in the value of qualitative inquiry. This involves a fundamental appreciation of naturalistic inquiry, qualitative methods, inductive analysis, purposeful sampling, and holistic thinking (Patton, 2002).

Creswell (2007) cites Meadows and Morse (2001) in stating that methodological rigor is attained through the application of verification, validation, and validity. Verification is the first step in achieving validity of a research project. This standard will be fulfilled through literature searches, adhering to the phenomenological method, bracketing past experiences, keeping field notes, using an adequate sample, identification of negative cases, and interviewing until saturation of data is achieved (Frankel, 1999; Meadows & Morse, 2001). Validation, which is often a within-project type of evaluation (Creswell, 2007) will be accomplished by data analysis and coding with another person, member checks by participants, and audit trails. An external reviewer and I will code this research. Validity is the outcome goal of research and is based on trustworthiness and external reviews (Creswell, 2007).

Rigorous methods are ensured by thick, deep, and rich descriptions in field notes, using quotations of the participants in order to represent people in their own terms, a careful selection of key informants and the researchers staying open to gathering a variety

of information from different perspectives (Patton, 2002). One way this research will ensure rigorous methods is to take care to ask questions of the interviewee using language that is understandable and part of the frame of reference of the person being interviewed. In anthropology this sensitivity to local language is described as the emic perspective (Patton, 2002). I will utilize the emic perspective by clarifying meanings, using words that make sense to the interviewee, and communicating respect. This will help protect against asking questions that may not make sense to the interviewee. I will also be sensitive to the impact that particular words may have on the person being interviewed, especially because the population being studied and the process of therapy are both laden with potentially harmful stereotypes and labels. In questioning the participants, the researcher will also avoid asking leading questions. I will also utilize rich descriptions in field notes and will also utilize direct quotations from the participants being interviewed in order to honor their words and statements exactly.

Other guidelines for ensuring rigorous methods include cross validating and triangulating by gathering different kinds of data. This research will triangulate data by including interviews, recordings, and observations by the researcher. It will also triangulate the findings of the study by reviewing the literature after the data has been gathered. It is also imperative that the researcher be both "reflective and reflexive." This process involves the researcher considering and reporting her own thoughts, feelings, and experiences. Qualitative research depends on the insights and conceptual capabilities of the analyst, and a barrier to credible findings stems from suspicion that the findings are based on the researcher's biases and predispositions (Patton, 2002). One strategy for

addressing this barrier is for the researcher to make any biases explicit and discussing one's predispositions.

The Role of the Researcher

A qualitative method of inquiry proposes an "active, involved role" for the researcher to play (Patton, 2002, p. 53). Patton (2002) cites Filtead (1970) in describing the researcher's stance in the investigation: "…that the researcher picture the empirical social world as it actually exists to those under investigation, rather than as the researcher imagines it to be" (p. 53).

In a phenomenological investigation, the topic and questions must have both social meaning and personal significance to the researcher. The primary research grows out of a researcher's personal interest in a topic. The researcher's excitement and enthusiasm inspires the research and the questions grow directly out of this interest (Moustakas, 1994). The personal history of the researcher is also significant as it provides the lens through which this topic will be viewed.

Epoche

A fundamental concept in phenomenological analysis is that of *epoche.* Moustakas (1994) describes the *epoche* as "a Greek word meaning to refrain from judgment, to abstain from or stay away from the everyday, ordinary way of perceiving things" (p. 104). Moustakas goes on to describe how, in a natural attitude we hold knowledge judgmentally, that we presuppose that what we perceive in nature is actually there and remains there, as we perceive it. The *epoche*, in contrast, requires a new way of looking at things. This new way requires that we learn to see what stands before our eyes

and that we put our presuppositions aside. It is only through this new way of looking at things that we can distinguish and describe in a wide-open sense. It is essential that the researcher looks inside to become aware of personal bias, to eliminate personal involvement with the subject material and gain clarity about preconceptions. *Epoche* is a process and not a single, fixed event. It allows the researcher to investigate the phenomenon from a fresh and open viewpoint without prejudgment or imposing meaning too soon (Katz, 1987). The following statements will lay out my judgments and biases as I begin the *epoche* process.

Researcher's Disclosure Statement

I am a White, middle class woman in my late twenties. My fascination for the topic of studying the experiences of women with addiction issues first came when I began working at an inpatient treatment center for women with substance abuse and mental health issues. I worked on an individual and group level with approximately 25 women and also their children. I heard stories of struggle and begin to see the common threads of poverty, abuse, difficult childhoods, and multiple types of trauma weaving throughout these women's lives. I also had the unique chance to see how they talked, how they ate, how they interacted with one another and found support, and how they parented outside of the therapy room. I saw that they had many struggles but were very resourceful. I also found myself having biases and working through my own worldview to understand what I felt like was a completely different culture.

I continue to see the unique struggles of my clients who abuse substances in therapy- from the fact that many are mandated to see me, to the fact that they have county

professionals disciplining them with a night in jail if they miss one urinary analysis, or that living in poverty and attempting to remain sober is really hard. I have also mused about the mandate of seeing a therapist and wondered if several of my clients would have come to see me or continue to see me in therapy if they were not faced with threats of repercussions if they did not. I have also worked with clients who have relapsed and experienced great levels of shame, guilt, and hopelessness. It is with this frustration and loathing and the helplessness I have experienced in a parallel process as a therapist to clients with addiction issues that drives the study, along with a passion to understand what therapy is like for them and how I can make it as effective as possible.

Professionally I have found treating individuals with substance abuse issues to feel hopeless, as individuals working toward sobriety have barriers like mental health illness, no employment, little formal education, no sober support, and often times several children. Treatment at times has seemed to be a lost cause. Addiction has confused me, has made me feel hopeless, has made me angry, but most of all it has made me sad. Also, in my worldview every woman and man should have the choice to engage and participate in therapy and treatment if they want to and are ready to and they should have the choice of what happens to their children if they do.

These experiences may impact my research in a variety of ways. I have preconceived notions of what having a substance use disorder is like based on my experiences working in inpatient and outpatient treatment. These ideas may be difficult to separate from the stories of my specific participants under study and I will mediate this by meditating shortly before each interview. It also might be tempting for me to switch to

the role of counselor during my interviews when I am working as a researcher with my clients if they begin to become emotional when describing their experiences. It may be difficult for me to have a neutral presence with my participants. This may impact how I ask questions as my tone of voice and my nonverbal behavior may communicate that the experience of therapy is how I perceive it to be and my sense of openness may be lost. In my data analysis I might look for cases that confirm my assumptions about the experience of women with addiction. In my presence with my clients I might generally communicate judgment if they do not find therapy helpful or useful and I might convey a sense of urgency about what clinicians can do to make therapy more helpful when they might not be looking for solutions.

Population

In phenomenological research, there are no stringent criteria for locating and selecting the research participants. General considerations include age, race, religion, ethnic and cultural factors, gender, and political and economic factors (Moustakas, 1994). It is essential that participants have experienced the phenomenon under investigation. It is important that the participant is interested in understanding the nature of the phenomenon and is willing to participate in a potentially lengthy interview and a possible follow-up interview. It is also essential that the participant grants the investigator the right to tape-record, possible videotape, and publish the data (Moustakas, 1994). For this study the criterion for participation were women diagnosed with a substance use disorder and who have engaged in counseling for at least five sessions. The rationale for this amount of experience with counseling is that if a woman attends counseling for one to two sessions

she will likely have completed an intake interview and may not have an ample sense of her experience.

The population from which participants were sampled were women living in residential treatment for co-occurring disorders or substance addiction and mental health problems. This is a comprehensive residential inpatient program where clients stay for between 60-120 days. The population of women who typically reside in this type of inpatient setting are women who have one or more children, have significant housing difficulties including but not limited to homelessness, eviction, or foreclosure, who have traumatic histories and mental illness, and who had an addiction to a substance.

The participants involved in the study were women who had been living in the treatment center for at least 60 days. They had a documented substance abuse problem, ample experience with counseling, and were excited and willing to talk about their experiences. Women with severe mental health issues or cognitive difficulties did not qualify for the study, as they were deemed unfit participants.

Two recruitment meetings approximately three months apart were held for all women at the treatment center during their full staff and client community group meeting. The women were given the basic information about the study and had the chance to ask any questions. All interested women who fit the criteria for the research informed me of their interest to be a part of the study. The treatment center's counseling staff supervisor confirmed each participant's eligibility to be a part of the study. Creswell (2007) recommends that researchers interview between 5-25 participants who have experienced

the phenomenon. Once participants were deemed as suitable, they were given consent and agreed to participate in the study. There were six participants in this study.

Data Collection

After approval was obtained from the university's institutional review board, interviews began with the women who met inclusion criteria. Interviews were conducted over a six-month period at one site dedicated to women who experience substance abuse issues. All interviews were tape-recorded and transcribed verbatim. Interviews were between 30 and 90 minutes and proceeded until no new themes emerged. To obtain a great richness of data, I interviewed 6 women about their experiences as well as kept a journal and wrote about my own feelings and reflections about the process.

After obtaining informed consent, each participant was asked to verbally respond to the grand research question and from there the interviews naturally unfolded. Vagle (2014) writes: "It is a myth that the unstructured interview technique is "wide open" and without boundaries or parameters. To the contrary, this technique starts with the phenomenon under investigation and then the interviewer needs to be responsive to the participant and the phenomenon throughout. The structure or disciplined process comes into being throughout the interview, not through an a priori protocol. It is determined as one finds her or himself in the interview with a particular participant" (p. 79).
I followed this format and re-oriented myself to the phenomenon before each interview and allowed each participant to share her story with no a priori protocol.

Data Analysis

After the individual interviews were conducted and transcribed I read them

several times to obtain an overall feeling for them. Significant phrases or sentences that pertained to the lived experiences of the process of counseling were identified from each transcript. Meanings were formulated from the identified statements and phrases. These meanings were clustered into themes allowing for common themes to emerge between all of the participants. I continued the bracketing process in order to leave out my own value judgments and focus on the meaning of the situation as presented by the participant. The results were integrated into an in depth, exhaustive description of the phenomenon. A systematic approach to analyzing the data was employed. I presented a full description of my experience of the phenomenon. I developed a list of significant statements made by each of the participants as to how they each have experienced the topic. This is a process known as the horizonalization of the data (Moustakas, 1994). Each statement was treated with equal value and a list of non-repetitive statements was accumulated. These statements were grouped into larger units of information known as meaning units or themes and a description was written based on these themes of "what" the participants experienced- what happened- using examples verbatim. This is known the textural description. Next a structural description was written and this is a description of "how" the experience happened. I reflected on the setting and context in which the phenomenon was experienced. The essence of experience was captured, which is a combination of the structural and textural descriptions. This is the culminating aspect of the phenomenological study: it tells the reader *what* the participants experienced and *how* they experienced it (Creswell, 2007). Once descriptions and themes were obtained, I approached two participants a second time to do "member checks" or to validate the

research findings. No new relevant data emerged, but the participants verified that the themes and essences I had developed were accurate for their experience.

Ethical Considerations

It was essential to be sensitive to ethical considerations throughout all phases of the research process. This was especially important as entry to the research site was negotiated, participants were involved in the study, personal and often times emotional details from each woman's life were shared, and participants were asked to give time to the project (Creswell, 2007). Hatch (2002) summarizes several significant ethical concerns that I will address for this particular study. At the initial stages, ethical considerations were met by providing evidence to the institutional review board that privacy was respected for each participant and that each participant had the right to withdraw from the study at any time and they were not placed at risk. Consent was sought, no deception was employed, confidentiality was maintained, and participants remained anonymous. I had experience working at the site where the research was collected, so I was not viewed as a complete outsider. During the recruitment meeting the counselors introduced me as an individual who used to be a therapist at that treatment center. I had not worked at the treatment center in over six months and none of the clients knew me as an employee. None of the participants who were interviewed were my clients in individual therapy. I established supportive relationships by being friendly and employing small talk before the interviews began. I did not label the participants or employ harmful stereotypes, and before each interview I took 20 minutes of time to reflect on the phenomenon and employed the *epoche* to the best of my ability. I reflected

on who I am along with the people I study. An expert qualitative researcher was the only other individual with full access to the research records and participants were made aware of this in their informed consent forms. This research was sensitive to vulnerable populations, imbalanced power relationships, and placing participants at risk.

Limitations

In considering limitations of the study I will address design alternatives and difficulties that can stem from qualitative methodology. In qualitative inquiry, the researcher is the instrument. The credibility of the methods, therefore, is directly related to the skill, competence, and rigor of the researcher doing the fieldwork (Patton, 2002). There are several threats to rigor regarding the researcher as instrument. Guba and Lincoln (1985) commented on this aspect of qualitative research: "Fatigue, shifts in knowledge, and cooptation, as well as variations resulting from differences in training, skill, and experience among different instruments easily occur" (p. 113). I combated these threats by being flexible, insightful, and utilizing my intuition and discernment.

Another limitation of this study and qualitative methodology is the reduced ability to generalize the findings. In quantitative data its possible to measure the reactions of a large number of people, qualitative data typically produces detailed information about a smaller number of people and cases. This is especially true of the phenomenological methodology where there can be as few as five participants. Although the information gathered produced a depth of understanding about the specific cases, the study is not generalizable to a larger population.

Conclusion

A qualitative approach, specifically a phenomenological research design, was appropriate for examining the experience of the process of counseling for women with addiction issues. Utilizing the procedures discussed earlier in the chapter the reader will gain a deeper understanding of this unique phenomenon. I implemented steps to address threats to validity and ensured rigorous methods and trustworthy data and conclusions. Each of these considerations combined to allow this investigation to contribute to the research related to psychotherapy, addiction, women, poverty, social justice, multiculturalism, and counselor education.

Chapter IV

Participant One

Sabrina (All names of the participants, providers, and locations have been changed in this dissertation) is a 28-year-old Hispanic woman from a small town in the Midwest. At the time of the interview she resided in an inpatient treatment center for women with addiction issues and their children. She has three children who were taken out of her custody due to her meth addiction. They are currently in foster care and she was mandated to attend treatment in order to gain parenting custody of them. Before coming to treatment she broke up with her children's father, a man she had been in a relationship with for 13 years. She described this man's painful and emotionally abusive reaction to the break up. He proceeded to cut off all support to her and their children. She had no job, no vehicle, no source of income, and no support. She described turning to methamphetamine because the individuals she used with seemed accepting and nonjudgmental of her situation. This was her first time in treatment and her initial experiences with counseling occurred here.

Textural Analysis

The Search for Acceptance

Sabrina is the oldest in her large Hispanic family. She is a natural caretaker and had responsibilities when she was young that were not age appropriate. She had to "grow up at a young age." She was involved with her first boyfriend beginning at age 14 and stayed with this man for 13 years. He is the father of all three of her children. This was an abusive relationship and Sabrina talked vividly about the "mask" that she wore while being in the relationship. To her extended family and people in her community, Sabrina painted a perfect picture of being a happy family. In reality the relationship was abusive and her partner controlling. The manner in which Sabrina described this relationship paralleled her description of her addiction and stated that her relationship finally hit "rock bottom" and she ended it.

> So there was a rock bottom point where I just got tired of crying: tired of being depressed, that I just ended it with him. I was with him for 13 years and he's the father of all three of my children.

Her relief was apparent as she talked about what it was like to finally leave the relationship after so long. Despite the relief of being away from an abusive partner, the relationship ending had a dire cost for both Sabrina and her children. Sabrina's ex-significant other cut Sabrina and their children off financially. Sabrina did not have a job, car, additional childcare, nor did she have any significant work experience as she had primarily been raising her children as her work. Her ex significant other reasoned that if she didn't want him, she couldn't have access to any part of him. Because of this significant transition and stress on the family, Sabrina struggled. It was this pivotal point in which drug use began to play a role in Sabrina's life.

> I didn't have no money, I didn't have a job, I didn't have a vehicle, I didn't have support. That's when my drug use became the ultimate thing.

In an attempt to cope with her new identity as a single mother with no support, Sabrina began seeking connection in other ways. She longed for support and validation because her ex-significant other was harsh and degrading to her and berated her for ending their relationship.

> I had a lot of guilt and I didn't know where that came from. Pretty much after I separated from my ex is when I started using heavily because he made me feel ashamed for leaving him. Being with him for all this time and then all of a sudden after 13 years.. 'Oh, I don't love you.' That it wasn't that…that I felt like that for a long time. But just didn't have the courage to finally say it.

At this point she was "introduced that terrible drug:" methamphetamine. She became involved with the drug-abusing crowd and her life went "downhill" from there.

> Yeah, but he made me feel bad for feeling that way, so I turned to drugs. I turned to that acceptance of the people that would come with drug dealing. I thought that those people were good people; I thought that those people were my friends; I thought that those people would be there for me and it ended up. I was wrong about all that.

Sabrina longed to be accepted and feel close to a group. She believed that she was with good people, with her friends who would be there for her when she needed them, but sadly she was mistaken. She vividly talked about how this drug "melted" her whole life: Her longing for connection and need for acceptance outweighed her reality of responsibility, which included caring for her children. As a result, she was unable to financially and emotionally provide for them. After that, it "went down spirals from there."

> You know, I was focused more on being accepted by my friends because my ex didn't accept me. So, I, you know, when they had drugs I wanted drugs and it ended up tearing up my life. It ended up me not being there for my children the way I wanted to. For me not being able to provide for my children the way I needed to. And you know, it went down spirals since then (emotion in voice). And that's what I'm trying to rebuild now.

All three of Sabrina's children were taken out of her custody as a result of her drug addiction.

> Yeah, and then it led to my kids getting taken away, which was very shameful: as a mother, as a person. So now that my babies got taken away because I couldn't deal with the fact that…I was into drugs. (Quietly) Yeah…. And being here, I really take this as a blessing.

Evolution of Counseling Relationship

Sabrina's circumstances leading up to her enrollment in treatment is vital in understanding her experience of counseling. At the time of the interview Sabrina was currently in the process of working towards regaining both physical and legal custody of

her children. As part of her child protection case, Sabrina was mandated to attend inpatient treatment with her other option being spending time in jail. Initially she was angry and defensive about the idea of being in treatment,

> I really came in here with such a negative attitude. 'Why am I here? I don't need this' you know, 'F it' to this and 'F it' to that.

This was the first time in her life that Sabrina encountered any sort of professional intervention.

> When I started coming here. [This is] my first time in my life being counsel… uh, counseled. Yeah, the first time in my life coming to treatment, the first time in my life getting my children taken away. It was the first time in my life for change.

Sabrina initially was "hesitated" to open up to her counselor and was tentative about the process of counseling. She assumed that her counselor was against her and did not feel like her experience could be understood.

> When I first got here I was very hesitated to admit to her or even talk to her. Just because I didn't know her, and I thought that she'd be against me. I thought she wouldn't understand the way that I felt,

There were also cultural and ethnic barriers at play. Sabrina described immediately judging her counselor, as a "rich white girl" and assuming that she could not relate to Sabrina's experience of struggle.

> I was saying the first time I met her I was kinda… I was thinking she was a little richie rich white woman that thought she knew everything. I was completely wrong. Just the first session I had with her, I opened up. She made me feel comfortable. She stayed there and listened, then putting a whole bunch of shit in my mind. (*Slight laugh*). She let me be me, she let me come out of my shell slowly, and with good intentions.

Sabrina slowing began to trust her counselor. Her counselor approached her in a non-threatening manner and began to gain credibility with Sabrina. Initially she thought her counselor seemed like a "rich white girl" and "perfect" but those assumptions were challenged when her counselor opened up. Her counselor talked about how she started working at the treatment center from the bottom up.

> Knowing that when she first started here she came just to be an intern and then when she got an offer to be a counselor. I was really like, 'Oh! Okay.'

Sabrina began to feel comfortable when her counselor self disclosed and shared some past mistakes that she had made.

> She admitted some mistakes that she made in the past, so that made me feel comfortable, like, 'Okay, I thought you were this perfect little… when you're not, you're the same like me. You have mistakes too that you've made.'

Normalizing human mistakes was important for the counseling process as it allowed Sabrina to feel safe in the relationship. Sabrina described the evolution of their relationship from feeling comfortable to accepting, to trusting, and finally now to respecting her. The experience of counseling for Sabrina involved respecting her provider "tremendously." Sabrina's attitude and outlook changed drastically after experiencing counseling and beginning her treatment programming.

> So it evolved to accepting her to trusting her and to now I respect her. I respect her tremendously. Tremendously. I feel like I can tell her anything.

Once she did not feel judged she was able to begin to share the things she did that she was ashamed. This was a significant part of the counseling experience as Sabrina's natural tendency was to fake good or appear to be stable and happy on the outside, when in reality she was struggling greatly.

This respect leads Sabrina to be "able to tell her anything" and she described not feeling judged for feeling how she feels. Sabrina perceived her counselor as having the ability to "make me feel better" and talked about how she was "eager" to talk to her when they spent time apart, like on weekends.

> At the end of the day and there's times, even when she's gone during the weekend- I'm so eager to talk to her on Monday and tell her how I felt that weekend because I know she's going to make me feel better for that weekend. And it's so crazy and I tell her all the time, I go, '[Counselor's name], how is it that you know these things? How is it.. why do you do this?' And she's like, 'I understand you' and it's like, 'I know you do, thank you.' And it feels so good just to tell her thank you.

Sabrina had immense gratitude and admiration for her counselor. She spoke about this individual as someone who she can tell is passionate about helping others and not just there to collect a paycheck. Sabrina perceiving that her counselor truly cared for her was essential in their relationship evolving.

> You can see a counselor that's just doing it to get paid, or from a counselor that's doing it because they care... And it's so much better to do it because you actually care.

She no longer views her counselor as an individual with significant power over her, their relationship has evolved into more of a sisterhood or a friendship.

> Because she's not just my counselor: I really have respect for her. I see her as more of a sister, as a friend. And I truly can say that.

Once Sabrina established a safe relationship with her counselor, the intensive work of counseling began. Counseling involved so much learning that Sabrina likened the process to "being a kid again and learning from the bottom." Counseling involves relearning everything that Sabrina knew.

> Definitely, it's like, being a kid again and learning from the bottom. But just being an adult with all these adult issues. But learning again how to be a great mother. Learning again how to feel these feelings that I didn't want to feel and it's… yeah. It feels great. It feels great to know that I am accepted by myself. That I can accept myself and that others can accept me now.

Through all of this learning, Sabrina has begun to process her past and begin to accept herself. Sabrina described this acceptance of her past and her behaviors as being a product of her counselor assisting her. She talked about her counselor helping, counselor, understanding her, and letting her talk and the counselor listening.

> I think accepting myself, she really helped me with that; If she wouldn't have helped me with accepting myself first, I don't think I could have changed anything. But she helped me with just the fact that I am beautiful, on the outside as well as the in. I don't have to pretend to be a different person for somebody else. I don't have to "put on that mask" like she would say. I can take off that mask and when I start learning to love myself, others will learn to love me…because I love myself.

Through counseling Sabrina also gained insight into the mistakes she made. Once she had processed and acknowledged them, she was able to move past them.

> Yeah, and learn my mistakes, that my mistakes were not good for me... and it's okay to feel that they're not good for me... It is more than okay."

<u>Counselor as Advocate</u>

Sabrina talked about her counselor as "being there for me, and fighting for me." And "fighting for the things that I need." This individual's advocacy for Sabrina is one of the reasons that she stated that she was still in treatment.

> If it wasn't for my counselor being the way that she is and understanding and fighting for the things that I need, I don't think I would be here right now. I think I would say, 'Screw this' Have a case of the "F-its" and just leave. But with her support and with my community support here, has really helped a lot. Tremendously. It's helped me come out of my shell.

She talked about how she would likely give up and leave treatment and the support that she receives from her community is what is making her stay and continue to work toward recovery. Feeling "fought for" was an instrumental part of counseling for Sabrina. Her counselor helped her to "fight for myself" and be "the person I know I can be." This feeling of support is a stark contrast to how she was feeling when she initially arrived in treatment. It is a contrast to how she felt after her significant other cut all ties to Sabrina and their children.

> She's fighting: she's helping me fight for myself, to be the person that I know I can be. For me to come out of my shell and not isolate like I used to, not back away like I used to, just making me… not *making* me, but helping me be a better person inside as well as outside.

Before she came to treatment she talked about how she used to "feel so lonely" and "fight for these things by myself" and how it feels so great to have somebody to support her in making herself better.

> She's helping me right now with fighting for my kids. With helping me with DHS [Department of Human Services] and um, with courts and things like that. She's on my side. And for the first time in a long time I feel like I have somebody finally on my side. And it feels great: and before I used to feel so lonely and I had to fight for all these things by myself. And it feels great that I can have somebody to support me in being here, and making my life better for myself and for my children.

Sabrina talked about how for the first time in a long time, she "finally feels like I have someone on my side." Counseling is an experience that helps Sabrina feel like she has support, which was the feeling she had been craving for so long.

Sabrina finally feeling like she had someone "on her side" was vital for her in her initial experiences in counseling. Once she felt supported and "fought for" she was able to begin her process of healing from her addiction and the underlying experiences that

contributed to her addiction. It is a feeling that has helped her to be motivated to keep doing the difficult internal work involved in treatment and counseling and thereby helping her develop new ways of thinking and behaving. She describes her counselor fighting for Sabrina and the other clients because she genuinely cares about them.

> Yeah. Not by what she reads in the books, but what we care.. she fights for us.. and I love that. If it wasn't for me knowing that she fights for really what I care about, I don't think I would have told her half the things of what I've told her. I don't think I could be half the person that I could, that I feel I am today. I don't think I would still be here. I've been here two and a half months, and I'm okay with being here another two and a half months. And how many people can say that? But it's because of my counselor that I feel like if I am here I am going to be okay. I'm here to benefit myself, not to benefit anybody else, but to benefit me and my children. And I know she'll fight for me for that.

Feeling "fought for" helped Sabrina stay in treatment as well as feel safe enough to begin her inner work. It is a significant feeling and is part of her transformative process.

"It's Okay" Acceptance through Counseling

The experience of counseling for Sabrina helped her to gain an acceptance for many things about her past, including even the feelings she felt. The shame that she felt began to dissipate.

> Before I used to feel ashamed of feeling this way, but being ashamed is part of recovery because you have to feel these feelings... I was tunnel visioned into these drugs and I was just focused on these drugs and just focused and everything else that I did care about didn't matter.

Now that she is sober she is able to feel her emotions, even the difficult ones. Sabrina talked about how it was "okay" to cry and be angry and frustrated. Accepting all of her feelings was vital for her. In the past she described "wearing a mask" and not being genuine about how she was feeling. She pretended to be happy when in reality she wasn't.

> But now that I'm sober and want to stay sober it's like feeling these emotions, feeling these feelings is so new but she lets me know that it's okay… to feel this way. I don't need to be ashamed. It's okay to cry, it's okay to be angry, it's okay to get frustrated, it's okay to be happy. It's okay to want to take off that mask that I used to have before. The mask was me pretending I was happy… when I wasn't happy.

Sabrina described feeling ashamed of her feelings in the past and not being able to trust her thoughts and feelings.

> And before I used to be so ashamed of these things, like, 'why am I crying?' I used to second think everything. I used to want all these questions about everything. She's reminding me right now to have patience, and that's a big one. I used to be one that would just want to take giant steps into everything, be impulsive. She's helped me even find the definition of impulsive! And I didn't know I didn't know that before! I didn't even know I was being impulsive! And she's helped me to realize that I was very impulsive and it's okay!

She described her impulsive self as "wanting to take giant steps into everything" and how she would want "all her questions answered." She humorously described even learning what the definition of impulsive was, but this helped her gain insight into her behavior and helped her realize that she was acting impulsively. Sabrina talked about how her counselor helped her to realize that she was impulsive but "it's okay." Not only did she gain insight into her behavior, she learned that she did not need to be ashamed or down on herself, she could accept this realization and move on. For Sabrina counseling meant accepting who she is and how her addiction has impacted her in order to heal and move forward.

> And just knowing that she understands that and doesn't try to change… (Said in what is supposed to be counselor's voice) 'Maybe it's because of your family, maybe it's because of…' That's what I come from, you know? That's who I am. And that's okay. And I keep saying, 'And that's okay' because that's what she teaches me. That it's okay to be who I am. It's okay to feel that way that I feel; it's okay to be angry, it's okay to cry. It's okay to, not be happy sometimes but just to do it in a healthy way. To feel those things and when I was in my

> addiction, feeling those things was not an option that's why I would go to my drug.

Sabrina feels acceptance and care from her counselor and that helps her to be more open and honest.

> You can see it right away and it makes us feel more acceptance, it makes us feel more comfortable with us being able to be honest with her. Because she tells us she cares, because she says it from the bottom of her heart. She fights for us. A counselor who didn't care wouldn't fight for the things that YOU care about and she fights for the things that we care about. Not because SHE cares about it, she does care about it, but because WE care about it, SHE cares about it.

Sabrina talked about her counselor using understand, listening and giving feedback from her heart as ways that her counselor helped to reach her in counseling.

> The self-acceptance and just understanding, just listening. And like I'm saying, giving me her feedback from the bottom of her heart, not because that's what she learned or because that's what because she really cared she really cares about us. And that helps a lot, to know that because you can see it.

That felt acceptance allowed Sabrina to feel vulnerable with her counselor and that also led to her self-acceptance.

> And she can trust me to feel the way that I feel, to be okay with the way that I feel, with the way that I'm feeling.

Sabrina talked about feeling so safe with her counselor that she is able to cry and know that it is okay.

> Letting us know it's okay to cry, and letting us cry and understanding us.

She described how her counselor helped her "accept myself first" and how this led to her making these important changes for herself. Sabrina's felt acceptance led to her own self-acceptance and gave her the courage to understand her past feelings and behaviors and

slowly begin to accept them and forgive herself. Sabrina's self-acceptance is what made her "crack" in counseling.

> But being here with her helped. I've learned to accept that I cannot make excuses for the things that I used to do anymore. That I need to take responsibility for the bad choices that I've made, That it's okay, it is okay, it is more than okay, And I love that she can really make me have a positive outlook on these things, because I used to not be that way at all. I was a hard person to crack. And she can even say that, '[Sabrina], you were a hard person to crack.' But to know that she cracked me.

Sabrina feels like her counselor accepts who she is and she believes this is important for any person who would like to be a counselor.

> It feels good to know that she accepts who I am and doesn't want to change me for any other reason than to help myself, and that's awesome. I feel like any counselor, if they want to be a counselor, then that's what they should counsel for. Is to help someone be themselves, not to help them be anything more than to bring out the real person inside of you. I think that's the best way to get anybody to change anything—Is to actually help that person find out who that person is.

Sabrina and her counselor have a strong connection and Sabrina is grateful for this.

> My connection with her is very very very thankful, blessed. Yeah, no matter what I tell her she accepts me. She'll help me find a way through my struggles and that takes a lot. It makes me feel accomplished.

<u>Self Improvement through Counseling</u>

The experience of counseling for Sabrina is viewed as a process of helping her be a "better person inside and outside." She viewed her counselor as a vital aspect of supporting her in becoming a better person.

> Yeah, she's making, she's helping me be the person that I know I can be through all these struggles, through all this trauma that I endured in my life. With all these things, making me realize certain moments that were so traumatic for me. You know? Making me realize that I can be better that what I used to be.

Feeling helped and supported by her counselor is a vital aspect of Sabrina working through her past behavior as well as looking forward to the person she aspires to be. This change through counseling comes in a variety of forms, including through getting assignments.

> She gives me assignments that really sound petty at the moment, 'cuz it's like, (said in annoyed voice) 'How can you give me an assignment on that?' but then once we do it and talk about it, it's just like, (Said in incredulous voice) 'Wow I really needed this assignment..'

Through written assignments and verbal sharing in counseling Sabrina is able to gain insight and work through her difficult past. This insight has caused Sabrina to feel grateful for her journey of sobriety.

> By realizing the person that I am and want to be has made me be grateful for my sobriety. It's made me realize that the person I was before. I wasn't happy, as much as I tried to be happy. I wasn't happy. I wasn't proud of myself and I can say that I'm still afraid of relapsing. But, I have more courage to it, of not relapsing. Of going forward with this new life that I have, that I have this opportunity to become a better person for myself.

The insight that she gained in how much she has already changed from who she was and how much more she wants to change to become the person she knows she can be. This insight was pivotal in Sabrina understanding her past behavior. She talked about realizing that she was not happy even though she pretended to be happy in the past. Her mask of happiness covered fear that she felt about her powerlessness over her addiction. Part of her current process involves gaining confidence in not relapsing.

> The courage is new, yes! The confidence. The confidence is there when it wasn't, it really wasn't. I was afraid of my confidence, I was afraid of being confident.

This new courage and confidence are felt in a way that helps her to move forward and to leave her fear in the past. Counseling for Sabrina is an opportunity to move forward and become a better person. It is a way of being a different person with the chance of a new life. She describes a confidence that she currently feels when it was not there in the past. Her fear overpowered her confidence and many decisions she made were out of fear. An outcome of this confidence is her ability to now "say no" which she was unable to do before. This was detrimental for Sabrina because she was unable to say "no" when she was asked to use substances.

> I was afraid of saying "no," and now I can say, "no" and be okay with me saying "no." Be confident in me saying, "No."

Counseling in the Future

Sabrina's experience in counseling has helped her be open in the interview and she will be open to counseling in the future.

> I won't be as hesitated to be open with the way that I feel. Talking to you right now, I feel comfortable. I'm okay with telling my story and before I was so ashamed, I was so *guilt-ful.* I was like, 'Oh my god, what's…' I would have thought so much about how you feel, and how you would look at me. But I'm okay with whatever you get out of it and that's something that she taught me. By just her being my counselor. I'm still learning. I mean, I'm not going to say I'm perfect right now. I'm still have little issues I'm dealing with, but they're little issues rather than huge issues when I first came in here. You know? And that's awesome.

Sabrina believes that anyone who is interested in being a counselor should care about their clients and work want to accept them.

> I think that if a person really wants to be a counselor they need to come from the bottom of their heart. To accept whoever they are counseling and to really help that person because they want to help that person. Not for any other reason, but to care. You need to care for that person in the right way to get that person to change for themselves.

Structural Analysis

Sabrina was interviewed at an inpatient treatment center in Minnesota. She was vivacious and friendly and spoke passionately about her life and her experience in counseling. Sabrina's life leading up to treatment is vital in understanding her experience in counseling. Sabrina was in a relationship with a man beginning at age 14. From a young age she was with the same person. It was in this relationship where she learned the norms of being in a romantic relationship, but these norms were abusive and enmeshed. She pretended to be happy but was not. She faked that they were the perfect family, but they were not. Sabrina never learned how to express and regulate her emotions. She repressed and ignored her feelings of discontent and unhappiness. Sabrina talked about a "rock bottom" point in the relationship where she finally ended it all. This is strong language as it suggests that this was the lowest of low, this was the point where it could not get any worse. Unfortunately for Sabrina, another rock bottom point occurred. The conflicting feelings of relief and guilt plagued her and she coped by using substances. She felt guilty and ashamed for kicking her partner out so she sought relief by using substances. Her ex-partner cut her off financially so she had no support or income so she coped with the stress by using substances. It was the first time in 13 years that she didn't have a significant other, so she coped with her loneliness by using substances. Her drug use escalated at the same time and she was unable to provide for her children mentally or financially. Her second "rock bottom" point came when her "babies got taken" and she used to cope with this shame. When she did not have drugs, all the friends that she had

thought she made left her. She was left without her children, with no friends, with no money or support. This is what life was like before she entered treatment.

The first structure that permeates the experience of counseling for Sabrina and evokes change for her is her feeling of being "fought for."

Feeling "Fought for"

Feeling fought for is the most essential aspect of the counseling experience for Sabrina. She came into treatment with nothing. She had just experienced having her three children taken out of her custody by child protection services and having the people she thought were her friends turn their backs on her. She felt alone and hopeless, and was angry and defensive about having to come to treatment and participate in counseling. Sabrina initially was closed off, isolated, and kept to herself upon her arrival. She had a daunting child protection case in front of her and a battle to regain custody of her children. The cards were stacked against her. She neglected her children and used meth while caring for them. Coming to treatment did not feel like it would work.

Sabrina initially viewed her counselor as a White, rich girl who had no knowledge of the real world or real suffering. She assumed her counselor would not have the faintest idea of what Sabrina's life was like. Sabrina also thought her counselor would be against her. During those moments Sabrina was painfully aware of her situation. Her children were gone, she no longer had her drug to cope with, and she was in a setting where she did not feel understood or supported. She felt like she had no one. She described herself as "very hesitated to admit to her or even talk to her." The last thing Sabrina needed was someone else to trust and then leave her. As Sabrina said, "I didn't know her. And I

thought that she'd be against me. I thought she wouldn't understand the way that I felt."

Sabrina chose to not risk being misunderstood instead of putting herself out there. As Sabrina stayed in treatment she cautiously observed her counselor, her feelings began to change. She noticed that her counselor was consistent with what she said and did. She noticed that her counselor began to advocate with child protection and with the court system on behalf of Sabrina. Sabrina began to feel like someone was on her side in a tangible, concrete way. Upon their first meeting, things changed. Her counselor disclosed some mistakes that she had made in the past. She talked about how she started working at the treatment center as intern. Sabrina's curiosity was sparked and she began to open up. These disclosures helped Sabrina feel close to this individual and helped the power differential dissipate. After Sabrina felt like she and her counselor were "the same" or both human their relationship began to build and evolve further. She described the evolution: so it evolved to accepting her to trusting her, and to now.. I respect her. I respect her tremendously."

Sabrina began to view her counselor as a strong advocate. This is an essential feeling because Sabrina had been completely alone in her use. She became aware that her counselor truly cared about her and had her best interest at heart. Sabrina described the significant feeling of "feeling fought for" by her counselor and how this feeling impacted her ability to let down her guard, trust her counselor, and begin the internal work of counseling. Feeling fought for was an important experience for Sabrina, especially because she in light of the fact that she was just in a situation where she was living in

poverty, parenting three children with no support, and sank deep into a drug addiction because she perceived that the individuals using and dealing meth were supportive of her.

This feeling that she had support was one that she had been longing for and had not felt for as long as she could remember. It was the feeling that she had been longing for as she began using methamphetamine after she ended her romantic relationship. This feeling of feeling "fought for" helped Sabrina feel safe and comfortable enough with her counselor to begin the work of counseling. Feeling fought for meant hope for Sabrina and helped her believe that the process of rebuilding her life was possible.

She said, "If it wasn't for me knowing that she fights for what I care about, I don't think I would have told her half of the things of what I've told her, and I don't think I could be half the person that I could that I feel I am today."

She reiterated the fact again and again that because her counselor is fighting for her, she is staying in treatment and planning on staying in treatment. Feeling fought for also comforts Sabrina in knowing that she will be here as long as she needs to be. This perception of "feeling fought for" seemed to create a depth to the counseling and a feeling that she had an advocate and someone on her side.

"Feeling fought for" is an experience that implies both an action and an affective state. Sabrina perceives that her counselor is doing some sort of action for her: she is helping her navigate the court system and assisting her in getting her children back, which is Sabrina's primary goal in life. Having someone help you with what matters most is a significant connecting experience. The affective state of the concept of "feeling

fought for" is Sabrina soaking in what it feels like to have someone, "in her corner," "on her team," on her side."

Sabrina talked about her counselor with great admiration. She talked about how she is "eager" to talk to her counselor after a weekend in treatment. The treatment center is formatted so that the clients interact with their counselor every weekday so Sabrina has consistent contact with her counselor. Sabrina talked about how her counselor tells her that she understands her and how she believes her.

The essence of counseling for Sabrina also involves having a strong relationship with her counselor. She believes that her counselor really cares about her and how it is very apparent to those "getting counseled." She knows that her counselor cares about because she her counselor cares about what Sabrina cares about. Sabrina talked about her counselor in an excited, enthusiastic manner. She stated again and again how grateful she was for this individual and how she would have left treatment all together if it were not for this woman. Their relationship evolved into a relationship that Sabrina feels is more than a counselor/client relationship. She attributes much of her success in counseling to this woman and Sabrina considers her to be more like part of her family. This woman is much more than simply Sabrina's counselor. She said,

"Because she's not just my counselor. I really have respect for her. I see her as more of a sister, as a friend. And I truly can say that."

The experience of counseling has helped Sabrina no longer feel alone in her struggle and in her life. She has someone with her in this journey. This is a vital feeling in

helping Sabrina stay in treatment at all. Feeling fought for is the most significant contributor to counseling efficacy for Sabrina.

Acceptance

Another structure that underlies the experience of counseling for Sabrina is the feeling of acceptance. For Sabrina, this acceptance is twofold. First, it was the feeling of acceptance from her counselor. Sabrina's counselor was nonjudgmental to whatever Sabrina brought into counseling. Sabrina did not feeling judged for her past and for the way she processed and felt emotions. She did not feel judged for being addicted to meth and having her children taken. This feeling of acceptance from her counselor was also evident as Sabrina processed through these difficult times in her life. She talked about how she cried in sessions and was told that it was "okay to cry."

Sabrina's acceptance of herself was gained through counseling. She described how she used to feel ashamed of herself and her decisions and behavior. With the help of her counselor she described now knowing that her feelings are a natural part of the process of recovery. She is now feeling a lot of feelings and they are all new for her. Another part of acceptance for Sabrina is accepting the things that she has done in her past. Taking accountability for them and coming to terms with them. Her attitude about her past behavior is straightforward and realistic. She describes taking responsibility for getting her children taken, but at the same time having empathy for herself and knowing that "it's okay." Sabrina repeated the mantra, "It's okay" at least a dozen times throughout the interview. It signified that she has come to terms with her past and her present. This is significant for her, especially due to the fact that she had never processed

through these feelings. Sabrina had always used substances to deal with her overpowering emotions. Sabrina's tendency even before she started using was to "put on a happy face" and pretend to not be bothered by things. She pretended to feel things that she did not really feel. This was the first time in her life that she had ever genuinely processed through her decisions and genuinely felt the feelings that went along with how her life has turned out: the shame, guilt, anger, resentment, grief, loss, loneliness, gratitude, and joy. This was the first time in her life that she has truly felt these feelings with nothing to numb them, and it was the first time in her life that she was honest about how she was feeling.

Because of Sabrina's history of denying and repressing feelings, this feeling of acceptance for her is a radical paradigm shift. Sabrina's counselor accepting Sabrina and giving her the space to process all of these strong emotions led to Sabrina accepting herself: her past, her feelings, her current situation, and her future. Sabrina talked about several specific qualities of her relationship with her counselor and tools her counselor used to "crack" Sabrina's shell. She described her counselor "understanding, listening, giving feedback from the bottom of her heart, not just her job" and "letting us know it's okay to cry and letting us cry" and "understanding us." Her counselor communicating that she genuinely cares about Sabrina and understands her as a person arouses Sabrina's gratitude and admiration toward her counselor. Sabrina's felt acceptance by her counselor also helped her accept herself and begin to make changes. She describes the essence of her counseling experience: I think accepting myself.. she really helped me with that.. if she wouldn't have helped me with accepting myself first.. I don't think I could have

changed anything." Sabrina said again and again, "but it's okay." Her guilt was okay, her shame was okay, crying was okay, her past decisions were okay, it would be okay. This mantra of acceptance is a strong self-soothing statement that helped Sabrina come to terms with herself and her situation. Her counselor accepted Sabrina for who she is, Sabrina accepted herself, flaws and all, and now she has the confidence that others will accept her too.

Perceived Transformation of Self

A final underlying dynamic of the experience of counseling for Sabrina is her perception that she has changed as a result of counseling. Sabrina talked about her work in treatment and counseling a transformative process. She described the support from others in treatment as helping her "come out of her shell." Sabrina engaged in specific behaviors, which she described as her tendencies to "isolate" and "back away." The felt support from her counselor and her community of other clients has helped her give up these old behaviors and begin taking risks in developing new ways of being.

Sabrina's experience of counseling involves a perception that she has changed who she is as a person and is in the process of continuing this change. She used to be a certain way and she is not that way anymore. She described herself being much more timid, much more unsure prior to receiving counseling. She used the metaphor of "coming out of her shell" several times.

This process of change through counseling also includes Sabrina gaining insight into her past struggles and trauma. It helps her to realize that certain moments did impact her significantly and did play a role in her life. As she gains insight into her behavior, she

is able to see her full potential and realizes that she can be “better than I used to be.” Sabrina talked about this process as herself being and acting a certain way and now learning new ways to act. She described always wanting “questions answered” and “being impulsive” and how she is learning patience in counseling

For Sabrina participating in counseling has contributed to a newfound sense of happiness as well as a courage that she has never felt before. Many of these qualities are new for her, and she was aware that she is still a “work in progress, that she still has changes to make.” She used to live in fear of her former significant other, she used to live in fear of the power that methamphetamine had over her. She also used to constantly live in the fear of relapsing. Counseling contributed to the courage to move forward and continue to grow. Through the experience of counseling, Sabrina has different qualities than she had before. She is no longer under the power of her ex-partner or the drug, she has transformed into a courageous woman who is fighting for her life back. Prior to coming to treatment Sabrina used to feel ashamed of the way she felt and was not comfortable standing up for herself. She felt overwhelmed by her feelings and used substances as a way to cope with them. “Before I used to feel ashamed of feeling this way, but being ashamed is part of recovery, because you have to feel these feelings.” The shame and guilt she previously felt was so overwhelming to her that feeling them was out of the question for her. Her self medicating and numbing her feelings has had its consequences for her. Through counseling Sabrina is learning that she still has a lot to learn. The knowledge that she is learning is all new to her and she described herself almost as a blank slate: as a child learning from scratch.

The learning that she has done in counseling and the application of this knowledge is rewarding and fulfilling to Sabrina. It is a process of learning as well as acceptance of her past and the person she used to be. “But just being an adult with all these adult.. issues.. but learning again how to be a great mother. Learning again how to feel these feelings that I didn’t want to feel. It feels great. It feels great to know that I am accepted by myself.”

A core component of Sabrina’s transformation is her self-acceptance. She used to be someone she was not proud of, but has accepted it. The knowledge that she has learned in counseling has helped her transform herself and she is continuing to work toward being her best self.

The counseling process for Sabrina does not only come from the felt support, it also comes about from support and challenges in very concrete ways. As part of the requirement of being in treatment Sabrina engages in various assignments that help her to dig into her past and gain insight into her experiences. Initially she viewed some assignments as “petty” and was confused by their relevance in her life. Once she completes and processes the assignments with her group she realizes that she “needed it.” Sabrina talked about her counselor has a way of “knowing these things” as in what might be helpful for her to work through and process.

Sabrina’s counseling experience also means moving forward and continuing to grow in her recovery. It is a process for her that is in motion and something that she “keeps striving for.” Her work that she has accomplished thus far seems to have an end point and she described it as a “light at the end of a tunnel.” Her fear has now been

replace by excitement and she is looking forward to her future. Sabrina's work in counseling is viewed as a source of pride for her. She says that it makes her feel "accomplished." She also sees her process of change as being a lot of work for her counselor. She describes herself as being a "hard person to crack" and that her counselor says the same thing.

Sabrina's transformation occurred as a result of how Sabrina felt about her counselor, how she began to feel about herself, and the actions that she began to take. It was a shift in everything for her: her identity, her goals, her understanding of her life's story, and her expectations for the future. It is an all-encompassing transformation. Sabrina used to be a certain way: lonely, afraid, superficial, depressed, and ashamed. Once she came to terms and accepted these feelings, she is able to move past them. Now she is excited, hopeful, grateful, and determined. She described having "courage" and "confidence" that were feelings that she has never felt. Sabrina's enthusiasm and passion for her experience in counseling were contagious. She was excited about life. She genuinely had accepted her situation and everything about her past and was excited to see how her life would turn out.

Textural/Structural

Wearing a Mask

Sabrina is a woman who has had a hard life. She grew up at a young age and got in a relationship with a man at a very young age. She stayed with this individual and had three children with him. It was an unhappy and abusive relationship, although Sabrina

pretended to be the "perfect family." Finally she ended the relationship after thirteen years.

> I was just tired of pretending that my life was okay with him, that I was so in love, that everything was perfect, that we were this little family. The mask was me pretending I was happy, when I wasn't happy. So there was a rock bottom point where I just got tired of crying: tired of being depressed, that I just ended it with him. I was with him for 13 years and he's the father of all three of my children

After she ended the relationship her ex-significant other resented her greatly.

> Yeah, but it was still very hard after that because he resented me for leaving him. Kicking him out.

Sabrina began to struggle with conflicting feelings. On one hand, she was relieved he was gone; on the other hand, he made her feel very guilty and ashamed.

> Yeah, I had a lot of guilt and I didn't know where that came from. [Guilt came up] pretty much after I separated from my ex is when I started using heavily. Yeah, because he made me feel ashamed for leaving him: Being with him for all this time and then all of a sudden after 13 years, 'Oh, I don't love you.' That it wasn't that… that I felt like that for a long time…but just didn't have the courage to finally say it.

He did not accept Sabrina's breakup and wanted to get even.

> [As if her ex is speaking:] 'Because if I'm not going to be with you than I'm not going to help you.'

Sabrina struggled without support from her children's father. He refused to help Sabrina or their children and that is what inevitably led to their children getting taken away

> Nope. I didn't have *no* money, I didn't have a job, I didn't have a vehicle. I didn't have support. That's when my drug use became the ultimate thing. So I struggled a lot, and that's what led to my kids getting taken away because I couldn't provide for them.

Sabrina turned to methamphetamine and the drug-using crowd for community and acceptance. She believed that the people she used with were good people and cared about her. She was wrong.

> Yeah, but he made me feel bad for feeling that way. So I turned to drugs. I turned to that acceptance of the people that would come with drug dealing. I thought that those people were good people. I thought that those people were my friends. I thought that those people would be there for me.

She described her thinking of her drug-abusing friends as good people as being "tunnel vision." She focused on their acceptance and on nothing else.

> Yeah and not just that, it brought me to people that at the time… I was tunnel vision to think that the people I was hanging out with were good people. You know, I was focused more on being accepted by my friends because my ex didn't accept me. So… I, you know, when they had drugs I wanted drugs.

Her drug use became her ultimate focus and she was unable to provide for her children.

> Yeah and it ended up tearing up my life. It ended up me not being there for my children the way I wanted to, for me not being able to provide for my children the way I needed to.

They were taken out of her custody and Sabrina's drug use intensified. She could not deal with the fact that she had lost her children. She started using heavily to cope with these feelings.

> So now that my babies got taken away because I couldn't deal with the fact that. I was into drugs. It was very shameful.

Sabrina used drugs as a mechanism to cope with her feelings of shame. She was mandated to attend treatment and this was her first time having professional help for her mental health and substance abuse.

> Yeah, my first time in my life being counsel…uh, counseled… (laughs) Yeah, the first time in my life coming to treatment, the first time in my life getting my children taken away. It was the first time in my life for change.

Evolution of the Counseling Relationship

Sabrina was very hesitant about being in treatment. She did not trust her counselor and stayed to herself. She was angry about being in treatment and did not think her counselor could relate to her. She thought her counselor would be against her. Sabrina also assumed that her counselor was wealthy. The fact that she was White and Sabrina is Hispanic was another factor that initially made Sabrina feel like this person could not understand her.

> When I first got here I was very hesitated to admit to her or even talk to her just because I didn't know her. And I thought that she'd be against me. I thought she wouldn't understand the way that I felt. Like I was saying the first time I met her I was *kinda*... I was thinking she was a little richie rich white woman that thought she knew everything.

Her counselor disclosed to Sabrina that she started in her position as an intern. This helped Sabrina realize that her counselor was humble and had to work toward the position she currently has as a counselor.

> But knowing that um... when she first started here she came just to be an intern and then when she got an offer for to be a counselor. I was really like, "Oh! Okay."

Sabrina's thinking about her counselor began to shift. She initially viewed her counselor as a perfect person but once her counselor shared mistakes that she had made, Sabrina continued to warm up to her.

> So that made me feel comfortable, like, "Okay, I thought you were this perfect little…" when you're not, you're the same like me. You have mistakes too that you've made.

After their first session, Sabrina realized that she had been wrong about her counselor. Sabrina opened up to her.

> I was completely wrong. Just the first session I had with her, I opened up. She made me feel comfortable. She stayed there and listened, [instead of] putting a whole bunch of shit in my mind.

Sabrina felt like her counselor was able to help her come out of her shell, but on Sabrina's time.

> "She let me be me; She let me come out of my shell slowly, and with good intentions."

Sabrina's relationship with her counselor evolved and Sabrina developed a great respect for her counselor.

> So it evolved to accepting her, to trusting her and to now I respect her. I respect her tremendously. Tremendously. I feel like I can tell her anything.

Feeling "Fought For"

One of the most essential aspects of the experience of counseling for Sabrina was "feeling fought for" by her counselor. This was such a powerful feeling because of Sabrina's history leading up to her entrance into treatment and counselor. She had been alone with her children, with her ex-significant other making her feel guilty and cutting off all support. She craved acceptance and hung out with the drug-abusing crowd to feel like a part of the group. As a result her children got taken and she was alone. Her friends left when she did not have drugs. Feeling fought for is a significant feeling for Sabrina because it is the relief that she finally has somebody on her side. Someone will help her make sure things will be okay.

> And for the first time in a long time I feel like I have somebody finally on my side.. And it feels great. Before I used to feel so lonely and I had to fight for all these things by myself.

Sabrina feels great relief in knowing that she has "finally somebody on my side." This is the first time in her life that she genuinely feels like she has an advocate. Feeling "fought for" is so powerful, that without it, Sabrina would likely leave treatment.

> If it wasn't for my counselor being the way that she is and understanding and fighting for the things that I need, I don't think I would be here right now. I think I would say, 'Screw this,' have a case of the "F-its" and just leave but with her support and with my community support here has really helped a lot. Tremendously. It's helped me come out of my shell.

Sabrina's counselor is helping Sabrina "fight for herself," to be her best self and to change her behavior.

> She's fighting; she's helping me fight for myself. To be the person that I know I can be. For me to come out of my shell and not isolate like I used to, not back away like I used to. Not just making me… not making me, but helping me be a better person inside as well as outside.

Sabrina feelings like her counselor is helping her fight for all the things she cares about: for herself and for her children.

> She's helping me right now with fighting for my kids with helping me with DHS and with courts and things like that. She's on my side. And it feels great that I can have somebody to support me in being here, and making my life better for myself and for my children.

An essential part of feeling fought for is Sabrina's perception that her counselor is fighting for the things that Sabrina cares about. Her counselor has no agenda; she is purely helping Sabrina because she cares about her as a person.

> She fights for us. A counselor who didn't care wouldn't fight for the things that YOU care about, and she fights for the things that we care about not because SHE cares about it. She does care about it, but because WE care about it, SHE cares about it. [I: So it's your agenda] P: Yeah! Yeah, not by what she reads in the books, but what we care she fights for us and I love that.

Sabrina believes that her counselor is helping her fight for what she needs because she cares about her. It is not because of what the textbooks say, Sabrina genuinely feels cared for and fought for.

> If it wasn't for me knowing that she fights for really what I care about, I don't think I would have told her half the things of what I've told her.

These feelings have led Sabrina to having an overarching feeling of acceptance. This is another essential element of the experience of counseling for Sabrina. She feels acceptance from her counselor no matter what.

> Yeah, no matter what I tell her, she accepts me. She'll help me find a way through my struggles, and that takes a lot. It makes me feel accomplished.

Sabrina believes that this feeling of acceptance is one of the most essential reasons that she made any changes.

> It feels good to know that she accepts who I am and doesn't want to change me for any other reason than to help myself and that's awesome. I feel like any counselor, if they want to be a counselor, then that's what they should counsel for. Is to help someone be themselves not to help them be anything more than to bring out the real person inside of you. I think that's the best way to get anybody to change anything

Having her counselor accept her helped Sabrina accept herself. It helped her first face the choices that she made, but then to accept them and forgive herself.

> But being here with her helped. I've learned to accept that I cannot make excuses for the things that I used to do anymore. That I need to take responsibility for the bad choices that I've made, that it's okay, it is okay, it is more than okay. And I love that she can really make me have a positive outlook on these things because I used to not be that way at all. And I was a hard person to crack, and she can even say that, 'Sabrina, you were a hard person to crack.' But to know that she cracked me is awesome!

Sabrina described the tools that her counselor used to "crack" Sabrina's initial shell when she first came to treatment.

> The self-acceptance and just understanding, just listening. And like I'm saying, giving me her feedback from the bottom of her heart not because that's what she learned or because that's what…because she really cared, she really cares about us.

Sabrina knowing that her counselor genuinely cares about her is what helped her accepted herself as well.

> You can see it right away and it makes us feel more acceptance. It makes us feel more comfortable, with us being able to be honest with her. And that helps a lot, to know that because you can see it. You can see a counselor that's just doing it to get paid or from a counselor that's doing it because they care. And it's so much better to do it because you actually care than to be like, 'Oh, I'm here because I'm just getting paid.'

She has accepted everything from her decisions to her feelings.

> Learning again how to feel these feelings that I didn't want to feel and it's… yeah. It feels great. It feels great to know that I am accepted by myself. That I can accept myself and that others can accept me now.

This self-acceptance helped Sabrina come up with her mantra in recovery: "It's okay." This mantra initially came from her counselor letting Sabrina and her other group members know that it was okay to cry:

> Letting us know it's okay to cry. And letting us cry.

"It's okay" is Sabrina's mantra of self-acceptance and forgiveness. It is an admitting that she made bad decisions for herself and her family but she has accepted the responsibly and moved on.

> Yeah, and learn my mistakes, that my mistakes were not good for me and it's okay to feel that they're not good for me. That it's okay to be who I am. It's okay to feel that way that I feel. It's okay to be angry, it's okay to cry, It's okay to…not be happy sometimes, but just to do it in a healthy way. To feel those things… And when I was in my addiction, feeling those things was not an option. That's why I would go to my drug.

She used to struggle with understanding her emotions.

> And it's okay to fail. It's okay to be sad. It's okay to cry. It's okay to feel angry. And before I used to be so ashamed of these things, Like, 'why am I crying?' I used to second think everything. I used to want all these questions about everything. She's reminding me right now to have patience, and that's a big one. I used to be one that would just want to take giant steps.

This mantra of acceptance was repeated throughout the interview. Processing and accepting her feelings was an essential part of recovery for Sabrina.

> It's okay to cry, it's okay to be angry, it's okay to get frustrated, it's okay to be happy. It's okay to want to take off that mask that I used to have before. Before I used to feel ashamed of feeling this way, but being ashamed is part of recovery, because you have to feel these feelings. I was tunnel-visioned into these drugs and I was just focused on these drugs and just focused and everything else that I did care about didn't matter. But now that I'm sober and want to stay sober it's like feeling these emotions, feeling these feelings is so new.

This acceptance has been learned from her counselor.

> But she lets me know that it's okay to feel this way. I don't need to be ashamed…of feeling ashamed. And just knowing that she understands that and doesn't try to change, 'maybe it's because of your family, maybe it's because of…' That's what I come from, you know? That's who I am. And that's okay. And I keep saying, 'and that's okay' because that's what she teaches me.

This self-acceptance in counseling is what facilitated Sabrina changing.

> I think accepting myself; She really helped me with that. If she wouldn't have helped me with accepting myself first, I don't think I could have changed anything. But she helped me with just the fact that I am beautiful on the outside as well as the in. I don't have to pretend to be a different person for somebody else. I don't have to "put on that mask" like she would say. I can take off that mask and when I start learning to love myself. Others will learn to love me because I love myself.

Admiration for Counselor

It was evident throughout the interview that Sabrina had a great admiration for her counselor. Feeling fought for and genuinely accepted created a deep respect for her

counselor. She views their relationship as more of family members rather than counselor/client.

> Because she's not just my counselor. I really have respect for her. I see her as more of a sister, as a friend. And I truly can say that.

Sabrina admired her counselor so much, that sometimes it was difficult for Sabrina to not be able to talk to her for period of time, like on weekends.

> At the end of the day and there's times even when she's gone during the weekend I'm so eager to talk to her on Monday. And tell her how I felt that weekend because I know she's going to make me feel better for that weekend.

Sabrina has immense gratitude for her counselor.

> And it's so crazy and I tell her all the time, I go, '[Counselor's name], how is it that you know these things? How is it, why do you do this?' And she's like, 'I understand you.' and it's like, 'I know you do, thank you.' And it feels so good just to tell her thank you.

In some ways Sabrina feels like her counselor saved her life. If it were not for her counselor, she would not be in treatment. She talked about their connection and her gratitude.

> My connection with her is very very very … thankful. Blessed.

Overall Sabrina's strong relationship with her counselor has helped her view counseling as an opportunity for her. She views it as an opportunity to better self and to become a better person.

> Of going forward with this new life that I have, that I have this opportunity to become a better person for myself.

This courage and confidence is something that Sabrina has never felt before in her life.

> The courage is new, yes! The, the, what's that word? Uh… The confidence. The confidence is there when it wasn't, it really wasn't. I was afraid of my confidence.

> I was afraid of being confident. I was afraid of saying 'no,' and now I can say, 'no' and be okay with me saying 'no.' Be confident in me saying, 'no.'

Counseling is a transformative process for Sabrina. She has made peace with her past and is striving to be her best self in the future.

> By becoming, by realizing the person that I am and want to be has made me be grateful for my sobriety. It's made me realize that the person I was before, I wasn't happy as much as I tried to be happy. I wasn't happy. I wasn't proud of myself and I can say that I'm still afraid of relapsing. But, I have more courage to it, of not relapsing.

Counseling has been the opportunity for Sabrina to have hope in getting her children back.

> By being here, even though things aren't going at my pace, I'm learning to just take it at baby steps. And there will be a light at the end of that tunnel if I keep striving for it. I'm excited for it, as much as I'm afraid for it at the same time. I'm excited for it. Definitely.

The experience of counseling was an evolution for Sabrina. It began with an evolution of her relationship with her counselor, which was the foundation for all of her change. Once she began to trust and admire her counselor, she was able to open up and talk about her painful experiences from her past. Sabrina spoke about her counselor with enthusiasm and a great admiration. Their relationship facilitated Sabrina's transformation into becoming a better mother. Through the experience of counseling Sabrina has accepted her past, gained insight into her addiction, learned skills to better herself, and is continuing to work toward rebuilding her life. The essence of the experience of counseling for Sabrina was feeling *fought for,* acceptance and transformation.

Chapter V

Participant Two

Ann is a 24-year-old Caucasian woman from the Midwest. She is currently single and has two children. Ann began taking college classes when she was 16 years old but her addictions to methamphetamine and alcohol prevented her from finishing school. She began using methamphetamine when she was 11 years old and continued until becoming pregnant at 16. She relapsed when she was 20 and continued to use meth until she checked herself into residential treatment. This interview takes place in a residential treatment center in the Midwest. Ann had been in treatment for two months at the time she was interviewed.

Textural Analysis

Beginning Experiences with Counseling

Ann's experience of counseling began at her home in an informal way. She immediately stated that she has been "counseled my whole life by my mom." Her parents are both recovering drug addicts and met in Narcotics Anonymous. Addiction seems to run in Ann's family as Ann and three of her siblings struggle with drug and alcohol addiction. Ann began using methamphetamine when she was 11 years old and used until she became pregnant at 16. After a period of sobriety she relapsed on methamphetamine and has been using heavily in the past two years. Ann's mother went to college to be an alcohol and drug counselor and Ann stated that her mother used to sit Ann and her siblings down and share her own stories of her use and would warn her children of where their path was headed if they continued to use.

> Well once I started getting older and started getting into my *addiction* (enunciated this slowly) or whatever my mom would sit down and talk with us and tell us about you know, how she…what her rock bottom was, and where our path was headed if we kept using and everything and I just never cared.

Ann's defined *counseling* as those conversations with her mother that started at home around her kitchen table. She described this "counseling" by her mother basically as a set of listening ears that would help her develop new perspectives and feel heard. Ann's definition of counseling was also her mother trying to help her "think outside the box" and see things with a new perspective. She also describes her mother as "she was always the one we could talk to and she could listen without making us feel like she was judging us." The definition of counseling for Ann began as viewing someone who is nonjudgmental and who would help her *feel heard*.

> I have been counseled my whole life by my mom I mean not in a like, where she was the counselor type setting but just more… she was always the one that we could talk to and she could listen without making us feel like she was judging us. And then her way of like, counseling us was like trying to help us think outside of the box: 'Well have you ever thought about it like this?'

Ann believes that these conversations gave her a wealth of knowledge about her addiction but did not impact her using behavior. She said, "I never cared- you never want to hear what your parents have to say." Ann felt a strong connection with her mother but continued to use methamphetamine despite conversations and warnings about addiction.

Outpatient Treatment

Ann was mandated to attend outpatient treatment after getting charged with a DUI (driving under the influence). She stopped using meth when she was 16 but continued to drink heavily. Her relationship with counseling evolved as she had her first formal counseling experience in outpatient treatment. She spoke of her initial anxiety and nervousness and how this turned into relief when she discovered her counselor was a woman she knew and who knew her from their community. Ann talked about how it was

effective for her counselor to know her outside of treatment setting as it helped her tailor her counseling style and interventions to Ann's context.

> She had seen all these years of me using and getting in trouble in school, so she knew my history, she knew my family, like, you know what I mean? She knew the different elements of why I became how I was, and who I was before I started using.

The familiarity and "*feeling known*" by her counselor was vital as it helped Ann feel comfortable and also helped her counselor approach her.

> I felt comfortable because it was someone that I knew, that was familiar to me…not just a bunch of new faces.

It also helped ease the transition for Ann from informal counseling to experiencing professional counseling.

> I think that being my first like, any kind of counseling or treatment, it made the transition easier for me too.

The positive experience with outpatient treatment was effective in Ann being open to seek counseling, but it was not effective in changing her behavior of abusing substances. She continued to abuse alcohol and relapsed on methamphetamine several times. She talked about her outpatient treatment as being a surface level experience that did not challenge the underlying reasons for *why* she struggled with her addiction. She continued to use substances as she participated in outpatient treatment. Regarding outpatient treatment she said:

> If you dug into feelings that you didn't want to have to deal with, it was easier to go out and use and not have to work through it and learn how to work through it… you get to keep your cell phones, you get to have your computers in there and okay, so I'm in treatment trying to work on myself but I still have contact with all these using friends. If I get pissed off, I can just call somebody right down the street to come and pick me up and F-this, I'm out of here.

Readiness to "Dig in"

As Ann continued to use substances she continued to avoid talking about the deeper issues that she believed were contributing to her addiction. She finally chose to attend an inpatient treatment and she described this as an intentional decision to learn how to stop her substance abuse and begin exploring deeper issues that she was facing. Ann believed that the education she received at home from her mother gave her a good framework for understanding the tenets of addiction and recovery, although she consciously chose to never utilize the resources that she knew were so readily available. This decision to stop abusing substances involved her checking into an inpatient treatment center. Ann's decision to attend inpatient treatment and stop using substances were intricately intertwined with her decision to seek counseling and begin to develop insight into her addiction. Ann described her readiness to seek counseling as a personal decision to seek help for her addiction. She described it as a commitment to seek action instead of just "knowing what to do and not doing it." She vividly describes how well she knew what to do to seek help but her initial resistance and fear held her back.

> Now that I'm older that's when I decided: I need to go to inpatient, I don't just want to go to a 28-day program. I want to be somewhere that I'm going to be there for at least two months because I can't keep using my childhood as an excuse now that I can see that there is nothing in my childhood that I should really be able to use as an excuse. I always knew what the 12 steps were. I knew I needed counseling, I knew that I needed to address my mental health: I knew, I knew, I knew, I knew, I knew… but I didn't know myself to be able to figure out why I keep doing this.

Ann knew that she was ready to go to a longer term program to begin to "dig in" to her childhood and whatever other reasons she believed were causing her to continue to use methamphetamine despite wanting desperately to quit.

Feelings about Counseling

Ann finally made the decision to check into an inpatient treatment center because she felt like she was ready to begin to understand why she was continuing to use meth. While in the inpatient treatment center that Ann is attending she is assigned a chemical dependency counselor to be her primary counselor, she attends group therapy as well as psychoeducational groups, and she meets once a week with a licensed marriage and family therapist who is staffed full time by the treatment center.

Ann's experience with counseling involves group and individual counseling. Upon arriving to inpatient treatment she felt a mixture of feelings about these counseling venues. One feeling she used to describe her experience in counseling was "frustrating." She went on to talk about how some counselors in her treatment center only talk to the women who are in their primary group or the women under their care and ignore the rest of the population of women in treatment.

> Sometimes it's frustrating I guess, some of the counselors here only get to know their primary groups and then they just seem kind of like, rude or whatever to the rest of us- they don't really pay attention to anybody but the people outside of their primary.

She also described her experience as "confusing." She elaborated about an instance in a group therapy session about the 12-steps of AA. She talked about how two counselors disagreed about the use of the word "powerless" in the first step: "We admitted we were

powerless over our addiction." Ann talked about the struggle of the women in the group, as they did not know which counselor to believe and what to think when two people in a position of power did not agree. She likened this power struggle as "parents undermining each other's authority" and talked about the confusion in having to choose who to believe as she is trying to find herself again and her own voice in treatment. She said:

> It's kind of like parents undermining each other's authority. Everybody has a different way of counseling or a different way that they were taught in school or whatever the case may be and… it gets kind of confusing when one person has this view and the other person has this view and it's like, 'Oh my god, okay, I don't even have any views.' I'm already trying to get my own mind *unconfused,* set myself back to what my beliefs are, like finding myself again: What are my likes? My dislikes? This and that; I'm already trying to sort myself out, so then to hear two different ways of thinking on the same subject and having to try and battle out like which one I agree with? That gets hard too.

The differences in viewpoints and opinions of counselors that she saw in group counseling inhibited her process of gaining her own sense of self. She described sorting through which perspective she agrees with as a "battle" and it was a situation that was overwhelming and confusing to her. For Ann inpatient counseling was difficult because she had to begin to understand herself despite the fact that the people in the position of assisting her in the process disagreed on certain tenets.

Along with feeling frustrated in the group counseling setting, Ann was initially suspicious and fearful in the individual counseling setting. In sessions with the marriage and family therapist she initially was guarded in how much she shared, for fear that she would be punished by having to stay longer based on what she talked in therapy. She talked about her decision to share openly in her individual counseling as "giving up the

power." This idea of "giving up the power" was first manifested in her decision to check into inpatient treatment and then in choosing to share openly in counseling.

> I was a little bit nervous. I think I was more worried about like, saying the wrong things and having to stay longer because of that- but once I like, gave up that like, just *gave up all power* like, 'I'm just going to be here as long as I need to.' I think it turned into something really good for me.

This decision to "give up the power" seemed to be based partly on Ann's observations that this individual therapist was a caring and trust worthy individual. She describes several characteristics of the therapist that seemed to help her begin to trust her and slowly open up to her:

> She says, 'hi' to every single person she sees. If there's a line of 10 of us in a row you hear her say 'hi' 10 times. She makes a personal relationship with each one of us. She remembers the stuff that we tell her. She remembers who we are and what we're working on, how far we've come. It makes you feel like a unique and special individual when someone can remember specific things about you instead of another lady passing through: like give you your treatment and then go on in life.

It was important for Ann to size up her counselors for her to know when and how much to share in individual and group counseling settings. Ann observed this therapist and found her to be consistent and caring to every single woman in treatment. This contrasted some of the other counselors who Ann did not feel cared about her, as they were not assigned to be her counselor. It seemed important for Ann to feel like she mattered and those assisting her were not just doing it because they were getting paid. For Ann feeling unique and special were feelings that seemed to make counseling an effective experience for her. It was important for Ann to feel like she was not just one of the faces in the crowd but that she was a unique, individual woman with unique needs. Ann also described the importance of being held accountable in counseling.

> I like the way that she's direct and blunt with things too. Like, she'll call you on your BS, she'll speak to you, get directly down to the core issue. I mean, and that's exactly what I needed in coming here. Somebody that's going to call me on my stuff, not let me bullshit my way through the program.

Feeling like she was getting what she needed was also crucial. Having a professional care enough to challenge Ann and hold her accountable also seemed to make counseling be an effective experience for her.

Counseling Efficacy

With a combination of Ann being ready to dig into herself, give up the power, not be afraid of getting punished, and with the sense that she felt known by her counselor, counseling seemed to be an effective experience. Trust was also a vital aspect of the experience of counseling for her. She described her relationship with the marriage and family therapist:

> I think it's become a really trusting and open relationship. I don't ever worry about saying something that I think is going to have her decide I should stay longer. I don't feel ashamed or anything like talking about my past and the things that have happened to me and expressing how I'm feeling or what I'm frustrated about during the day. It's just become really comfortable; it's like going in there and talking to a friend for the appointment.

As Ann observed this individual and saw that she consistently was kind to and cared about each individual woman in treatment, Ann seemed to warm up to her in individual sessions. She began to share more openly about her past and became comfortable venting about day-to-day frustrations. She began to see this individual as a friend instead of someone in a position of power who can hold her back from leaving treatment. These characteristics made it possible for Ann to talk about her past and the things that have happened to her in a way that does not make her feel ashamed and judged. This

experience in counseling has contributed to Ann feeling more willing more to seek counseling after she discharges from the treatment center. She describes her past hesitation to seek counseling and how that has changed based on the efficacy of her current counseling.

> Before I used to be like, 'Whatever, I'm not going to see a shrink.' But now it's like, I've seen how much progress as far as how I feel and even the change in my thinking, how I think so much more positively now since I've been here and its definitely made it so that therapy is something that I want to continue when I leave.

Ann's experience with this counselor seemed to impact her in a profound way as she describes a change in her thinking and in the way that she feels. It seems that this relationship and this counseling experience were what Ann was looking for as she chose to attend inpatient treatment and finally develop insight into her addiction. Ann's experience with counseling was characterized as an evolution. It initially began as informal counseling with her mother and moved to outpatient chemical dependency counseling with a familiar woman in her community. Her experience with counseling then developed after checking herself into an inpatient chemical dependency facility and she gained experience with group counseling and individual counseling with a marriage and family therapist. Seeking counseling was a decision Ann made to dig into herself and to find out why she continued to use despite knowing what to do to get clean, and also why she used her childhood as a an "excuse." Her readiness to engage in counseling occurred when she decided to "give up the power" and be open and honest. Although counseling at times seemed confusing and frustrating, especially with different counselors who had different views on issues, there were several aspects that seemed to

make Ann's experience of counseling effective. These include feeling comfortable, feeling valued, being held accountable, having individualized treatment, and developing a safe relationship.

Structural Analysis

Counseling Readiness

I met with Ann for the interview and she seemed to fill the room with her personality. She had an energy of openness and flexibility about her however, when she spoke about her experience of counseling, she talked about feeling nervous, confused, and frustrated. Eventually these feelings were transformed into feeling good, open, and that it has turned into a "great thing" for her. Counseling turned out to be a life changing event that impacted both her way of thinking as well as her way of processing emotions.

When asked about her experience of counseling Ann immediately and loudly said, "I've been counseled my whole life by my mom." She views her mother as a counselor figure, a nonjudgmental, support person who "helps me think outside the box" and who is always there to listen. She recollects that she did not want to hear what her mom had to say about her own experiences and advice about utilizing drugs. Despite not listening to her mother's advice, Ann valued her mother's support and called the "counseling" she experienced with her mother an "effective parenting technique." Along with being counseled by her mother, Ann participated in formal therapy in high school but was ambivalent about working through her issues.

Ann's experience of counseling began when she was a young girl sitting around the kitchen table. She spoke about her mother with great respect and seemed to be close

with her mother and reported that she still keeps in touch with her. Although Ann displayed an admiration and respect for her mother, she talked about how this respect was not shown in the past. She heard what her mother had to say but made a conscious choice to not heed her mother's warnings about drug abuse and addiction. There are several reasons for Ann to not listen to her mother. Perhaps she wanted to differentiate herself as an individual and did not want her mother to "put her experiences on her." Perhaps she was not ready to stop using. She started using methamphetamine when she was 11 years old, and at this age she was being molested by an uncle and had been continuously molested for a period of 5 years. Although Ann states that her childhood is "not an excuse" to continue her use, she reported painful traumas that may have been using methamphetamine and alcohol to cope with.

Her ambivalence about getting help seemed to cover up her anxiety and fear about having to uncover and talk about her past experiences. As Ann continued to use substances she was constantly faced with the knowledge that she would have to talk about her hurts and change her behavior. Her readiness to change and her readiness to seek counseling seemed to be one and the same. Counseling equaled change for Ann and she was still unsure if she was ready to change. Change meant a change in lifestyle and behavior and she didn't know if she was ready to cease abusing substances. But change was mandated for Ann when she was charged with a DWI. She was mandated to attend an outpatient treatment center for chemical dependency issues. Her experience with outpatient was a positive one and it influenced her process in being ready to change.

Following outpatient treatment and a handful of relapses on methamphetamine, Ann made a conscious choice to check into an inpatient treatment center. Her counseling readiness was reflected in her decision to seek inpatient treatment versus an outpatient option. For Ann, seeking inpatient treatment was her first decision to begin to explore and focus more deeply into the underlying reasons for her using. Inpatient treatment was more of a commitment to taking the time to work on herself and to be free from distractions.

This act was a concrete decision to go to a treatment center where she could focus and commit to understanding herself and her past. The act of *not* exploring herself, which she had been doing up to this point, was a way for Ann to maintain power over her past. As she described this choice she spoke with conviction and was sure of herself as if it was finally time to find answers as to what it was that contributed to addiction. It seemed like she had moved through a process regarding counseling that went from defiance to ambivalence to hesitation, then fear. These feelings had given way to a calm choice to "give up the power" and she was ready to begin to face the demons from her past.

Ann made a conscious choice to check herself into the inpatient center where the interview took place, but once she was there the fear of "digging in" to herself resurfaced when she initially met with the marriage and family therapist. She talked about being concerned that she would need to stay longer in treatment because of what she shared in therapy. Perhaps what she was going to talk about was so big to her that she thought it would warrant additional help. It seemed overwhelming and terrifying. Perhaps what she shared or did not share in therapy was her way of maintaining power over her past and

having control over her treatment in some way. Ann described opening up in therapy as "giving up the power" and finally came to peace with being in treatment "as long as I needed to be." Ann described this decision as the act of "commitment." This seemed to be a pivotal point in her experience of counseling.

Counseling readiness for Ann involved a process where she finally chose to commit to an inpatient treatment program when she felt like it was time for her to devote her full attention to discovering the factors underlying her addiction. After arriving in treatment, choosing to engage in counseling with the marriage and family therapist and "give up the power" were what characterized Ann beginning the work of counseling.

Feeling *Known*

Ann considered her counseling experience to begin at home with her mother and despite this positive experience and view of counselors as "non-judgmental," she was still fearful to seek formal treatment for her mental health issues and her addiction. An important aspect of counseling for Ann was a feeling that her provider knew her and valued her. Her first formal experience in counseling occurred in an outpatient treatment center and her counselor was a woman who was a friend of the family. Ann's participation in outpatient treatment seemed to be a pivotal experience in her life. Her entire demeanor brightened as she talked about her experience in this treatment center and she even said she would like to go back after she has finished with the inpatient treatment where she currently resides. Ann's outpatient experience was memorable because of not only literally being known by her counselor but by *feeling known* by her counselor. Feeling known by this woman not only relieved her initial anxiety about

seeking counseling but it also helped her feel like she was being treated holistically: in the context of her life and experiences. She felt like the counselor knew her past and treated her in a comprehensive yet individualized manner; she did not just focus on her addiction. It was important for Ann to be known by her counselor. This woman knew that Ann struggled with anger and it changed how she approached Ann and worked with her. Ann's anger may not have been evident to other counselors but it seemed important that this counselor worked effectively with this strong feeling. Ann describes the interaction between her counselor and her to be a mutually satisfying experience, it went well for all parties involved.

Feeling known in treatment did not mean getting favored or coddled, it meant that the treatment she experienced for her addiction fit for her in her context. Feeling known meant feeling relieved about getting treatment and it created an effective and safe treatment experience. Feeling known was critical in Ann's initial experiences with counseling.

After this experience in outpatient therapy Ann checked herself into an inpatient treatment center when she decided she needed more structure and focus in recovering from her addiction. In inpatient treatment she had experiences of feeling known as well as *not* feeling known. Ann described treatment as "frustrating" when she described counselors other than the one assigned to her case that did not bother to get to know her and seemed apathetic about having her in treatment. This created frustration and anger in Ann and caused her to feel insignificant. They did not know who she was and she perceived that they did not care. Feeling like she was not known made Ann feel like she

was not cared for and created a rift between herself and other counselors in the treatment center. As she talked about perceiving that some counselors on staff did not care about her, her body language seemed to be more agitated and it was evident that it was upsetting when she felt like other counselors didn't care about her. Ann did have significant experiences of feeling known in her inpatient treatment. She talked about her interactions with a specific marriage and family therapist and spoke about the importance of feeling like she was remembered. She talked about how there were times when this individual would walk past a group of women and would say “hi” to each woman individually. This struck Ann and she noticed that this woman not only knew her, but knew all of the other women in treatment. She consistently saw this individual demonstrate that she cared about each woman as a unique individual. She remembers everyone and does not leave everyone out. Feeling valued by this woman helped Ann engage in therapy. She felt like she was important and this helped build a strong therapeutic alliance. This feeling was reiterated when her therapeutic treatment was specialized to her and her issues.

Feeling known and individualized treatment also caused Ann to be held accountable in her treatment. It was important for her to be challenged by her counselor. This was crucial for her as she admitted that could be guilty of “bull shitting” her way through treatment. The counselor knowing Ann helped her counseling be effective and relevant to her.

Feeling known was a critical element of counseling for Ann, beginning in her first formal experience with counseling in outpatient treatment and moving into inpatient

treatment. Feeling known to Ann meant feeling valued, cherished, and remembered, feeling like a unique individual. At the same time, not feeling known, or getting the sense that counselors were not interested in knowing Ann was a negative and frustrating experience.

Trust

Along with "feeling known," trust was another pivotal component of Ann's experience of therapy. Ann was homeschooled until late elementary school and talked about joining mainstream public school. She experienced bullying in the public school she attended and she developed a tendency to feel anxious and apprehensive around people she did not know well and in large groups. She does not feel comfortable around people and is extremely guarded. Ann developed a protective shell around herself after being bullied.

Trust and feeling comfortable is not easy for Ann as a result sexual abuse beginning at a young age. This was her greatest betrayal of trust. A relative that she felt safe with betrayed her and abused her. Her basic needs of safety were not met and she naturally mistrusts people as a way to protect herself, as a natural survival response. When Ann trusts others, she may get hurt.

Ann also experienced mistrust in her counseling experience. She spoke about a situation where two counselors were having a disagreement about the use of the word "powerless" in the first step of the 12 steps of Alcoholics Anonymous. This debate was upsetting and "hard" for Ann as well as "confusing." This was an important illustration of Ann's internal struggle of finding herself as she works through the process of getting clean from meth and through underlying issues from her past. She talked about the

turmoil of not knowing which counselor to believe. She thought that if she believed the counselor who did not agree with the word "powerless" in Step 1 than she was essentially calling the 12 steps "bull shit." Ann had a difficult time verbalizing the intensity and impact of this disagreement but spoke about how she was already trying to find out who she is and what she believes and this debate caused her to be more confused and unsure of herself. This confusion led her to mistrust herself and her own views and even the 12 steps, which Ann holds to be very important in her recovery. Trust is essential for Ann because she is in the process of rediscovering herself and what she believes and it seemed important for her to be able to trust those in power to help her formulate her values.

Trust was crucial in Ann's individual counseling and in helping her explore her past issues. Understanding her childhood and "why I became the way I am" was the core purpose for Ann being in inpatient treatment. Gaining insight into her use was of utmost importance for her. Initially she was apprehensive about opening up in counseling for fear of having to stay longer. It was not until she trusted her provider that she let down her guard and "gave up the power" in her individual therapy. She described her relationship with her therapist as "open and trusting" and talked about how because of this relationship she is more open to individual counseling in the future.

Textural-Structural

Ann was raised in a home where conversations with her mother and siblings happened frequently. She describes her experience of counseling as beginning informally in this setting with her mother.

> I have been counseled my whole life by my mom. Not like, where she was my counselor type setting. Just more…she was always the one we could talk to and she could listen without making us feel like she was judging us.

Her definition of counseling evolved as did her process in her readiness to seek counseling and in her readiness to seek recovery from her addiction. Her mother was a drug and alcohol counselor who warned Ann and her siblings about addiction and helped them view their behavior in new ways.

> And that was her way of counseling us was trying to help us think outside of the box: 'Well, have you ever thought about it like this or have your ever looked at it like that?'

This openness to talk and listen was a way for Ann to feel connected to her mother and it "worked well as a parenting technique." Ann's experience of counseling moved from her kitchen table and into other counselors' offices from there. Her initial experiences in counseling were marked with ambivalence and inconsistency.

> I did a little bit of counseling in high school, here and there. Nothing really like seeing the same person for a while. I've had a couple of psych evals done in the past when I've been in my spouts of sobriety but then I would relapse and never follow through with seeing a psychiatrist and getting on the right medications.

Her ambivalence to seek counseling mirrored her ambivalence and resistance to cease abusing methamphetamine. Ann resisted counseling because it would mean "digging into herself" and working through painful experiences that she had gone through, including a history of sexual abuse.

> I think for a long time I knew I was an addict, I knew I needed help. I knew what I needed to do to get help; I knew the steps I needed to take. I knew where to find the help. I just didn't want to have to dig into myself.

Eventually Ann's experience with counseling was shaped when she was mandated to attend an outpatient treatment center after getting her first DWI.

> I had an outpatient that I was in right after my first DUI and it was awesome, I absolutely loved it. But I knew the counselor; I went to high school with her sons. She had seen all these years of me using and getting into trouble in school, so she knew my history, she knew my family. She knew the different elements of why I became how I was, and who I was before I started using. So it was awesome. That's the outpatient I want to go back to when I leave here.

At this facility Ann was pleased to find that her counselor was a woman who she knew from the community. This experience of knowing her counselor and having her counselor know her was effective for Ann to manage her social anxiety that she developed after getting bullied in school.

> Until I seen her that it was her I was like, 'Oh my God, no way!' I was really nervous about going in there. I used to be a really anti-social person. When we got transitioned into public schools from homeschool I got picked on a lot and then the friends that I did make weren't the best role models so I've always been anxious about group settings.

Being and feeling known by this woman proved to make her outpatient treatment an effective experience for being open to counseling.

> I think that being my first like, any kind of counseling or treatment… it made the transition easier for me too.

Feeling known for Ann caused her to feel comfortable and valued as a unique woman. It caused Ann to feel like her counselor approached her effectively and dealt with the issues that were important to her. Ann also perceived that her counselor had a mutually beneficial experience.

> From knowing who I was, because back then I still had really bad anger issues, I hadn't dealt with any of my anger or anything like that, so that she was able to approach me knowing that about me. I think made the experience better for everybody.

The essence of Ann's initial experiences involved feeling comfortable and familiar with her counselor because it was someone that she knew. This individual also caused Ann to feel known and feel like her treatment was relevant to the issues that she struggled with.

Following Ann's experience with outpatient treatment she continued to relapse on methamphetamine and alcohol. She got two more DWI's and eventually made a choice to check herself into inpatient treatment. Ann vividly describes acquiring tools of recovery beginning at a young age, but that knowledge not being put into practice.

> Now that I'm older that's when I decided I need to go to inpatient, I don't just want to go to a 28-day program. I want to be somewhere that I'm going to be there for at least two months because I can't keep using my childhood as an excuse now that I can see that there is nothing in my childhood that I should really be able to use as an excuse. … I always knew what the 12 steps were. I knew I needed counseling, I knew that I needed to address my mental health… I knew, I knew, I knew, I knew, I knew…but I didn't know myself to be able to figure out why I keep doing this.

Her decision to check herself into inpatient treatment seemed vital in Ann's readiness to gain insight into her addiction. As she talked about this choice it seemed like checking into inpatient treatment was a relief to her. Like she had been struggling and was finally committing to gaining peace in her life. Ann talked about a similar struggle in the counseling room. She initially was guarded in individual therapy for fear that she would "say the wrong thing" and would need to stay longer because of it. She talked about letting down her guard as "giving up the power" and choosing to be in treatment as long as it took to get better.

> But once I gave up, just gave up all power, like, 'I'm just going to be here as long as I need to.' I think it turned into something really good for me.

This idea of "giving up the power" was not said in a helpless, defeated way. The essence of this act seemed to be relieving, like someone who has been fighting aimlessly for years and can finally let down their guard and feel at ease. Several factors contributed to this "giving up the power" occurring for Ann, with one principal factor being trust. Ann was able to trust her therapist. Getting to a place where she trusted her therapist was a process for Ann. She seemed to observe this individual and began to see consistency and care in her behavior. She noticed that this individual cared about not only Ann but about other women that she interacted with in treatment.

> She says 'hi' to every single person she sees. If there's a line of 10 of us in a row you hear her say 'hi' 10 times. She makes a personal relationship with each one of us. She remembers the stuff that we tell her. She remembers who we are and what we're working on, how far we've come. It makes you feel like a unique and special individual when someone can remember specific things about you instead of another lady passing through like give you your treatment and then go on in life.

This individual also helped Ann feel known and feel unique and special. Ann observed some things in treatment that caused her tension and mistrust among other counselors. She perceived that some counselors did not care about her and did not seem interested in her as a person. She described this as "frustrating" and "rude" and it seemed to mean a lot to her when she observed counselors "going out of their way."

> Sometimes it's frustrating I guess, some of the counselors here only get to know their primary groups and then they just seem kind of rude or whatever to the rest of us. They don't really pay attention to anybody but the people outside of their primary but then some of them go out of their way.

Ann also observed a power struggle in a counseling setting that seemed to impact her process of finding herself while in treatment. She described witnessing a 12-step group

where two counselors disagreed about a concept. This was upsetting to Ann and it showed the veneration that she gave her counselors. It also showed the power differential present as Ann had an internal crisis, which she likened to "parents undermining each other's authority," when two counselors disagreed. She described this incident as "confusing" and "hard" but it seemed to help her clarify her thoughts on issues and helped her realize that there is not absolute truth on tenets of recovery.

> I'm already trying to get my own mind *unconfused,* set myself back to what my beliefs are, like finding myself again: 'What are my likes? My dislikes?' This and that… I'm already trying to sort myself out so then to hear two different ways of thinking on the same subject and having to try and battle out which one I agree with? That gets hard too.

Despite some frustration and confusion along the way, Ann's experience with counseling eventually led to her changing both her thinking and her feeling and led her to working through core issues that had been avoiding in the past. This change was facilitated by developing trust and a strong relationship with her therapist.

> I think it's become a really trusting and open relationship. I don't ever worry about saying something that I think is going to have her decide I should stay longer. I don't feel ashamed or anything like talking about my past and the things that have happened to me and expressing how I'm feeling or what I'm frustrated about during the day. It's just become really comfortable, it's like going in there and talking to a friend for the appointment.

Ann was able to feel comfortable in counseling once she developed trust and knew that this individual cared for her. This comfort and safety are of upmost importance for Ann and they are the cornerstones for an effective counseling experience.

> I've noticed that the most helpful of all the counseling or therapy that I've encountered throughout life is: I'm more apt to take something from it when I feel comfortable and sometimes it's really hard for me to be comfortable and trusting with new people.

Ann's experience of counseling involved a complex process of developing counseling readiness. This counseling readiness mirrored her readiness to seek recovery from her addiction as she viewed counseling as the vehicle for gaining insight into the underlying reasons why she could not stop using. She seemed to make a conscious choice to "give up the power" and be honest in therapy and stay in treatment for as long as she needed. Her experience of counseling was made effective first by feeling known in her initial experiences which helped her develop trust in her later and current experiences. Counseling proved to be an effective means for Ann to have change in her behavior, thinking, and feeling, and she stated that she will be open to continue counseling in the future.

Chapter VI

Participant Three

Lorianna is a 36-year-old Native American woman from northern Minnesota. She has six children, none of whom are currently in her custody. Lorianna's drugs of choice are methamphetamine and alcohol. She has used heavily in her life and has experimented with cocaine, crack, and mushrooms. At the time of the interview she resided in an inpatient treatment center in southwestern Minnesota. This is her third inpatient treatment program for addiction issues and she has also participated in two outpatient addiction treatment programs. She has extensive experience with a variety of counseling situations.

Textural Analysis

A Chaotic Life

Lorianna is a woman who has had a difficult life. She had challenges since birth as she was born to two individuals who struggled with alcohol addiction. Her mother was 19 when she had Lorianna and she also had two other children at the time. Addiction runs in Lorianna's family. Her mother was also born to two individuals who struggled with addiction. Her grandparents ran a restaurant in the town where Lorianna grew up, and her grandfather's addiction was so pervasive that at one point, he would drink the cooking oils in his restaurant in order to get chemically altered.

Lorianna also has had a past where a lot of people have hurt and betrayed her. Her experience of being bullied and excluded in school was especially notable to her.

> I was picked on a lot when I was growing up: I was followed home. I was… it was just not a very good… being in school and all that other stuff. My mom had *kinda* tried to tell me to stand up for myself and I tried standing up for myself and all they did was just bicker back and forth.

Lorianna was diagnosed with a learning disability that impacted her comprehension and was a reason she got picked on in school. She described her classmates as "vicious, very

vicious" and was picked on for a variety of physical characteristics about herself that she could not change including her condition of having scoliosis.

> Because I have been dealing with how people treated me growing up: being stalked literally from school, picked on for you know, just the simplest little things.

It was hard being bullied at school and having two alcoholics at home. Her mother and father had many conflicts because of her father's addiction and she was often triangulated in the middle of her parents. Lorianna vividly remembers being a little girl and her mother giving her the responsibility of telling her father to leave their home. Her mother told her to do this because of her father's drinking. At the time Lorianna did not comprehend what was happening.

> With parents being alcoholics it was really hard. I actually had to tell my dad to leave at a young age: I'm standing at the door with my dress on, just in the doorway and all I have *imaged* in my head is like when, you know, my mom had packed all my dad's stuff up- put it in garbage bags, put it outside for when my dad would come home and say you know, 'This is it. I'm done with your *drinkin'*, you have to leave.' And my mom has explained it to me not that long ago, about three weeks ago. You know, she had asked me to have him leave: 'Dad you need to go' and I didn't realize that because all I can remember is standing in the doorway and now I have a lot of this stuff resolved.

Along with having to tell her father to leave because of his drinking, there was also a time when Lorianna's mother left the family. Lorianna remembers feeling abandoned growing up and feeling confused about why many things were happening to her.

> My parents… I felt abandoned by my mom because she left. Because we went to my mom's sister's house and we all ended up leaving with my dad because my mom you know, she left, you know, 'Where did she go?' I didn't know that's what had happened but today I feel relieved about a lot of the stuff I've been doing here in this treatment center.

Along with having difficulty feeling abandoned and growing up with addiction in her household, Lorianna also developed relationships with men who had addiction issues. Her addiction was tied in to her ability to build and maintain relationships. She was introduced to drug use by a significant other. She remembers the first time she walked in on her significant other using methamphetamine.

> And he was basically the one that had introduced me to the drugs. Cocaine, crack, mushrooms… My ex-boyfriend. And uh, he's the father of my oldest and my third child. He's the one that basically introduced me to it. I had gone off to go to the bathroom or something and I came back and he was smoking like an actual aspirin bottle, you know, like a baby aspirin bottle, with the straw and stuff and I was like, 'What the *frick*?' I actually got mad at him for it and I gave him an option you know: 'Either you quit doing this shit or I'm leaving.'

Despite her pleas and ultimatum to have her significant other quit his drug use, he continued his use and she began to experiment with drugs as well. For Lorianna, with drug use came violence and led to serious legal issues for her. She had an incident where she wrote out checks when she did not have the funds to pay for her purchases. As a consequence she had to spend time in jail.

> I had a checking account and I just like wrote out checks. And then later for the consequence was when I was working at one of the jobs, went to court for it because I had about two thousand dollars worth of checks written out that I needed to deal with and I ended up going to jail because of it and you know, because of all my drug use.

Lorianna's life has been chaotic. She described how she was raped in high school by a classmate on her senior skip day, kicked out of her house at 18 and had a miscarriage the same year. She has also been involved with men who have used her and taken advantage of her. Lorianna even remembers buying chips in high school for a boy she liked who she believes pretended to like her because she would buy him snacks. In her adult life she had

a significant other who failed urinary analysis tests and convinced Lorianna to call his probation officer and state that she had put cocaine in his drink when in reality she never had. Because of her agreeing to do this, she lost custody of her first child and was removed from her home.

> And he wanted me to…before that I had to call in and say I put coke in his pop, which I never really did. So then I got removed out of the home. So it's just like, the only way I could be able to see them was to have someone there to supervise me. [I: With your kids?] With my one, with my oldest…

Realizations and Resources

Lorianna admitted that she never knew how "insane" and "crazy" her life has been until she started talking about it. The first time she told her life story was when she had a chemical dependency assessment done in order to qualify for government assistance and services.

> I never really realized until now but it's just crazy how my life was just insane. At that point I went to have an assessment or something? I told her my life story, you know, what kind of childhood I had [how] my parents were hardly ever around…

Since that initial assessment, Lorianna has experience with a variety of counseling and helping professionals. She recalled seeing a psychologist who was instrumental in connecting her with many community resources.

> I was seeing a psychologist out of [name of] county: [name of psychologist]. He's [a] really great psychologist. I actually what I did too as well was… (asks self: what is it?) Some kind of programming that they did in [specific city name] where I would go in the morning because they had activities… because being by yourself and single with mental issues and stuff, and my [counselor] recommended that I go do that. So I did and it was a lot of programs that I was able to go to. A lot of events like go swimming. It was really a lot of fun and I really enjoyed it. And at some point I'd like to get back to doing that because it's really nice.

Counseling with this individual was a means for Lorianna to get involved in her community and to increase her positive experiences. Although an event like swimming may seem like a simple and insignificant happening, for Lorianna, a woman who has dealt with many painful and scary experiences, it has made a large impact. Lorianna was also in counseling with one of her significant others. Counseling for Lorianna is a space for her to be able to better herself and work on many things.

> But I *seen* a counselor in that meantime you know, to work on our relationship, my self-esteem to work on you know, oh god, how to communicate with him as well. There's just, you know, being a parent as well. There's just a whole bunch of stuff that I was working on that. Even here, meeting Amy. She's so awesome; she really knows how to get to you but, it helps me understand myself more, because I've learned a lot more here than in the other two treatments that I've gone to.

Along with working on various skills, counseling for Lorianna is also a process to gain insight and learn more about herself.

> I worked on a lot of things with even all that but I just feel that I, since I've been here at this treatment center I have learned a lot about myself. Learning just to face it.

"Facing it" for Lorianna means to confront the situations and feelings that she has been avoiding since she was young. She described much resentment that she still holds toward her mother and hopes that she and her mom can work toward some hurt that she still holds from the past.

Another supplemental aspect of counseling for Lorianna is her medication. She states that she "wouldn't be the person I am today" if she were not on medication for anxiety and depression. Being on a consistent medication management plan and being able to talk about her past has been effective for Lorianna.

Fear of "Getting Stabbed"

Because of Lorianna's difficult past she has a very hard time trusting others. Trust is a foundational aspect of counseling for Lorianna.

> To be able to trust people. I have a hard time being able to trust people because I've been kind of stabbed in the back by a lot of people in my life.

People "stabbing her in the back" has occurred so many times in Lorianna's life that she has had fear that a counselor may do the same to her. Lorianna has a very difficult time trusting others so finding a counselor that she gets a good feeling about and she can feel like she can trust is paramount.

> So you're able to tell them what's going on as well. It's really hard to find that right person, because it is, you're not sure whether or not… you're like 'Wait a minute, do I want to say anything?' You know? Because maybe sometimes it may not be the right person, maybe you need to find someone else. It's been very hard to trust some people with my telling my story and my life. Because not sure whether or not you're able to, whether or not they're going to turn around and talk bad about you or, you know, what I mean? Like [made scoffing sound] stabbing you in the back.

Lorianna is very attuned to her body when deciding if she can trust a person or not. She uses her body and her instincts in order to determine if she feels safe or not.

> To be able to trust somebody. I'm not always…not able to, not sure on how they, not able to trust this person. I go off my body, the vibes that I get from a person, you know, that I can be able to tell this is somebody without them turning around and make it like, bad… You know what I mean? You know what I'm getting at?

Lorianna has chosen to not work with specific counselors because of the feelings she got when she was around this person.

> Yeah, who was it? I seen another one it was down in [name of city] and stuff and it was okay. Even with the people that I work with in my life, like at a job. My boss was literally right there. I had the most awkward feeling, you know? And I'm like; it just made me feel uncomfortable.

For Lorianna, trust is the foundation of the counseling relationship, particularly because of her experiences getting bullied in school. Because of her severe bullying, she developed a defensive style of responding to others and has a hard time "interpreting" if people are joking around. She described having a stronger reaction than warranted in certain social situations.

> I would get upset you know… or they'd be joking and I'd take it seriously. I would get angry with them or…it would be like just joking. I can't really, really understand how to interpret either way.

A nonjudgmental counselor is also vital for Lorianna, someone who is willing to listen and also have empathy for her side of situations.

> To be able to be comfortable with somebody who is willing to listen to you and not like, you know, tell you what to do but it's see your side of it and not really judge you, you know? And so that is basically what I'm thinking of, being comfortable and be able to trust somebody too.

After trust has been built with a counselor, Lorianna views counseling as a venue where she can work on herself as well as move forward in her life. Moving forward is her ultimate goal.

> I can move past all that other stuff. I ask my mom questions about all that stuff like when my dad and stuff, she separated and it's just like, I want to move past all this stuff, I want some of these things, answers that I can, so that's not in the back of my mind and in my head all the time and keeps me going back and relapsing. I want to get past this stuff, you know?

Moving Forward

Counseling helps Lorianna "move past" her past by facing her feelings and experiencing them instead of "numbing" them. The process of numbing her emotions is one of the reasons.

> When I was drinking and using I just never, it just numbed it, just didn't want to feel it because I, you know, cry (said dramatically) I would get angry, you know, now I'm just able to just do all of it, All at one time.

Working through difficult feelings is Lorianna's primary goal in counseling and she believes that undergoing this process will help her stop relapsing.

> Still be able to move past this and not end up relapsing because of things but just to deal with it on a sober [level].

Having hope that she will be able to do this is also paramount to the counseling process. Believing that she will be able to move forward is of upmost importance.

> I really honestly believe that I will be able to move past all this other stuff in a very good way I guess instead of having it still there and bottled up yet like you know?

For Lorianna, counseling is a way to work through her past and gain insight into herself and her life experiences. This can only happen when she gets "good vibes" from a counselor and is able to trust them and know that they will not stab her in the back. The ultimate goal of counseling is move forward from the past and to stay sober.

Structural Analysis

Upon deeper examination of Lorianna's story one soon becomes overwhelmed by the amount of struggle that one person can endure. Even in interviewing Lorianna, she spoke of her life in a circular fashion, jumping from struggle to struggle, story to story, sometimes overwhelming both herself and this writer. It was a lot to soak in. From the day she was born Lorianna had the cards stacked against her in some ways. She was born to two individuals who struggled with alcoholism, and they were at least second-generation alcoholics. Lorianna was born into a home where fear and confusion were the primary emotions that she felt. She was not able to regulate herself emotionally. Her

mother and father were both overwhelmed parents and distracted with their own addictions. Lorianna arguably not only had a genetic predisposition to addiction, but she also grew up in an environment where alcohol and other substances were used for a variety of reasons- to celebrate, to cope, and to get by. To be certain, there were both external and internal factors that laid the groundwork for Lorianna to struggle with addiction herself.

The chaos of Lorianna's life was apparent in sitting with her and hearing her story. There was so much to say. There was too much to tell. Lorianna did not know where to start when I asked her to tell me about herself. Her story has a lot of hurt and pain in it and not all of the hurt and pain may seem like big hurt and pain. One of the first incidents of betrayal that Lorianna talked about was buying chips and snacks for a boy that she liked in high school and later finding out that he was only using her. She told me this story within the first two minutes of the interview. This example was important to her because it shows that incidents that may seem small to some others stick with her. She was used and betrayed by someone she cared about. A thread and pattern that is a consistent theme throughout Lorianna's life.

The hurt and pain that Lorianna has experienced: the abandonment by both of her parents, getting used and taken advantage of, getting raped, legal issues, and having mental health issues and a learning disability that make reading social cues and trusting herself difficult, these are all vital in understand what the experience counseling is like for Lorianna. How it is likely nearly impossible for her to fully trust someone and she expects the counseling relationship to fail just like most of her other relationships have

failed. The following themes represent the underlying essence of Lorianna's experience in counseling.

Trust

Based on the betrayal, abandonment, and abuse that Lorianna has experienced by her parents and those she cares about, it is not surprising that she has a difficult time trusting others. She was betrayed from the beginning. Her mother used her as the one who had to tell her father to leave- it was her fault that he left. Lorianna did not comprehend what she was doing at the time. The memory is vivid with her as she remembers the specific dress she was wearing, but she truly did not grasp the outcome of her words. It wasn't until recently that Lorianna realized the consequences of this interaction. Lorianna has also been in relationships with significant others who have betrayed her and have put their needs ahead of her own. Lorianna jeopardized her own parenting rights after she called her significant other's probation officer and confessed to doing something that she had never done, at his suggestion. He betrayed her and she suffered for it. He used her and helped himself and hurt her greatly. Lorianna has learned that people only leave her, hurt her, and cannot be trusted. These beliefs transfer over to the counseling relationship. Trust is the foundation of counseling, but it's development is much more difficult and critical for Lorianna. It must be established. She must know that she won't be stabbed in the back and "screwed over," because that is what she is used to have happening to her, even as she sometimes does not realize it is happening at the moment. She is so used to people "stabbing her in the back" that she talked about her fears of her counselor doing the same.

Lorianna determines whether or not a person can be trusted in a very unique way. She uses her body as a source of gathering that data, she goes by the "vibes" that the person gives, and she uses her instincts. She has refused to work with counselors in the past because of how her body felt and the sense that she had of the counselor as s person. If she is not comfortable, she is not able to open up and talk about her experiences. Trusting her counselor is the only way for counseling to be effective for Lorianna, and it is understandably is a difficult process.

Working Through

Lorianna has a lot of issues to work through. Starting from childhood and all that has happened to her in the meantime, she has a lifetime of abuse and trauma that she believes needs to be explored. Counseling for Lorianna is a way to work through her past. She views the experience as a way to improve herself through an active process. She is not a passive recipient of counseling; she plays an active role in the experience and understands that this "work" is not easy. It is mental and emotional effort to achieve her desired results. Lorianna talked about this idea of working on and working through in a very matter of fact way. She was not flustered overwhelmed by it. It was simply something that was necessary for her to do.

Lorianna has a clear idea of what needs to be worked through for her. She saw a couples counselor with a significant other in order to "work on our relationship" and her self esteem and also to work on their communication. She also had a lot to work on as a parent. One of the most significant feelings that Lorianna has strove to face and heal from is her pervasive feeling of rejection that she had growing up. She works on her issues

through “learning to face it” and to feel these difficult and painful feelings. Lorianna was broken down by others in school and was ridiculed for nearly everything about herself as a person, physically and mentally. She has learned to understand these feelings and develop a variety of skills.

Lorianna has also worked on her relationships in counseling. Her current setting has proven to be beneficial in developing relationships with other women in her program as well as with the counselors. She talked in depth about conflicts with her mother and many feelings of resentment and anger that she has toward her but also a desire and a hope to continue to work on their relationship.

In counseling Lorianna has worked through her past in a variety of ways. Along with talking to counselors and “taking their advice” Lorianna has also done some very difficult emotional work through various assignments. She talked about specific ways that she has worked through issues, including having assignments that help her process her grief of losing her children, naming her child that she lost in her miscarriage, and writing letters to her mother and talking with her mother about specific things that have hurt Lorianna in the past. She described writing letters to herself from her children’s perspective. Lorianna viewed these assignments as difficult but necessary. These assignments were an integral way for her experience the feelings that she was numbing through her substance abuse. Working through feelings is an essential part of the experience of counseling for Lorianna.

Lorianna has also felt the benefits of her work in counseling. She has learned about herself and has learned skills as a result of her work. Lorianna is also now able to tolerate painful emotions because of the work that she has done in counseling.

Moving Forward

It is a way to *move forward* from her past. Counseling is not a stagnant and sedentary process. It is also not a process that is stuck on focusing on the past and the chaos and trauma that she has experienced. It is fluid and in motion, it is constantly moving forward. Lorianna has had a life and made decisions and has had consequences in her life that she no longer wants to have. She has been in a place where she no longer wants to be and longs to be in a place in life that is past that. *Moving forward* involves moving ahead as a result of working through. It involves facing many of the very painful situations and experiences that she has had. She described doing this as she has faced her feelings about being bullied and has worked on how she can deal with the impact of these experiences. She talked about how she has a difficult time reading social cues and automatically goes on the defensive and becomes angry, even if someone is playfully teasing her. She understands that her bullying experiences have made her painfully aware of her learning disability and how they have impacted her ability to trust others. Lorianna has moved forward in counseling by processing the traumatic rape experience in high school and a miscarriage that she had soon after high school. She came to peace with this miscarriage after naming her unborn child and honoring when his birthday would have been each year. Lorianna has also come to terms with her shame in getting her children taken from her and has been working on how to begin parenting in the future. Lorianna

has moved forward in counseling by working on her difficulties. Counseling for Lorianna has been a way for her to begin to move past her issues and face her feelings.

Textural-Structural

A Life of Hardship

Lorianna knows what it means to struggle. Some of her earliest memories involve being bullied and having people hurt her.

> I was picked on a lot when I was growing up. I was followed home, I was… it was just not a very good, being in school and all that other stuff.

She was used by boys beginning in high school and liked boys more than they liked her.

> He [*fricken]* basically used me and took advantage of me as a person. How can people just be able to do that to me? I was really hurt by it a lot.

Lorianna had it hard at home and at school. Her parents had her at a young age and both struggled with addiction. She remembers that "with parents being alcoholics it was really hard." She had to tell her father to leave at one point. Her mother left the family at another point. And she "felt abandoned by my mom because she left."

Lorianna has experienced abuse of every kind, including at the hand of her family members.

> Even including my family I've been verbally, emotionally, mentally and physically abused.

In her adult life Lorianna has been involved in a variety of romantic relationships that have created hardship for her. One of her significant others introduced her to drugs.

> And he was basically the one that had introduced me to the drugs. Cocaine, crack, mushrooms. My ex-boyfriend. He's the father of my oldest and my third child, he's the one that basically introduced me to it.

Lorianna suffered legal consequences because of her drug use. She got a checking account and began writing bad checks. She had to go to jail as a consequence.

> I had about two thousand dollars worth of checks written out that I needed to deal with and I ended up going to jail because of it and you know, because of all my drug use.

Lorianna also had legal implications because her significant other encouraged her to call his probation officer and confess to putting cocaine in his drink against his will after he his urinary analysis tested positive for cocaine.

> He went to court, and he thought he was going to fail the UA and found out later that he didn't fail the UA. And he wanted me to, before that I had to call in and say I put coke in his pop, which I never really did. So then I got removed out of the home. So it's just like the only way I could be able to see them was to have someone there to supervise me.

Because of her decision to call and confess to drugging this individual's drink, Lorianna was removed out of her home and not allowed to see her children without supervision. She has been abandoned, used, and taken advantage.

Trust as a Foundation

These circumstances have all contributed to Lorianna not being able to trust others very easily, especially those in authority. It is her automatic response to assume that those she gets close to will eventually leave her or hurt her in some way. This has been the story of her life. Her mother and father both left her at points of her life. The men that she loved have used her for chips in high school and then for more serious purposes later on. Because of Lorianna's history of relationships, trust and being comfortable around her counselor is of upmost importance for her.

> I have a hard time being able to trust people because I've been kind of stabbed in the back by a lot of people in my life

Counseling is not effective for her if trust is not built, because she automatically assumes that she will be stabbed in the back or that the relationship will end in some other way.

> To be able to be comfortable with somebody who is willing to listen to you and not like, you know, tell you what to do but it's see your side of it and not really judge you, you know? And so that is basically what I'm thinking of being comfortable and be able to trust somebody too

It has been difficult to find a good fit in a counselor because Lorianna has such a difficult time trusting others.

> So you're able to tell them what's going on as well. It's really hard to find that right person, because it is, you're not sure whether or not, you're like, 'Wait a minute, do I want to say anything?' You know? Because maybe sometimes it may not be the right person, maybe you need to find someone else. It's been very hard to trust some people with my telling my story and my life because [I'm] not sure whether or not you're able to… whether or not they're going to turn around and talk bad about you or, you know what I mean? Like [made scoffing sound] stabbing you in the back.

Lorianna judges whether or not a person is trustworthy based on her instincts. "Yeah, so it's just basically to trust your instincts I guess. It's a gut feeling"

She uses her body to give her data as to whether or not a counselor will betray her or not. Whether or not they will keep her confidence and not "stab" her in the back.

> I'm not always, not able to, not sure on how they, not able to trust this person. I go off my body, the vibes that I get from a person, you know, that I can be able to tell this is somebody without them turning around and make it like, bad… You know what I mean? You know what I'm getting at?

<u>Counseling as "Working Through"</u>

Once trust is established, Lorianna views counseling as a way to *work through* her issues. She views the counseling process as one that takes initiative and work on her end. It is not a stagnant process, and she is willing to put in the energy to make it effective.

> But I seen a counselor in that meantime you know, to work on our relationship, my self-esteem, to work on you know, oh god, how to communicate with him as well.

She views herself as always having many things to work on. Her work with the therapist in her current inpatient setting has helped her to learn about herself.

> There's just a whole bunch of stuff that I was working on that, even here, meeting Amy. She's so awesome. She really knows how to get to you, but it helps me understand myself more, because I've learned a lot more here than in the other two treatments that I've gone to.

Working through issues involves both talking and listening on the part of the client. Part of working through issues involves taking the advice of the counselor.

> Being comfortable and being willing to open up and allow you know, to learn something, take their advice because they may not know what's the right thing for you in turns but they know it is very helpful for you. So I feel that it has helped me in the long run

Lorianna has a lot to work through. She most notably describes needing to recover from her past of getting bullied.

> Because I have been dealing with how people treated me growing up. Being stalked literally from school, picked on for you know, just the simplest little things. I worked on a lot of things with even all that but I just feel that I, since I've been here at this treatment center I have learned a lot about myself

She also strives to work through her relationships with her family members and set healthy boundaries.

> So I'm able to build relationships here, healthy relationships, even if they continue to deal. You know, my mom will occasionally drinks, but, just build relationships with people that I wanted to because I never…I tried and there would be conflicts or there would be like rationalizing things or justifying what they're doing and I, you know, I went to Al-non to just detach myself from my family. I love my family but I can't you know, expect them to change just for me. They are allowed to do what they want, but I don't have to like what they do.

Working through her past has helped her to learn more about herself and how to face her difficult experiences.

> Learning just to face it. I was scared to even talk to my mom because of the fact that I hid my pregnancy from her. I knew what she would say to me. I knew she would be angry with me but its just she's very judgmental and stuff.

Lorianna has been able to work through her issues in a variety of ways. Feeling emotion is an essential part of working through issues and Lorianna believes that she is now able to better handle difficult feelings from the past because she is sober.

> I've done assignments, I've done a letter to my mom that I wrote and actually sent to her. As an assignment and I've written a letter from my children's perspective and just working on a lot of things and just being able to deal with it sober, because when I was drinking and using I just never, it just numbed it, just didn't want to feel it because I, you know, cry (said dramatically). I would get angry, you know? Now I'm just able to just do all of it.

Counseling in Order to Move Forward

The goal for Lorianna after she has worked through her issues is to *move forward* from them. This is essential in gaining closure for her and being at peace with her demons.

> Get past all this other stuff and solve why, I guess, ask questions to, you know, to be able to get my relationship with mom resolved, a lot of it, and get closure to it then. Because she wants to move forward and have a new beginning because I showed her what I did.

Her current inpatient treatment has been a place where she feels safe enough to work through her issues and move past them.

> This is a good place and I really honestly believe that I will be able to move past all this other stuff in a very good way I guess instead of having it still there and bottled up yet like, you know? Not being able to let it go. With here I can do that, I can move past all that other stuff. I ask my mom questions about all that stuff like when she and my dad separated.

Moving past her issues through counseling for Lorianna will be the most effective way to keep her healthy and sober.

> It's just like, I want to move past all this stuff, I want some of these things, answers that I can, so that's not in the back of my mind and in my head all the time and keeps me going back and relapsing. I want to get past this stuff, you know?

For Lorianna, a woman with a traumatic, chaotic past, trust is a foundational aspect of counseling. She has difficulty trusting others because of her past of abandonment, abuse, and trauma, and she is able to determine if a counselor is trustworthy or not based on her instincts and the feelings she gets in her body. Once trust has been established, Lorianna views counseling as a way to *work on* gaining insight into herself and her past experiences. Lorianna has worked on many past traumas and has worked on a variety of skills, in various methods. Counseling is a time to move forward from the past through insight and learning new skills with the ultimate goal of building a healthy and sober future.

Chapter VII

Participant Four

Alawa is a 30-year-old American Indian woman from an urban area in central Minnesota. She is in inpatient treatment for women with co-occurring mental health and addiction issues. She has two children, a daughter who is a year and a half and a son who is 3 years old. Alawa has struggled with alcoholism since she was 21 years old. She lost custody of her children after they were left unattended and flooded a bathtub. After completing all of child protection's requirements, she was able to gain back full custody of her children. She was also able to acquire housing in a sober housing facility. After several relapses on alcohol in this facility, she chose to attend inpatient in order to keep her housing.

Textural Analysis

A Traumatic Beginning

Alawa had a scary childhood. As a young American Indian child she grew up "in the system" and had dozens of foster care placements throughout her early childhood. She was initially in foster care when she was 3 months old and by the time she was adopted at seven years old, she had been documented in over 30 foster homes.

> I was in documented over 30 foster homes, so it was just… Some of them I remember very *good* and usually those ones are the bad ones that I remember, I don't remember a lot of the good ones I was in.

Being in the foster care system and moving so much took its toll on Alawa. She remembers feeling fear as a predominant emotion in her childhood and remembers never being able to get comfortable, as she was never in a home long enough to plant her roots. She had very little stability; Her one constant was her sister who moved to every placement with her.

> I remember being scared a lot as a kid and then getting taken. I remember hiding from the social workers. All the time; I remember hiding and running away and hiding a lot.

Alawa suffered many forms of sexual, physical, and emotional abuse throughout her childhood. She recalled one traumatic incident in which she was beaten by her step father after she accidently kicked a hole in the wall after her sister sprayed hairspray in her face. Her stepfather died a week after this beating. This was a profound experience for Alawa.

> My adopted dad died when I was 10 and he beat me right before he died. We moved into a new house and I accidently put a hole in the wall, upstairs. My sister sprayed hairspray in my face and I kicked, and I made a hole in the wall. And he is like this big Indian guy and he was like 6'2', like 240 pounds and I kicked a hole in the wall and he comes downstairs and I'm 10 and he just starts wailing on me, like fisted, you know?

Alawa believed that she blocked this memory out of her mind.

> So, I just remember… I don't remember the actual event because I think I just blocked that whole thing out, because I still try to remember it, but I just don't. My sister and my mom were there. My mom was screaming at him to stop, my sister was screaming at him to stop, but I just remember them not doing anything, and I just remember going like this (covers face), covering my face and covering my body as much as I could, and then I like blacked out. I don't remember that event at all. And even when I try to, my sister's like, 'You don't remember, like, you weren't screaming, you weren't crying.' But she was like, 'I was screaming.' You know, I remember hearing screaming but I thought it was me, but my sister was like, 'No, that was us.'

This was just one example of one type of abuse that Alawa suffered. There were many more in a variety of her foster homes. Alawa was put in play therapy as a way to process some of the abuse she had experienced. She recalls that she was not comfortable talking as she did not trust authority figures and never felt safe opening up to anyone about the scary things that she had experienced.

A Place to Play

Therapy was Alawa's place to play. Alawa didn't have the words to describe the trauma she had experienced. Talking about the things that she had gone through did not feel good.

> I didn't feel good talking, so I did a lot of play therapy and it was… I remember all the counselors I've had and the first one I had. We used to do a lot of sand and the little figurines and I used to do that and I remember having a lot of fun, but I don't remember talking about any of it, about anything in my past, so it was just to get some expression and I did it for about two years.

For Alawa, she recalls her initial experiences with therapy as a fun experience where she could interact with a kind person and have the freedom to play out her life stories. Alawa clearly remembers the themes of her sand tray stories:

> I remember a lot of the ones I did were very imaginative. I had a very good imagination when I was younger. I loved to play, and I know it was because I wasn't allowed to in a lot of the foster homes I was in. I had a very good imagination growing older. Because I didn't get that childhood part of it in my life so I did regress behaviorally.

Therapy was her time to play because in many homes she was in growing up, she was not allowed to play in them. Therapy was a time for her to do something that she loved to do, and to feel feelings that she wasn't typically able to feel. Therapy was a safe and fun experience for her.

> Yeah, I did a lot of good stories in my sand trays. They were not dark at all. It was always happy and there was always a new place that I discovered or just, having a family in my art and stuff. I'd always have something like that because I think that's what I always wanted. It was just me and my sister in all these foster homes and I'm really really close to her just because that's who I've always had, you know? But I don't remember it ever being anything bad, I just remember good feelings when I did those.

Alawa was able to play out her fantasies in the sand, and to experience the things that she always wanted— a family. She was able to have control in therapy and it was done at her

pace. She also felt comfortable with her therapist. Alawa recalls that this individual let her go at her own pace and let her have control of her time and content of her sessions.

> Oh, when it was a counselor that wasn't so… I guess so… I don't know the word, like, *invasive*? Because she kind of let me do what I wanted, she sat down and was like, 'Oh, what do you want to do today?' And let me be me.

This client-directed approach was vital in helping Alawa be receptive to therapy and feel like she had control in the session. It was of upmost importance for Alawa to be able to decide what was done in the session and how she played. This was a power she was not able to have in any other way in her life. She felt like she was able to be herself in the session and that her therapist was supportive of her being herself.

Feeling *Forced*

When Alawa was in her early adolescence she began to struggle behaviorally. She was diagnosed with reactive attachment disorder due to the number of homes and caregivers she had as a young child and her lack of opportunity to attach to any significant caregivers. Not only did she never feel safe or comfortable in any home growing up, she also developed a deep mistrust for authority figures. As her acting out increased and it was apparent that she was struggling with feeling close and connected with her adoptive mother. She was put in what she believes was a specialized attachment therapy. She had just come from 10 months in an institution for troubled children before she was put into this therapy. As Alawa talked about this experience with this specific therapy and therapist, she became visibly upset.

> I did have another counselor that really negatively impacted my adolescence. And I don't know…I remember his name, it was Steve. But I don't know what kind of therapy he did, but it was extremely negative feeling, as far as I was concerned. I was with him for about a year, from about 10 to 11 and he… was so… I don't

> know what kind of therapy it was, but I think it was some kind of attachment therapy or something?

In present day Alawa believed that this was a sort of attachment therapy because of the techniques that this individual used. They were techniques that encouraged Alawa to be close to her mother and to submit to her mother's authority. She stated that "He used to… he used to try to make me attach to my adopted mom." For a young woman who had experienced the types of abuse that Alawa experienced, these attachment techniques were terrifying.

> Um, some of his techniques were like… (Made sound of disgust.. ohhh).. I just cringe when I think of them, I don't know.

The feelings of being in this therapy were still very much alive for Alawa. She was a child who didn't respond well to physical touch because of the several times she was physically abused. She also did not feel connection to anyone apart from her sister, because her sister was always with her. It was a very uncomfortable experience to be forced to hug someone she did not want to hug and did not feel close to. Alawa remembers not understanding her feelings at that time.

> I didn't like the feelings of hugs, I didn't like the feeling of talking about feelings, I didn't like… I can do it now, but I understand why. When I was that age I didn't know why I didn't like it. I don't like hugs, I didn't like people touching me, I didn't like, you know, any of that, except for my sister because she was always there hugging me, you know? But for me to get adopted and be in this home and be stable. It was kind of like; I didn't like it at all.

The experience of this therapy was confusing for Alawa. She did not like sharing herself with others and she did not like feeling touched. Although she has insight into these feelings now as an adult, she did not understand why she felt the way she felt as a child.

All she knew is that she did not like doing the activities that she was forced to do in therapy.

> And then my mom wanted me to call her mom and it was just so… *I felt forced*. And he, that was basically what he was trying to do, I think was force me to attach to her. And he used to make me. I remember that being one of the most AWKWARD feelings I've ever had. And like yeah I love my mom now and I can hug her no problem now, but back then? From just coming from a children's institution and then I went to live with my mom and I started therapy with him. And I was in this children's institution for abused children for 10 months and then I went to live with her. And I remember therapy with him was so (said with angst)… I dreaded seeing him every week. He used to do techniques and stuff like, 'Okay, now I want you to face your mom and hug her.' And to me, I just cringed because I just did not like the feeling. I still remember how it felt; when I used to hug I used to be like really closed off and he noticed: Like my hands were always fists and I was kind of just not… not into a hug. It just did not feel good.

The techniques that this therapist used were not effective for Alawa. She felt awkward and uncomfortable and confused as to why she felt these ways. These techniques did not bring her closer to her mother; they made her feel more distant and less comfortable. She remembers that when she was forced to hug her mother, her hands were clenched in fists. Having to hug her mother was not only uncomfortable for Alawa, it felt dangerous. She associated physical touch with getting hurt.

> Yeah, for a kid at that age, I just don't understand why he would make me do that, you know? And being physically abused I did not like being touched. So… and all of that…it played a part in it.

Based on her past experience with physical touch from caregivers caused Alawa to be ready to protect herself if needed. She was ready to fight if she needed to, because she had needed to in the past.

<u>Feeling Powerless</u>

Along with trying to get Alawa to attach to her adoptive mother, the attachment therapist Alawa also tried to have Alawa get along with her siblings through a variety of techniques.

> And then he used to make me try and get along with my younger siblings because I have a half little brother that was adopted at the same time as me and my sister and…he used to…I was always really mean to my little brother, I think, and he used to make me um… be nice to him.

Alawa remembers specific techniques that both confused and infuriated her during that time in her life.

> And he used to… I remember they had pick up sticks and he used to… he would be like, 'Okay Alawa, I want you to do this.' He would throw the pick up sticks on the ground and then he would be like, 'Okay Angel, tell your sister to pick up the sticks.' And I don't know what that was about. He would tell me to pick up the sticks and I would have to like, listen to him and I … (said in high, passionate voice) I don't know what that is!!! I was (scoff), 'How dare you tell him to tell me to pick up these things,' you know? It was so… like, I resented him a lot.

Alawa resented her therapist because she felt like her therapist was against her. She felt like he doing things that were hurtful to her and she did not understand. Her negative feelings spread from the therapist to her adoptive mother for having her be involved in therapy. She also resented her adoptive brother for going along with the therapist's techniques, especially since he was a *younger* brother.

> I resented my mom for that. I resented my brother, you know, 'How did you go along with that?' Thinking in my head. And then um, I remember just having… He used to force me to talk about stuff. I did not want to talk about anything with him.

The attachment therapy that Alawa was involved with had the opposite effect for her. She felt more distant and isolated from her mother and brother as a result of therapy and she

felt even more mistrustful of her therapist. Her therapist's professional opinion began to have an impact on the ways that Alawa's adoptive mother chose to discipline her.

Punishment from Counseling

The impact of Alawa's therapist began to spread beyond the realm of the therapy room. He began to give Alawa's adoptive mother advice and pointers on how to discipline Alawa as she continued to act out. She believes that these techniques were used "because he was trying to get me to cooperate or like get me to like, um…like, listen to her?" Despite the reasoning behind the therapist's techniques, they were techniques that hurt Alawa deeply.

> He used to…he told my mom, oh, he gave my mom really major consequences for me, and I remember I didn't have an 11th birthday because of him. He told my mom, 'Oh, she's misbehaving, don't give her that birthday.' So yeah, I didn't get a birthday. He told her to buy me these really UGLY (voice tone and volume changed) shoes, they were *Asics* and they were neon. Neon is in now but back when I was 11 they were not. She gave me one pair of shoes that were neon green and pink and like I had to wear these around. Like, I didn't go anywhere.

These techniques involved taking things away from Alawa that she valued deeply.

> It was awful. And then he… one time I know, I had this trip that I was actually doing good in school at this time and I had a trip that I had signed up for, had it paid for, to go to Washington D.C. with my school. He totally told my mom like to not let me go. (Pause) And… I didn't go. (Pause)

As a young child that had suffered the abuse that Alawa had suffered, these consequences were devastating. She had things that she valued taken away, she resented her family members, and she viewed therapy as a punishment for her. It was especially hurtful that she was not able to be involved in a class trip even though she was doing well in school. Alawa felt like she was being punished even when she was not doing anything wrong.

> And to me that was devastating at that age. You know? I didn't feel like I… I didn't feel like I had anything. You know? I didn't even have a mom because she was like the enemy. She allowed this man to come in and make me feel bad. You know?

Alawa's experience in therapy made her feel like she had nothing in her life. She felt like she had gained some power and then it was taken. She believes that these techniques were intentional on the part of the therapist a sort of "breaking down and building back up."

> The only way I can describe it is breaking me down and then building me back in a certain way [Interviewer: but the building back never happened]…Yeah, so I was worse.

The therapist went about "breaking" Alawa down by "taking away important things to me. That's what it was." This caused her to feel intense feelings of anger and hatred toward her adoptive mother. It also caused her to be confused. She did not understand why this was happening to her.

> And it was just… I hated my mom almost, like, I don't know if I *hated* her, but at that age I thought I did. 'I can't believe,' you know? 'I hate this!' (As if talking to her mom) I ended up from back living with my mom to another foster home because I was acting out so bad.

Unfortunately, by the time this therapist had "broken" Alawa down, her behavior was too much for her adoptive mother to handle and she was placed in another foster home. She believes that he never had the chance to "build her back up."

> Yeah, that was probably the problem. I don't know if he just didn't get to finish or what, but we, he said it gets worse before it gets better. But he stopped doing with us when it was worse, you know? He didn't finish it. Because after that I was stealing cars and all kinds of… I was the rebel. And I really felt like I had to regain control of my life.

This attachment therapy had the opposite of the desired impact. Alawa felt like she had lost control and fought to gain control in the ways that she knew how. She rebelled and began committing crimes. She was taken out of the home and ceased treatment with this particular therapist.

Regrets and Resentment

As Alawa has reflected on this experience of therapy in her adulthood, she and her adoptive mother have had several conversations about this therapist. Her mother regrets putting Alawa through the thing she went through.

> And my mom tells me now, you know, she told me, 'you know, I really regretted doing all that. I *thought* (said deliberately) it was the right thing to do.'

Alawa believes that her mother was doing the best she could at the time. She greatly desired to attach to Alawa and wanted them to be a family. She also struggled with her own mental health issues and wanted to make sure her children were okay. Along with therapy Alawa's adoptive mother also made sure all of her children were on medication, even though Alawa did not believe she or her siblings needed it.

> She was trying to make it so that we were a family and stuff, and that was the best way she knew how to go about it. And she grew up with depression so she got us on depression medicine. I don't even think we needed it at those ages but we got it.

Alawa believes that this therapy had a serious detrimental impact on her childhood. She holds resentments toward this therapist and has had a difficult time forgiving him for such a negative therapeutic experience.

> It's just one of those people that I can't believe he… I felt like he ruined part of my childhood, you know?

Throughout the interview it was apparent that Alawa had a difficult time with this therapist. Her feelings of resentment were very much alive.

> I still get the same feeling of… I really resent him for that. And I know would not be nice to him if I saw him again! (Said in a playful but honest way) Like, I wouldn't be mean, but I would just be like, 'Oh, I got to go…' you know? I still, I still have him on my list of (made sound… aaaahhg).

The experience of counseling for Alawa switched drastically from a safe place to play to a terrifying experience that felt like punishment.

Staying on the Surface

Alawa struggled significantly following her experience in attachment therapy. She was taken out of her adoptive mother's home and placed in another foster home. She completely mistrusted any therapist or mental health professional, although she continued to get services. Therapy was not effective for her because she felt like she had to tell professionals what they wanted to hear to "just get by."

> I was in counseling and it wasn't play therapy it was just regular talking but I didn't… I don't remember it too much because it wasn't…. it didn't impact me at all, it was just kind of talking about surface things and I didn't get into deep stuff until later on. So, I was in therapy for two years with them and then I went back home to St. Paul and then I was in another therapy in Minneapolis when my mom had me going to therapy in Minneapolis. I remember the building and stuff but I don't' remember the… I don't remember the lady's name. But it was just talking.

Therapy was benign and stayed on the surface because Alawa would not dare go deep based on her prior experience in therapy.

> I don't think it hurt any, but I don't think it was effective. Kind of just talking about how I was feeling and to me at this point, you know I already learned how to kind of tell them what they wanted to hear, just to get by because I kind of like… I didn't like them. They weren't like authority figures, but they were also kind of like pushy to me, so I kind of pretty much told the what I thought they wanted to hear just to get by at that age, you know? Just to get by…

Just "getting by" meant staying on the surface until the mental health professionals were satisfied with her answers. Alawa knew the system well enough to know what to say and what her therapists wanted to hear. Therapy felt repetitive and no specific therapist or technique stood out to her. She felt like she was asked the same things by different people and she did not like any of "them" because of her detrimental previous experience.

> Because they always ask the same things, you know? So it's kind of like you know, I just tell them surface stuff. I didn't like talking about that kind of stuff, you know? Especially after that whole incident with Steve it was just like, I don't like any of you! (Slight laugh)

All of Alawa's therapists blended together as people who were not there to help, who were more curious in Alawa as a test subject of sorts.

Feeling *Studied*

As Alawa struggled with behavioral issues, she continued to receive psychological and therapeutic services. She did not feel like these services were helpful or beneficial to her, based on her lack of a relationship with any of the providers. She did not feel like "they were helping me, I felt like they were just *studying* me, you know?" This was not alarming to Alawa.

> It felt pretty normal at that time. Because I just remember SO many people, asking me the same questions and you know, I was always getting tested for stuff.

Alawa was diagnosed with a variety of mental health issues, including fetal alcohol effects. She was able to receive specialized testing by a doctor from a major university in the Midwest. Alawa also took batteries of psychological tests.

> I got tested by a doctor [name of doctor] and I remember he was one of the only doctors that could diagnose fetal alcohol effects at the time so I went to the University of [state where she lived] several times and I got tested and I got diagnosed with fetal alcohol effects. And um, yeah they tested me, they had these

> little things on me and they had me looking at all these computers and these little balls going everywhere and it was just weird, asking me questions like, what do you see? I remember that those little, what are they? [Interviewer: The inkblots?] Yeah! (Laughs)

Alawa did not take her psychological testing serious at the time it was taken based on her attitude toward the mental health professionals administering the tests.

> I always saw like stupid things, maybe I didn't see anything, I would just say stupid things like 'Oh, that's a clown and he just fell.' Or something dumb, I was just kind of like, (whispers) 'Whatever.' You know?

Testing and counseling was not helpful to her. She did not believe and felt like a test subject to

those in authority.

Self-fulfilling Prophecy

When Alawa got specialized psychological testing for her fetal alcohol effects, the doctor gave her a list of things she might struggle with in her life based on her diagnosis. She had already stolen a car at this time, but none of the other issues had come to fruition.

> I had stolen a car already, so that was like my law thing. Yeah, I wasn't messing around with men at all but it was just like, my first foot in the door of like that whole thing.

Her mother kept those results from her until she was 16. In some ways Alawa wished that her mother had not told her because eventually everything that was on the list of possible struggles came true for her. Alawa believes that she felt like expectations had been set low for her and the results were a self- fulfilling prophecy.

> My mom didn't tell me until I was about 16 what was on that list and maybe I wished she hadn't told me because I kind of like, my own *self-fulfilling prophecy* of you know, I was going to have problems with relationships, keeping long term friends, I would have trouble with the legal system, I would have trouble finishing school, I would have trouble with men and I would have trouble keeping a job. Just that kind of thing. And everything on that list was like, me. And I don't know

> if it was just because I settled or what, because I didn't' start messing up until later on.

Alawa had a significant experience that helped her turn her life around before things went down hill again. She was able to feel like she was more than a test subject; she was able to feel like a champion.

The Turn Around

Alawa struggled with counselors and all authority figures as a result of her difficult history. She never felt close to anyone in her life apart from her sister. She struggled with behavioral issues in school and was sent to detention several times per week. The supervisor of the after school detention noticed Alawa and one day invited her to a local boxing gym that his family owned. This was life-changing interaction for Alawa. The first time she went to the gym she was mesmerized by all of the boxers working the pads, and by the energy of the space. She began going to the gym every day after school. Alawa developed a close relationship with her boxing coach, and he helped her to talk about her traumatic past as she worked out at the gym. She recalls that she never got into her "deep issues" with any counselor. And that

"I got into my deep issues with somebody that was not a counselor." This somebody was her coach. Alawa began training and going to the gym every day after school. She began talking about her past and finally felt like she had control over how and when she shared her experiences.

> And it just played out like it was supposed to. I felt like I was meant to be there. So here I go, like this kid, just falling off the face of the planet, like I didn't care about anything to like now I'm somebody. And like, the way they welcomed me in there, it was just crazy, you know? And the first person I ever opened up to was like the *best* counselor ever was like the boxing coach. And he used to just be

> like… it took him a long time to even get a good conversation because I was so closed off. And I told him about my past, I told him about a lot of the skeletons in my closet and he kind of helped me work through all of that.

After Alawa got involved with the gym her life became more disciplined. Everything that she did revolved around the gym.

> I was doing good in school. I was running early in the morning before school with all the guys and running around the lake and then we'd go home, shower, and we'd have to get good grades in school to compete and stuff and be at the gym and they had a school program at the gym where we'd have to do our homework before we'd work out and then after working out and stuff they'd all drop us off at home and then we'd have to be up and ready the next day. It was like I was on a schedule, I had a curfew, and they worked at the school so if I was trying to skip or whatever, 'that's a hundred pushups after school.' You know?

Alawa's behavior changed as well as her self-concept. Her coach talked with her and told her that she did not need to believe "those people" who tried to put her into a "box."

> Just the way he talked to me. I think that was the first time I ever gained any kind of confidence. He worked with me on the pads, he taught me martial arts, the coach. And then umm… he was like, 'You don't have to listen to those people' I mean, 'Yeah, maybe they're trying to help you and stuff, but don't let them, you know, make you believe you're this person because you fit into a you know, a list or whatever. You're not a list' He's like, 'You can do whatever you want to do.' And so I got a lot of confidence from that and I started competing and I was really good.

Essentially her coach told Alawa that she did not need to believe the counselors and doctors who gave her testing and said that she was at risk for unhealthy patterns. Alawa considered her boxing coach to be a counselor for her because she talked with him about everything that she had experienced. He was kind and open and talked with her as they trained. Her boxing became an outlet to work through her past and to stay disciplined in her present.

> It was like an outlet to everything. I know, I got off a lot of my frustrations and I talked to my coach about stuff like, about all the stuff that happened to me, like I

> was abused and you know, he was like, 'you know what? You're really young but you have an old soul. The stuff that you've been through, I know grown people that haven't even been through that.' You know? To actually keep going and want to become something you know? He's like, 'I'm really proud of you.'

Alawa's coach helped her to reframe her struggles as strengths and helped her to use them as a framework of resilience. She described this relationship as the best counseling experience she had ever had.

> And so I kind of got a lot of myself from that because I was very impressionable at the time. That was like my best counseling experience ever. And I was doing so great, I really was.

Alawa went on to graduate high school and gained employed after high school. She viewed her time at the gym as life changing and as a placed that had a significant impact on her identity.

> I don't think I could ever get rid of that because it was a positive impact and he was the only one that, not him, just him, but like the gym in general. It impacted me in such a way that… people paid a lot of money for what they do, you know? They counseled me, they got me in the positive direction and I had goals.

There got to a point where Alawa had to separate herself from the gym because her coach and other administrators of the gym became too controlling of her. Although the relationship ended in a way that she does not believe was healthy, she was still grateful of the way she worked through her past with her coach.

> I mean, I'm upset probably at how it ended, but, I'm really grateful because a lot of the stuff that man taught me I still carry with me every day.

Counseling as a Choice

Alawa is still involved in counseling as an adult. She began drinking heavily after she turned 21 and has since struggled with anxiety and depression. Counseling is helpful because it is her choice and she is in control of the work she does.

> As an adult, I feel like it's been helpful because it's therapy that I choose to go to. When I was about 20 I started getting anxiety really bad and I remember one day I was just calling everybody because I needed help because I'd have these really bad panic attacks and I never knew what was wrong with me and so counseling helped out a lot with that because I thought I was dying.

Alawa struggled with both depression and anxiety in her adult life. There was a point where she struggled with her emotions so deeply that she felt like she was going crazy. Counseling helped her develop insight into her initial issues and how her drinking was connected to them.

> And plus I had depression too, so it was kind of tied together. But I sought out therapy because I'm like, "I'm losing my mind here." As an adult, therapy is very helpful. I really did get into a lot of the issues that were bothering me, and why some of the reasons why I used. But the bad thing about me using was I would use to forget that stuff and then I'd create more guilt and shame for all the stuff I did when I was using so then I would drink some more to forget that. So it is the cycle, it really is awful.

Due to Alawa's drinking her children were taken out of her custody. She initially drank heavily as a way to cope with this happening and she was charged with two driving while intoxicated (DWIs) within the same week. After her children were taken Alawa felt like she had given up and didn't care about life anymore. She sought counseling because she feared for her life because she felt herself not caring anymore.

> I did not care. And so I was in counseling, like after I went to treatment I was in counseling because I was like, 'I might die,' I really felt like I was going to die. Driving while intoxicated, if that's not the stupidest thing I've done? Yeah. I could have killed somebody or myself.

Alawa gained custody of her children back and she and her children are currently receiving counseling. She believes counseling is important for her children's development but she also wants to be careful that she doesn't have them in therapy to the point that they might feel like they are crazy.

> And my kids are now in therapy, they go to play therapy and I feel like that's important for their little development and their little minds. I don't want them to think they're crazy when they grow up because I'm not necessarily going to have them in counseling all their childhood. But I feel like they need to express themselves too because I know my son has some behavioral issues because of foster care.

Overall counseling was effective for Alawa when she did not feel judged, when it was a more learning, hand on experience, where she could feel positively about herself and where she had the power in the session and was in control of it. Counseling was ineffective and devastating for her as a child when she felt like she was being forced to do things that she was not comfortable doing.

Structural Analysis

Power and Powerlessness

Alawa had a traumatic childhood. She was adopted off of the reservation and grew up moving from home to home, placement to placement. Some homes were good, but she does not remember the good ones. She remembers feeling scared, hiding, and not trusting adults. Adults in her life were either the foster parents who let her go or abused her, or the social workers that came and took her. She grew up not having a home or a family. Her sister, who was the most significant person in Alawa's life, came with her to each placement. Alawa felt like she had no power in where she lived, who she was around, and in what adults did to her.

When Alawa was first put in counseling, it was her place to play. She was not able to play in the houses she grew up in. She did not feel like she could relax, make up stories, use her imagination, and pretend to do things. She had to be on guard at home. In her play therapy with a kind counselor, she was able to create stories for herself. She was

able to play in the sand and have everything she wanted. Despite having traumatic things happen to her and being involved with numerous types of abuse, the stories that Alawa played were not dark and scary. They were filled with hope. In these stories good always overthrew evil, and in the end the family was always reunited. Counseling was a place for Alawa to feel safe and feel apart of something larger. She had a family in therapy and she had a time and space to do what she wanted and how she wanted. It was significant for Alawa to be able to be herself. Her counselor was not controlling or invasive, she let Alawa be herself and play in any manner that she chose. Counseling was her time; she was in control of what happened, she had the power.

After Alawa was adopted she became involved with what she believes is an attachment therapy. As a child this therapeutic experience was traumatic for her. Counseling was no longer done her way, at her speed: Suddenly she was being forced to do things that were uncomfortable and felt dangerous to her. She was forced to hug her adoptive mother and to talk about her past to someone that she was not comfortable with. The feeling of a hug was so uncomfortable to her that when her mother would hug her, she would stiffen her entire body, squeeze her eyes shut, and clench her fists. Her brain sensed danger in physical touch and Alawa's body was prepared to fight when her mother would hug her. Alawa was also forced in her session to let go of her power by having to obey the commands of her little brother. Her brother would drop something and command her to pick it up for him, all by the direction of the counselor. This was not only degrading to Alawa, she also felt disrespected and offended by this. She processed these feelings with the primary feeling of anger, which led to Alawa having deep

resentment. She began to resent her brother, she resented her mother for bringing her to this therapy, and she resented this counselor most of all.

Another way that Alawa's power was taken from her during her therapy sessions was that her therapist used to advise Alawa's adoptive mother to take important things away from her as a form of punishment. For a child with Alawa's history, this was devastating. She remembered with sadness that she did not have an 11th birthday party as a punishment by the recommendation of the therapist. She remembered with disappointment that she had to miss out on a class trip to Washington D.C. even though she believes that she was doing well at the time and the trip was paid for. She remembered with embarrassment that she was given one pair of unfashionable shoes that she was forced to wear as her only shoes. She believes that these punishments did not fit their crimes and attributes this individual as ruining part of her childhood.

As a way to gain back her power, Alawa started acting out in scary ways. She was doing everything she could to fight to gain her power back. She began sneaking out, skipping school, and even stole a car. She eventually had to be removed from her home because her behavior was unmanageable by her adoptive mother. After Alawa's adopted mother followed the advice of the attachment counselor, her already fragile relationship with Alawa was nearly obliterated. Alawa didn't trust her and wouldn't listen to her.

Alawa believes that the purpose of the counseling was to "break her down and build her back up." It succeeded in the former. Alawa was broken down. She was broken down to the point where she was taken out of her home, did not care about school, did not trust any adults especially social service workers, and she no longer lived with her sister.

The building back up never happened. With her power stripped of her as a result of counseling, she gained it back doing whatever she could.

Feeling *Studied*

Alawa stopped her attachment therapy but was still involved with other forms of talk therapy and psychological testing. Her experience with her attachment therapist annihilated any trust for counselors and those who wanted her to talk about her issues. She talked only as much as she needed to "get by" and keep them satisfied. They all blended together in her mind. They were people who asked her the same questions over and over and studied her like a lab rat. She participated in psychological testing because she was diagnosed with fetal alcohol effects. She remembers doing the Rorschach inkblot tests and saying that she saw absurd things. Alawa did not care about the tests and didn't think they were helpful. She didn't think anyone cared about her nor would help her, anyway.

When Alawa was diagnosed with fetal alcohol effects, the doctor who diagnosed Alawa gave her mother a list of areas that Alawa would likely struggle with based on this diagnosis. When Alawa was 16 her mother showed her this list. It did not serve as a tool in helping her prevent these things from happening; to Alawa they meant that expectations were set low for her. They meant that professionals were expecting her to fail in nearly every area of her life. She was a self-fulfilling prophecy because as luck would have it, Alawa eventually struggled with every item on that list.

Regaining Power

A connection from school helped Alawa become involved with a boxing gym. From day 1 of going to the gym Alawa's purpose in life changed and she immediately felt like she had a purpose. She was somebody in the ring. She began training and eventually became a talented boxer. Her coach was the best "counselor" she had ever had. She told him about her past and what she had struggled with. As she trained, she talked and worked through many difficult things from her past.

The gym helped Alawa in other ways as well. She started doing well in school. She started working out every day. She was not sexually active and was not consuming chemicals of any time. She had a community; she had what she described as boxing *brothers*. They were her family. Alawa was known as "one of the guys" and each year that she was involved in the gym, she gained new responsibilities. When she was 17 she got the point of running the gym's office. She had become somebody important.

Alawa talked about her coach as the best counselor she had ever had. He was the first person in her life that she trusted enough to tell her story to- and she told him everything: All of the stories laced with fear, all of the abuse, all of the lack of control. Alawa spoke highly of this coach and when asked how it all ended, her tone changed. She stated that "it was bad" and that she had never told anyone how the story ended. With no pressure to disclose anything Alawa shared that she and her coach became sexually active. They began having intercourse when she was under 18, and she did not want to tell anyone because she did not want to get him in trouble. Her coach was her father figure, her "savior" of sorts. He was the one that she trusted and she was devoted to him. The two were involved in a romantic relationship for several years. Alawa began drinking

heavily when her coach was openly dating another woman but had to keep her a secret. Their relationship was not socially acceptable. She coped with her deep hurt and confusion by drinking.

Alawa began to notice that her relationship with her coach was more controlling than she was comfortable with. When she began dating other people she was expected to call him and tell him where she was and what she was doing. She became pregnant [from another man] and began to separate herself from her coach and the gym. She realized that those controlling the gym had more power over her than she was comfortable with and she knew that she was now responsible for the life of another. The themes of trust and power are ones that are a constant throughout Alawa's life and in her experience of counseling.

Counseling as Life Saving

Alawa became involved in counseling as an adult. It was her choice and she was able to work with someone she felt comfortable with and who helped her talk about her past. Being able to talk about her past and finding tools to help her cope with her anxiety and depression felt like a lifesaver to Alawa. She had panic attacks into her adulthood and felt like she was dying. Several times she went to the emergency room begging the medical staff to help her figure out what was physically wrong with her. They could find nothing. Her symptoms were a result of her mental state.

Counseling was described as a "life saver" to Alawa because she was drinking to the point where she was driving while drunk. Her children had gotten taken from her custody and she went through a period where she "didn't care" anymore. She didn't care

whether she lived. She did not care whether she killed anyone. She started counseling to help her care. Counseling helped give Alawa her life back as it allowed her to understand her mental health, get on medication, and start making changes to stop drinking and start parenting effectively.

Textural-Structural

A Place to Play

Alawa has a unique background because of her extensive experiences with counseling. She has been involved with counseling for as long as she can remember, with her first experiences being in play therapy.

> In the beginning it was… I didn't feel good talking, so I did a lot of play therapy and it was… I remember all the counselors I've had and the first one I had, her name was Barb. We used to do a lot of sand and the little figurines and I used to do that and I remember having a lot of fun, but I don't remember talking about any of it, about anything in my past, so it was just to get some expression and I did it for about two years.

Alawa's first experience with counseling was play therapy. It was a safe and fun experience where she could express herself by playing out stories. It was her place to play, because she was not allowed to play in so many of the homes she was placed in.

> I remember a lot of the ones I did were very imaginative. I had a very good imagination when I was younger. I loved to play, and I know it was because I wasn't allowed to in a lot of the foster homes I was in. I was in… documented over 30 foster homes, so it was just… Some of them I remember very good and usually those ones are the bad ones that I remember.

She was able to play with sand trays and played out the stories of the things she desired: happy endings and a family.

> I did a lot of good stories in my sand trays. They were not dark at all. It was always happy and there was always a new place that I discovered or just, having a

> family in my art and stuff. I'd always have something like that because I think that's what I always wanted.

Alawa enjoyed going to see this counselor because she let Alawa direct the session at her own speed. Alawa was in control and she had the power.

Feeling *Forced*

Alawa's control in counseling soon was taken. When her adoptive mother enrolled Alawa in counseling with an attachment specialist, Alawa was forced to do things that she hated doing. Her therapist forced Alawa to do things like hug her mother and had her brother give her commands to pick things up. Alawa was confused why she hated doing these things so much. She didn't understand why she was so uncomfortable with physical touch, but she knew she was.

> And it was like… I didn't like the feelings of hugs, I didn't like the feeling of talking about feelings, I didn't like… I can do it now, but I understand why. When I was that age I didn't know why I didn't like it. I don't like hugs, I didn't like people touching me, I didn't like, you know, any of that, except for my sister because she was always there hugging me, you know? But for me to get adopted and be in this home and be stable. It was kind of like, I didn't like it at all.

This counseling experience felt forced for Alawa. She felt forced to do thing she did not want to do, she felt forced to say things she did not want to talk about. Alawa was forced to call her adoptive mother "mom" when she was comfortable doing so. She began to resent her mother for bringing her to see this counselor.

> And to me that was devastating at that age. You know? I didn't feel like I… I didn't feel like I had anything. You know? I didn't even have a mom because she was like the enemy. She allowed this man to come in and make me feel bad. You know?

She did not attach to her mother, she instead grew angry and felt further isolated and alone.

> And then my mom… He wanted me to call her mom and it was just so…I felt forced. And he, that was basically what he was trying to do, I think was force me to attach to her. And he used to make me…I remember that being one of the most AWKWARD feelings I've ever had. And like yeah I love my mom now and I can hug her no problem now, but back then? From just coming from a children's institution and then I went to live with my mom and I started therapy with him. And I was in this children's institution for abused children for 10 months and then I went to live with her. And I remember therapy with him was so (said with angst)… I dreaded seeing him every week and he used to do techniques and stuff like, 'Okay, now I want you to face your mom and hug her.' And to me, I just cringed because I just did not like the feeling. I still remember how it felt; when I used to hug I used to be like really closed off and he noticed, like my hands were always fists and I was kind of just not…not into a hug. It just did not feel good.

Alawa describes this experience as negatively impacting her childhood. The counselor used powerful techniques to get Alawa to modify her behavior. Unfortunately these techniques meant taking things from Alawa that were of upmost importance to her, including a birthday party and a class trip.

Alawa regressed behaviorally and was taken out of this counseling. Her mother regrets this counseling experience and Alawa understands that her mother was trying to do what was best for her family at the time.

> And my mom tells me now, you know, she told me, 'You know, I really regretted doing all that. I *thought* (said deliberately) it was the right thing to do.'
> She was trying to make it so that we were a family and stuff, and that was the best way she knew how to go about it.

By the time Alawa was done with this experience, her behavior was so bad that she was taken out of her home. She hated counseling and she hated her mother at the time.

> I hated my mom almost. Like I don't know if I hated her, but at that age I thought I did. 'I can't believe,' you know? 'I hate this!' (As if talking to her mom) I ended up from back living with my mom to another foster home because I was acting out so bad.

Alawa was involved with other counseling but her trust for counselors had been shattered. Instead of feeling like a valued client she felt like a test subject. She engaged in psychological testing and talk therapy but mostly told the counselors what she thought they wanted to hear

> [I didn't feel like] they were helping me, I felt like they were just studying me, you know?

She did not trust anyone in authority until she became involved with a boxing gym. She described their interaction as the "best counselor." Being involved at the gym was the first time in her life that she felt like she had confidence and had a purpose.

> And the first person I ever opened up to was like the *best* counselor ever was like the boxing coach. And he used to just be like… it took him a long time to even get a good conversation because I was so closed off.

Alawa became sexually involved with her boxing coach and began drinking to cope with the socially unacceptable dynamics of their relationship. Although she can reflect that it was "not good" that they were sexually involved, she is still grateful to this man for what he taught her and how he helped her. This interview was the first time that she had talked about their sexual relationship and had insight that this was an unhealthy relationship with him based on the age difference and power differential.

Counseling as Life Saving

Alawa was involved in counseling as an adult and is currently involved in counseling. It is effective for her when it is her choice to engage in counseling and when it can be done at her pace.

> As an adult, I feel like it's been helpful because it's therapy that I choose to go to. I started getting anxiety really bad… counseling helped out a lot with that because I thought I was dying.

She struggles with panic attacks, depression, and anxiety and counseling has helped her make sense of her past and gain insight into her feelings. Control in counseling in vital for Alawa. Loss of control in counseling was devastating for her and caused her to do what she could to gain it back. Having the power to direct the counseling session was effective for her as little girl and is effective for her to this day. The essence of the experience of counseling for Alawa include power, feeling studied, and counseling as life saving. For Alawa power and counseling as life saving

Chapter VIII

Participant 5

Jena is a 26-year-old Caucasian woman from southern Minnesota. She has two children that she did not speak about during this interview. Jena's drug of choice was methamphetamine, which she began using as a way to gain freedom and independence from her parents. She identifies strongly as a "middle child" and has felt misunderstood and unheard beginning at a very young age. This interview took place at a treatment center in south central Minnesota. Jena was struggling to feel understood by her counselor at this treatment center, and had fear that she would be able to complete the program. Jena was unsuccessfully discharged from treatment three days before this writer came to do her follow up interview.

Textural Analysis

Misunderstood from the Beginning

Jena believes that she has "middle child" syndrome. Since the time she was born, she has always felt misunderstood, forgotten, and uncared for.

> Okay, so I'm a middle child and I don't care what anybody says, middle child syndrome is a thing (small laugh) and it doesn't get better when you get older, it's not like a child persona or something that you imagine in your head, no. It's a thing (laughs). I feel like I was.. There's always one kid in every family that might be just a little bit different. And misunderstood. And I was that. I know I'm still that.

Feeling "misunderstood" has been a theme for Jena throughout her life and is a feeling that she still struggles with. She believes that her middle child status makes her crave attention, and even to this day when she does not get it, she feels depressed. Her feelings are tied into how other people view her and make her feel.

> I'm a middle child and I do get a little over dramatic.. but like.. I don't know… I know that I need more attention than a normal person. I do, and it sucks so bad. And I'm like, 'God..' but like, I'm almost like a little kid, I'm like, 'pay attention to me' sometimes like, I don't know, I don't know if that will ever go away but.. Because if I don't get it then I'm just depressed, you know what I mean?

Jena still struggles with trying to be seen and heard. This struggle began in her childhood. She grew up with what she describes as a "phenomenal childhood:" her mother was caring, and she and her brother were very close. Her parents had clear rules and boundaries for her, but their techniques did not fit her. She believes that her parents' style of parenting was influential in "pushing" her into her chemical use.

> So I feel like, like the tactics that my parents had might have worked for other kids but it kind of... I feel like it pushed me into some of my behaviors and my recklessness, like my using and my… I don't know, a lot of my criminal behaviors from starting out, like I used but I don't [feel like] my activity and my choices were made because of drugs at that point, starting out. I feel like they were made solely on rebellious behaviors and wanting to feel like I could be myself and do what I wanted to do.

Jena struggled to follow her parent's rules, which she describes as very strict and rigid. They had little tolerance for mistakes or any behavior that deviated from their standards.

> They were really really strict. I remember I was late three minutes one time and I got grounded a month. And they were just very very strict and if we didn't say 'thank you for the ride' we didn't get another one. Like if we weren't outside waiting after work or after school, they would leave. It was very… respect demanded.

Jena is grateful for some of the values that her parents taught her. At that time however, she could never seem to live up to their expectations.

> And I'm glad, I learned a lot. And I'm a psycho about manners now because that's really important but when I was younger I felt like I was just so constricted and I felt like I had to. If I wanted to have a life, I had to run away. I had to just figure out a way to do what I wanted otherwise… because I tried it their way and it didn't work.

She was constantly grounded, in her room, and disconnected from her friendships. She believes that she struggled with attention deficit disorder and was unable to focus and follow the rules. As much as she tried to do what was expected, she could never quite do

things perfectly and she suffered the consequences. When she was fourteen she felt like she had no choice but to take matters into her own hands.

> I was always grounded, I was never able to do anything, I was (talking quickly) never able to use a phone, and they would put a lock on the TV. I was miserable. So I was like, this isn't…. I tried to do better but I… there's nothing I can do. If I want to be happy, if I want to have friends I have to do it myself. And it got me in a lot of trouble. And I started getting locked up when I was 14.

She began doing whatever she could to feel like she had control in her life. She started skipping school and sneaking out of her house. She developed friendships with people that she felt like truly accepted her, but those friendships cost her greatly in terms of her family. The closer she moved toward her friends and feeling free, the more she distanced herself from her family and got into legal trouble. Jena suffered great consequences for this feeling of freedom, but at the time she felt like it was her only choice.

> I started skipping school and I finally had friends that I felt liked me and you know, I could be myself with and that appreciated me. So I started running away and skipping school and I had truancy courts and they put me on… I mean, when I would run away my parents would start locking me in my room and then they would not even feed me supper that she made for everybody else. Like I'd get bread and water. I mean I'm fricken 14 so I was like… well, now I *have* to run away because I can't do this. I don't know, I just felt so pushed. At the same time as I wanted to but… I don't know.

Jena's substance abuse also mirrored her fight for freedom and her cries to be seen and heard. She believes that her use started just as a way to be "cool" and feel like she had some sort of choice in her life. Jena's parents went to the experts to get her help, and she became heavily involved with the system. She felt like her parents wanted other people to "deal" with Jena.

> I was diagnosed with a lot of things as a kid. When I was 14 it was my first placement. I started running away and I mean, my parents didn't really help it all that much.

Jena's acting out and her fight for freedom became to have serious consequences.

> I started getting in trouble and they tried putting me on house arrest, I cut my ankle bracelet off because me and my dad got in a fight and … I cut it off twice and I really started getting into some real trouble.

The Mental Health Explanation

Her parents began blaming Jena's "mental health" for the behavior and struggles, when she believes that her behavior was a cry to be acknowledged. She longed for someone to hear what she was trying to say.

> And my mom was a big mental health… she was like, 'There's something wrong, there's something wrong.' And I was more like, it was like (sigh, pause) I just wanted to be me and I wanted to be happy and I felt so constricted and I felt like the way they were going about things was hopeless for me. And so I felt like it wasn't a mental health… maybe it was, I don't know. But she *pushed* (said with enthusiasm) the mental health to a point where I HATE it now.

Jena's mental health was used against her and she believes it was her mother's way of not being blamed for Jena's actions and her own misgivings as a mother- it was Jena's fault that she was so angry and defiant. It was all in her head.

> She [participant's mother]… always pushed the mental health instead of recognizing anything that she could have done to help me but she was like, 'This isn't my fault, she's [as in, the participant] messed up.' Because I was like, 'you want to push the mental health' but you're so unwilling to look at any other thing. I like resent the "mental health" piece. I try not to, but…

It felt like her "mental health" was used against her.

> Yeah, and then it always got pushed into a "mental health" thing. And I was just like, "this is why I do these things" and my mom is like 'No, you have a disorder' and I was just like, 'Can you just hear me?' and I still deal with that. Me and my mom are really really struggling.

She saw many counselors, got many diagnoses, and tried many medications. She believed that some medications made her emotional experience and behaviors worse. She

described her experience at a treatment center that specialized in treatment adolescents with serious mental health issues:

> It was for mental health and they put me on bipolar medication there. I think the bipolar meds *made me* bipolar. Like I remember, I don't… I'm not a wrist cutter, I'm not a self sabotager or whatever but like, I started cutting my wrists there, I started being really really like, out of bounds emotionally on those meds and I just don't know. And when I was there, she [participant's mother] was sending letters and emails out to people like, (said dramatically) 'She's getting mental health help and we need to support her.'

Jens felt like her mother inconsistently dealt with Jena's mental health issues and substance abuse issues. When Jena was getting help for mental health issues, her mother rallied the family around her for support. When she was locked up for acting out and behavioral issues, Jena's mother would lie and tell the family that Jena was "sick." This caused Jena to resent the idea of mental health.

> And then when I was 17 I was in and out of placements and I started going to lock ups like JDC and you know, here and there, and she would lie. If I was in a place like that or if I was in treatment in [city in the Midwest] she would be like, 'She's sick. She's not at Christmas because she's sick.' So I feel like that just made me hate the mental health aspect of it.

Jena's "mental health" got her diagnosed with a variety of disorders and she became almost of guinea pig for a variety of medications.

> I did their medication, I mean I got diagnosed with mood disorder, the bipolar spectrum or something, and ADHD, and depression and anxiety. Like literally they were just trying meds for everything.

All Jena longed for was someone to acknowledge her existence. She felt like some things she experienced were normal and it would have all the difference if someone could have told her that. Jena felt that someone taking the time to hear her thoughts and feelings would have been more effective than any medication.

> Like, it was very frustrating because I just felt like sometimes maybe it is mental health but I feel like a lot of things that were normal for me to go through and maybe would have taken just like somebody talking to me and maybe acknowledging me and my existence and my thoughts and how I felt? Might have done the same thing as what they thought their meds were going to do. I don't know.

Counseling Experiences

With the diagnoses and the medications came a slew of counselors. Jena was defiant and angry toward counselors and said that two counselors even "fired" her because she was too difficult to work with.

> I've been to many counselors… many many many many. I feel like I saw everyone in (city where she grew up) and I couldn't connect with them. I saw other people as well: court ordered, not court ordered. There's a couple therapists that like.. I don't know if you would say *fired* me? But like, they were like, 'Yeah, this is not working out' and I was like alright (said in a humorous voice). I don't know, I'm just so resistant, if I don't feel that connection, I can't… like, I don't know. I mean, there were, I tried lots

It was hard for Jena to connect and feel comfortable with counselors.

> I don't know. It's hard finding somebody that you can connect with on that level, at least for me. Because I feel like I'm internally guarded.

This "internal guard" helped Jena protect herself. Jena was resistant to counseling because she felt like it was another way for an authority figure to blame her for her issues and to side with her mother. She remembers having one counselor, Laura, who she felt did not "see the BS" that was given to her by Jena's mom. Jena didn't feel like Laura sided with her mother like all the other counselors did. Jena recognizes that her perception may have been skewed, but that was how she felt.

> I was misunderstood, like a lot, like I still am. But then when my mom would be there with me, there was only one angle of the side of the story, like one side of the story that I felt was even being recognized, looking back, I don't think she saw as much as the BS that was handed to her from my mom. But I also think I might

> have been overly paranoid. That like, she was siding with her, do you know what I mean?

There were qualities about Laura that made her different from other counselors; she was down to earth. Jena remembers hearing her swear in a session and realizing that this counselor did not side with her mom. She humorously recalled waiting for her mom to discipline Laura for swearing in a session.

> She was just so chill and down to earth and cool like… and not that because she swore that's like… she would drop an "F bomb" here and there and I remember when my mom was in there I was waiting for her to get yelled at by my mom.

Laura was blunt with Jena and was not afraid to be honest and speak her mind about Jena's behaviors. Jena appreciated this because she felt like Laura genuinely cared about her.

> That was the first time I was like, 'she's not like all the other ones' and she was different. She would say it blunt, she would say how it was she didn't care if it pissed me off, she didn't tip toe around it, she was just like 'that's messed up [*Jena*].' And I was just like.. 'You might be right.'

Jena connected with Laura so well that she actually went back to see her for counseling as an adult. She stayed with Laura until she quit the practice. Laura was a good fit for Jena and this is a vital part of counseling. Feeling comfortable and believed are important aspects of her experience.

> I feel like I like counseling now. I like being heard… but it's not everybody. It's hard to find somebody that actually like listens to you. And I don't know, I have that wall up anyway so I feel like it's even harder for me to find somebody that I'm comfortable with and that I know genuinely cares and genuinely believes me. I mean, yeah. I don't find that often.

<u>Fit of Counselor</u>

Laura was a good fit for Jena, but Jena has also had experiences with counselors that she feels like are not a good fit for her.

> Honestly, like I feel like sometimes…and this is just like a human thing I think, I think it's just a personality clash or for me I think it's a personality clash. I also think it's a way… not everybody thinks the same and not everybody, I don't know, I just think that some people are not… they don't mesh well. And I feel like (makes sound…ehhhhh) And I feel like I'm also one of those that does tend to butt heads maybe more than other people and I'm maybe a lot more of a complicated person..

She is able to read people and how they respond to her.

> And it's a feeling of… like I read people and I read like, how they respond or how you know, they speak to me in regards to what I say and maybe in this instance I might feel like it's more of like an arguing to like, not hear me and say, 'okay, here's what you just said, here's an idea I had' it's more like, 'well, but…' and I don't feel like I respond to that very well, because I'm like, 'okay, but what about what I just said, like acknowledge my piece maybe?'

Jena has a tendency to blame herself and calls herself "difficult." She believes that she might be more sensitive to how people treat her.

> [There's] Always push back and then, I don't know, I know I'm difficult and I know I probably read more way too much into things as well.

Jena has been struggling with her current experience of counseling in her inpatient facility. This has been detrimental to her. She has felt like she has not been heard.

> It's just been like almost like a rude persona giving off to me and like nothing I say is valuable at all. That's just how it comes off to me and things are like said behind my back that I don't even know about until I hear about them from my mom who doesn't even like me or you know? And its just things that I struggle being okay with. So then I'll try and voice things and I'll… like I wrote a letter and I wrote it maturely and respectfully and like, this is just how I feel and the way that that was even reciprocated back to me was so rude. And I really thought that would help and I was so pumped, I was like, "Yes, this is going to help it" and we're going to be able to get past this and be good because I want to be able to have that trust. Without that trust it's… difficult. I don't want to say hopeless because I still have to deal with it so… (slight laugh).

Jena feels like she is unable to trust her counselor. She did not want to say that it felt hopeless without trust, because she was still in treatment and still needed to complete treatment successfully. She has felt voiced her concern and then felt like her feelings were rejected.

> I don't know. I mean, it's hard having no trust for somebody and then also trying to voice your concern and then having them be rejected. Literally rejected. Like, that sucks.

She tried to make an effort to mend the relationship but felt like that was in vain.

> Because I thought that opening up that communication and sometimes I feel like I'm better at writing things down and putting things into words than I am verbally. Because I do get anxious and I stutter and I stumble over my words and I forget a lot, and I wrote it all down and I made sure that it was respectful and it… I don't know. I just gave it to her and instantly… I mean, she was mad. She was mad at it. And she was like… the response I got was… and there was like an eye roll in there. She was like, 'I don't really even understand your letter because I didn't do anything wrong' and that was the response I got. Instantly, like that was rejected. My feelings were instantly rejected. And that sucked.

These feelings of being rejected and misunderstood are feelings that Jena has been struggling with her whole life. Jena shut down after she felt like her feelings weren't validated.

> I instantly shut down, and then when I left the office I was like, 'that sucks' and then I was still upset about it throughout the day so I went back. And I said like how I felt when I left that office, 'I feel like there's an "icky feeling" you know, I thought that would help, it didn't help, so what do I need to do to be able to trust you? And have an open line of communication that I feel comfortable with that you, I trust and I feel comfortable with, because you're my counselor, I want to be able to trust you.' And she was like, 'I don't really even know what the issue is or what your problem is and I don't really know why you wrote that letter, but I think we're fine.' And after that, that's when I decided that okay. I tried, I tried, (frustrated laugh) it doesn't work. No matter how many times I go to that person with my feelings, so now I… and I'm still kind of on this kick.

This feeling of frustration has caused a shift in Jena's view about treatment. Feeling misunderstood and rejected has caused Jena to now view treatment as well as counseling that she just has to "fake it until I make it." She felt like being real didn't work for her.

> I got to fake it 'til I make it. Because I tried being real and I feel like I wasn't allowed to feel. So without getting repercussions or without getting like, 'Oh, she's starting things or these are problems or oh, you're trying to control the situation' because it's always redirected onto addict behavior and addict symptoms instead of a person just genuinely trying to tell you how they feel.

After this interaction, Jena was afraid of getting punished or having her behavior blamed on her status as an addict in recovery. It mirrors her feelings of trying to scream out when she was young and having her behavior blamed on her mental health status.

Odds Against Me

Jena is struggling because she is not able to switch counselors, despite the fact that she feels like they just don't personally get along.

> It's totally fake. I feel like she knows that we personally don't get along, but I think we're both nice, and we're cordial and I just have to watch what I saw and I need to watch what I do and I just need to behave because right now I feel like the odds are against me.

She does not feel supported by this counselor and she feels like she will have to try and complete treatment by following rules and staying under the radar.

> And I don't feel like I have that person in my corner so I just have to do well and get through it.

Jena feels supported by other women in treatment but has to balance feeling supported by friends and doing the bare minimum to please her counselor.

> I'm struggling and I'm now on a behavior plan, so I don't know. Hopefully I can make it through this program, I mean I really am trying but it's hard when you feel like you have to *ba*.. Like I don't want to battle anybody, I don't want to have to hold feelings back, I don't want to have to analyze what I say or what I'm

> doing you know, what I'm putting in my assignments because of repercussions that I might have, because that sucks. But there *are* people like that, and there have been my whole life. Not everybody's going to be receptive of your feelings or get along with you all the time. It's just life. So I just have to get through the situation and I have other people here that I can lean on, and that I can talk to, and that I can tell my feelings to. And I just try and balance that…and where I need help I go to in a way that's healthy and I know that they care and I know that that's helpful for me and it makes me feel good and then I have to do enough to *please* my counselor enough to make progress in that way. So it's hard to balance but like, I have to.

She feels like she tried to mend the relationship but it didn't work.

> Because if I go… if I fully divulge to somebody that's already proven that I can't trust them or that they're not really, I don't feel, in my best interest or looking out for me or even really care, and.. I've tested it more than once, like a few times. And I've gone about my feelings and I wrote a letter and I addressed them. If it didn't work, it didn't work. And I feel like I overly, overly tried. So I'm glad I have another outlet.

This "outlet" of friendship is another theme that has occurred throughout Jena's life. Jena feels like her friendships are integral to her mental health. When her friendships are strong, she is strong. She has gotten feedback about this from one of her friends.

> I remember something my friend said to me like, within this last year or so. She said, 'throughout our life I have watched you through your bad times and through your really emotional times and you're always good when your friendships are good. But I feel like you've always relied way too much on your friendships to make you happy.' And it's true.

When her parents weren't there for her, her friends were.

> That's what got me through the stuff with my behaviors in school and getting locked up. I didn't get letters from my dad (said resentfully). I got letters from my friends
> It's my comfort. So here, it's also been my comfort and even in lock ups and facilities there's been places where I've been surrounded by supportive, really great staff and there are some here.. but like you know? My friends have always been that outlet. And it's SO important to me and it always has been and like here, it's just like having somebody value you and having somebody genuinely care as much as you care about them, like you know what I mean?

Feeling Supported

These feelings of comfort, support, and feeling valued are integral for Jena to do well. These were the same feelings that were felt in the counseling experience with Laura. Jena felt that same acceptance from Laura that she has always felt from her friends.

> I think it's also why me and Laura clicked so well because she did care and she showed it. But she could still be stern and care. I appreciate people's honesty if they're real, much more than I appreciate like a fake answer.

Jena knew that Laura cared for her in how Laura interacted with her.

> I mean, by giving me ideas and giving me solutions and I mean, listening to me and hearing me out. She didn't always agree with me, but she was like, 'let me just show you from an outsider's point of view what it may look like' and I'm like 'you're right.'

Once Jena knows that her counselor cares about her, that's where the work of counseling can begin. That's when she lets down her guard and is opening to listening to feedback, even if it differs from what she thinks.

> I'm so much more receptive to people that might have a different opinion that *hear* me. And are look, 'Oh, I see your side, but this is just what it looks like from my end' and sometimes that's really enlightening.

One the other hand, when Jena feels like her counselor does not care about her or interested in who she is as a person, or when she doesn't feel *believed*, then she shuts down and counseling is ineffective.

> But when I feel like somebody doesn't care or they don't show any interest in me or my feelings or my life or helping me or listening to me, or anything? Or even acknowledging anything I say could be fact? Or feelings, then I instantly… it's done.

For Jena, it makes no sense to open up and be vulnerable with someone that does not seem to care about her. She feels like any feedback that a counselor who does not listen to her would give would not fit for her. In her mind, if they do not listen to her, how will they know what to say?

> Yeah, and it's like, they can give me ideas and I'm just like, 'why would I listen to somebody who didn't even hear me, so how are you going to give me advice?' To me that seems illogical. So I'm instantly unreceptive. So, I mean, but I'm not unwilling to like, listen to other people or get advice from other people but they really have to just show me just like a little bit of common courtesy? And then I'm like (said in an Austin Powers type voice: 'give it to me.'

Jena craves a variety of things from counseling. If a counselor could help Jena feel how her friends have made her felt: admired, respected, and understood, that is what would make counseling work for her.

> Admired. Admiring different qualities about each other and adopting some of those or having fun and having somebody understand you and fully understand you. And want to understand you. And want to spend time with you.
>
> I: So if a therapist or a counselor could adopt those qualities of just admiring you and hearing you and really caring, that's how it could be effective?
>
> Jena: Boom. That's all I need.

Those qualities would help Jena in counseling, but at the same time, she also realizes that it can be detrimental if she relies too much on others. She has had a tendency to "put all her eggs" in other people's baskets and believes her self-esteem is tied in too greatly with her external relationships.

> It's just, I feel like I need to find a way to be at peace within myself instead of relying on other people because I feel like it's dangerous. And throughout my life it has gone south when I put all my "eggs in other people's baskets" and none in my own. So I'm still trying to figure out a way to make myself happy without you know, relying on everybody else

Overall, support in counseling and in her life in general is what has made Jena thrive.

> I mean, another Laura would be great: My therapeutic friends, my friendships and my family and support. Support is huge. Whether it's just in counseling or with everybody around you. It's hard to feel good about yourself if you don't feel supported. And I feel like you know, most counselors that I've been to were supportive. They want to see you get better, they want you to figure out how to cope with things in a healthy manner and they're supportive of progress. So I mean, that's always good, and I think that piece is helpful

A counselor that is a good fit and that genuinely cares is integral. Jena is willing to do what it takes to find a counselor that is a good fit.

> I feel like it's a really good thing. I always tell people and I always tell myself when I'm looking for a counselor or when I'll get really depressed and I'm like "oh, maybe I should get back on depression pills" or when I start exploring those avenues. I try and remind myself that you might have to try a lot of times. You might have to go to a lot of different people to find *your Laura*. And you might have to go through ten counselors to find somebody that you can open up to because it's not always easy for everybody. And some people, I'm sure they just spill their guts but for me or anyone who's guarded it can take a while and it can be a process and it can be frustrating. I think it's a good thing.

Structural Analysis

Feeling *Valued*

Jena has always felt misunderstood. She said this several times throughout the interview and did not say it always in past tense. Jena feels misunderstood. She was clear that she has felt misunderstood beginning in her childhood and continuing on until present day. Her parents' tactics worked on her siblings but they didn't work on her. She was the "hard" one, she was the one that never quite fit. Jena said several times that she still feels misunderstood. She alluded to the fact that she was difficult, that she was internally guarded and that if she feels threated or not understood, her walls go up to the sky. Jena never felt understood by her parents growing up. No matter how hard she tried,

she could never follow the rules and she could never live up to their expectations. She was a child with a lot of energy and little focus and if she strayed at all from the rules, she was punished. Jena recalled being three minutes late and having the consequence of being grounded for a month. In her childhood she was always grounded because she was never exactly on time, she did not always remember to say thank you, and her parents had no room for error. They didn't understand that Jena needed something different. As a result she was always grounded, she was never able to form relationships with friends and she felt depressed, lonely, and misunderstood.

Jena decided that she would never be able to live up to her parent's expectations and she couldn't stand how she felt or how she was living anymore. She felt pushed into rebelling. Jena felt like doing things against the rules was the only way that she could be happy and that she could have any sort of quality of life. Her parents punished her greatly for this. She remembered being locked in her room and fed bread and water like a prisoner after she had snuck out. Her behavior was screaming for someone to realize that she needed something different. She needed to breathe and she needed to feel supported. Jena formed friendships by rebelling and sneaking out, and this was the first time in her life that she felt understood. When her friendships were strong, she was strong.

Jena's behavior caused her to parents to take action. She started getting locked up and sent away starting at age 14. She tried medication after medication, got diagnosis after diagnosis, and tried counselor after counselor. Every counselor that Jena had she hated, she felt like they would hear what her mother was saying about her and be against her. She automatically felt misunderstood from the beginning. She felt as if they were

hearing her mom's side of the story and her side would be invalid. Counseling didn't work because Jena went into it feeling defensive and angry. She felt like no one would listen anyway.

Finally Jena got connected with a counselor who she felt was on her side. This woman valued her. Jena felt like this woman listened to what Jena's mother said about her, and took it with a grain of salt. She was more curious in what Jena had to say. Jena recalled that she went into seeing this counselor and she already hated her but eventually began to notice that she was "not like the rest." This counselor swore in sessions, once even in front of Jena's mom, and this helped Jena realize that she was down to earth. When Jena felt seen and heard, she was receptive to feedback and she craved any interaction that she could have. She felt supported, cared for, and respected. She felt heard, a feeling that she had never felt from any person in authority before.

Feeling valued is one of Jena's greatest fundamental needs. She is currently in inpatient treatment and does not feel valued by her counselor she is currently working with. She was hesitant in talking openly about her experience because she was so afraid of ramifications. Eventually she was able to voice her experience and make sense of her situation. Jena felt like she could not trust her counselor. She was hearing things from her mother that she said in private to her counselor and that made her feel uneasy about how much she could disclose. Jena has always felt like her mother was against her, so hearing personal things was unsettling to her. She addressed her counselor in the form of a letter and the response she got was not what she hoped for. Her counselor responded in a way that Jena perceived as minimizing her experience. The counselor did not understand what

she was trying to say and did not even see a problem. Jena sensed that her counselor did not care. After that meeting she went back and again felt minimized and discouraged. At that point she snapped and from then on she realized that she would not get support from this individual. Jena felt like she was again speaking out and not being heard: A theme common in her life. A feeling she was used to. Jena shut down. Due to the nature of her treatment center, she is not allowed to switch counselors so now she is resolved to "fake it until she makes it." She feels like she does not have anyone in her "corner" and making genuine progress will be likely be difficult for her.

Fit of Counselor

One of the most integral pieces of the experience of counseling that Jena described was the idea of her counselor being a good fit for her. She had experiences in her life with counselors that were and were not a good fit for her. Jena primarily had experiences with counselors who were not a good fit for her. Initially all of the counselors that she went to were not a good fit, because the idea of counseling and the idea that Jena's unstable mental health was causing her acting out was not something that Jena believed. Her mother made sense of Jena's behavior and struggles by pinning it on Jena's "mental health." Because of her mother not acknowledging her own role in Jena's issues and not taking the time to sit and listen to what Jena was trying to say, Jena began to hate the idea of "mental health" and counselors, those who work with mental health issues, were seen as her opponent. She viewed counselors as people who sided with her mother. They were against her. They were blaming her for her struggles and listening to what her mother said about her. Her work in counseling was set up to fail because she

automatically did not trust any counselor she worked with. Jena said that her attitude toward counselors was so bad that two counselors that she worked with actually "fired" her or stopped working with her. This was satisfying to Jena because it helped her feel power against the system and mental health and its workers. They couldn't "crack" her and her mother wouldn't win.

Jena finally began working with a counselor that was a good fit for her. She began to notice that this individual, Laura, was different than all the others. Jena noticed that Laura listened to Jena's mother's report about her, but did not take her mother's report as absolute truth. Laura took Jena's mother's report and then turned to Jena and asked her what her experience was. Initially Jena described how she absolutely hated Laura, but in reality she did not hate her. She hated what she represented, but with time that preconceived notion was broken down and Jena realized that Laura was on her side. She was not against her and she was not like the rest. Jena talked about how Laura was down to earth and genuine, and she would even swear from time to time in session. Jena specifically remembers a time when Laura swore in front of Jena's mom and Jena panicked: She expected her mother to reprimand Laura for this. Laura swearing in front of Jena's mom represented to Jena that Laura wasn't on her mother's side. Her swearing meant that she was authentic and herself in front of everyone, and that she was consistent in her behavior.

Jena also had notable experiences with specific counselors who were not a good fit for her. At the time of the interview Jena described her current counselor as not a good fit. Jena attributed some of the differences in fit to personality style. Jena perceived her

counselor to be dismissive of her feelings and this brought out a very distinctive reaction in Jena. Initially she panicked because she knew that she would be working with this individual and this individual had a significant amount of power in her life and her success in treatment. Jena decided to reach out to this individual and share her feelings with her. During a discussion of this letter, Jena perceived her counselor to be confused and angered by this letter and this reaction caused Jena to shut down. She felt like she tried and had failed and now their relationship was shattered. Jena talked about how she currently gets a lot of support from the other women in treatment and that is how she is planning on completing treatment successfully. She has always done well when she has had supportive friendships and thrived when she has felt admired and respected by her friends. She stated that if she could have a counselor that admired, heard her, and cared for her the way her friends do, then that is all she needs for her counselor to be a good fit.

Trust

Trust is the foundation of counseling for Jena. She initially had a deep seated mistrust for all counselors, doctors, and therapists as she felt that they were all against her and never took the time to just hear what she was screaming out. Jena mistrusted counselors because they typically got the report of Jena's behavioral acting out from her mother before they began their work together. This caused Jena to feel that counselors were in an alliance against her. Jena was also diagnosed with ADHD and put on medication that she believes "made her crazy." This also caused her to mistrust the professional discretion of those in authority in the mental health realm. Jena finally got connected with a counselor that she felt that she could trust. This trust had to be earned

for her. She studied this woman, Laura, and once it was established that Laura was a good fit and Jena could trust her, Jena thrived in counseling. She described herself as craving the conversation and advice of those that she can trust. Jena respected Laura and appreciated how blunt Laura was with her. She connected with her so well that Jena sought Laura out as an adult and continued her work with her. They worked together in counseling until Laura left the practice.

Jena has had more experience with counselors that she did not trust. She was open about admitting that her perspective may be skewed based on her experiences, but she did not trust her current counselor. Jena initially saw red flags in her relationship with her current counselor when her mother knew information that Jena thought she had told her mother in confidence. This created a lot of anxiety and tension for Jena in her relationship with her counselor. This lack of trust caused her to feel incredibly unsafe, and her feelings in her current counseling relationship mirrored those she initially felt as an angry adolescent entering counseling: her mother and her counselor were in cahoots against her. What she says is not private and her information is being shared. Her experience in inpatient treatment was not the same as the counseling she had when she as a young girl. It had higher stakes. It impacted her legally and had implications for her custody of her children. She could not get "fired" like she did when she was young. Jena did what she believed was everything she could to build trust with her counselor. She wrote a letter and processed this letter with her counselor. She went back after processing the letter because she felt uncomfortable with how the meeting had gone. The response that Jena' perceived from her counselor did not help in building the trust in their relationship; it

isolated and alienated her even further from this individual. She felt dismissed and unheard, feelings that she has experienced her entire life, beginning when she started struggling as a teenager. Jena has felt misunderstood and continues to feel misunderstood today.

Textural-Structural

Jena has always felt misunderstood. She grew up as a middle child and had what she described as a "phenomenal" childhood, but her parent's parenting techniques did not work for her. Her parents had high standards for Jena, and she was never able to meet their expectations. If she was not waiting when they picked her up, they left. If she did not thank them for a ride, she did not get one next time. When she was three minutes late once, she was grounded for a month. Jena spent a good part of her childhood grounded, isolated, and unable to spend time with friends or have any sort of freedom because of her hyperactivity. She decided that if she wanted to have any sort of freedom or friends, she had to take matters into her own hands. She began rebelling. Jena's rebellious behaviors began involving drug use.

> My activity and my choices were made because of drugs at that point, starting out. I feel like they were made solely on like rebellious behaviors and wanting to feel like I could be myself and do what I wanted to do. They were really really strict. I remember I was late three minutes one time and I got grounded a month. And they were just very very strict and if we didn't say, 'thank you for the ride' we didn't get another one. Like if we weren't outside waiting after work or after school, they would leave. It was very "respect demanded."

Jena became friends with people who she felt respected and appreciated her. She craved this acceptance and began doing whatever it took to get it.

> I started running away and I mean, my parents didn't really help it all that much. I started skipping school and I finally had friends that I felt liked me and you know,

> I could be myself with and that appreciated me. So I started running away and skipping school and I had truancy courts and they put me on.

Her parents did not know what to do what to do with her so they locked her in her room and withheld meals. Jena began to feel like a prisoner in her own home.

> I mean, when I would run away my parents would start locking me in my room and then they would not even feed me supper that she made for everybody else.. Like I'd get bread and water. I mean I'm *fricken* 14 so I was like, well, now I have to run away because I can't do this. I don't know, I just felt so pushed.

Jena' behaviors escalated and she began facing serious consequences.

> I started getting in trouble and they tried putting me on house arrest, I cut my ankle bracelet off because me and my dad got in a fight and I cut it off twice and I really started getting into some real trouble. When I was 14 it was my first placement.

Jena's mother started blaming Jena's behaviors on her unstable "mental health." Jena just wanted to feel seen and heard.

> Yeah, and then it always got pushed into a "mental health" thing. And I was just like, "this is why I do these things" and my mom is like 'no, you have a disorder' and I was just like, 'can you just hear me?' and I still deal with that. Me and my mom are really really struggling. So, I mean, I feel like it's ever since I got in trouble that that's when our relationship ended, because she's.. she was such a good mom to me when I was younger. And she's a good mom to all my siblings and it sucks that she's not a good mom to me, but I know why so it's just something I'm going to have to cut boundaries and deal with it, I don't know.

Jena felt like her mother pushed Jena's issues onto mental health in an attempt to take the spotlight off of herself and to blame Jena in a sense for her issues. Jena resents the idea of "mental health" even today.

> Because I was like, 'you want to push the mental health' but you're so unwilling to look at any other thing. I like resent the "mental health" piece. I try not to, but…

Because of feeling misunderstood by her parents and resenting the mental health piece, Jena has a deep mistrust of counselors. She felt like she was just a guinea pig for medication and if someone would have just listened to her than a lot of trouble would have been saved.

> It's hard to say. I mean, I did their medication. I mean I got diagnosed with mood disorder, the bipolar spectrum or something, and ADHD, and depression and anxiety. Like literally they were just trying meds for everything. Like, it was very frustrating because I just felt like sometimes maybe it is mental health but I feel like a lot of things that were normal for me to go through and maybe would have taken just like somebody talking to me.

All Jena wanted was for her "piece to be acknowledged."

> Maybe acknowledging me and my existence and my thoughts and how I felt? Might have done the same thing as what they thought their meds were going to do. I don't know.

It is difficult for Jena to find someone that she can connect with because she is guarded.

> I don't know. It's hard finding somebody that you can connect with on that level, at least for me. Because I feel like I'm internally guarded.

The fit of the counselor is also an integral part of the experience of counseling for Jena.

> Honestly, like I feel like sometimes it's just a personality clash or for me I think it's a personality clash. I also think not everybody thinks the same and not everybody, I just think that some people don't mesh well. And I feel like (makes sound…ehhhhh). And I feel like I'm also one of those that does tend to butt heads maybe more than other people and I'm maybe a lot more of a complicated person

Jena hated counselors that she interacted with because she automatically assumed that they were siding with her mother and were against her.

> I was misunderstood, like a lot, like I still am. But then when my mom would be there with me there was only one angle of the side of the story, one side of the story that I felt was even being recognized.

After seeing many therapists and even have a handful "fire her," Jena began seeing a woman that was a good fit for her.

> I saw her throughout my high school days and then I saw other people as well: court ordered, not court ordered. There's a couple therapists that like…I don't know if you would say *fired* me? But like, they were like, 'Yeah, this is not working out' and I was like, 'alright' (said in a humorous voice).

If Jena didn't feel a connection, she would put her walls up. She finally felt a connection with Laura.

> I don't know, I'm just so resistant, if I don't feel that connection, I can't… like, I don't know. I mean, there were, I tried lots and as an adult, I went back to her. And I was like, "oh, Laura." She was the only one I ever really truly felt comfortable going to. And even as an adult up until a little over a year ago, she quit the practice and she's doing something else now. And I mean, she's just phenomenal. She's a phenomenal person, but since then I'm like, 'now what do I do?'

She felt a connection with Laura because she felt like Laura did not side with her mom.

> I don't think she saw as much as the BS that was handed to her from my mom. But I also think I might have been overly paranoid. That like, she was siding with her, do you know what I mean

A counselor who is a good fit for Jena is someone who is genuine and authentic. Laura showed her authenticity by swearing from time to time during sessions.

> She was just so chill and down to earth and cool and not that because she swore. She would drop an "F bomb" here and there and I remember when my mom was in there I was waiting for her to get yelled at by my mom and I was like, 'that's not okay.' That was the first time I was like, 'she's not like all the other ones' and she was different.

Laura's style of counseling fit for Jena. Once trust was established in the relationship, Jena was receptive to feedback.

> She would say it blunt, she would say how it was she didn't care if it pissed me off, she didn't tip toe around it, she was just like 'that's messed up Jena.' And I was just like, 'you might be right.' Like, you know? It was such a good fit for me.

Feeling valued is also an essential condition for counseling to be effective for Jena. She feels like she is able to read when people value her or not.

> I read people and I read like, how they respond or how you know, they speak to me in regards to what I say and maybe in this instance I might feel like it's more of like an arguing to like, not hear me and say, 'okay, here's what you just said, here's an idea I had' it's more like, 'well, *but*…" and I don't feel like I respond to that very well, because I'm like, 'okay, but what about what I just said, like acknowledge my piece maybe?' I know I'm difficult and I know I probably read more way too much into things as well.

She does not see the point of counseling if trust is not established.

> Yeah, and it's like, they can give me ideas and I'm just like, 'why would I listen to somebody who didn't even hear me, so how are you going to give me advice?' To me that seems illogical. So I'm instantly unreceptive. So, I mean, but I'm not unwilling to like, listen to other people or get advice from other people but they really have to just show me just like a little bit of common courtesy? And then I'm like (said in an Austin Powers type voice: 'give it to me.'

Jena is currently struggling with her counselor in her inpatient treatment. She feels like they are not a good fit and does not feel valued by this individual.

> Okay, so for here it's just been like almost like a rude persona giving off to me and like nothing I say is valuable at all.

Jena also does not trust her counselor because of a situation where her mother knew of some things that Jena discussed in private with her counselor.

> That's just how it comes off to me and things are like said behind my back that I don't even know about until I hear about them from my mom who doesn't even like me or you know? And its just things that I struggle being okay with. So then I'll try and voice things and I'll… like I wrote a letter and I wrote it maturely and respectfully and like, this is just how I feel and the way that that was even reciprocated back to me was so rude. And I really thought that would help and I was so pumped, I was like, 'yes, this is going to help it' and 'we're going to be able to get past this and be good because I want to be able to have that trust.' Without that trust it's… difficult. I don't want to say hopeless because I still have to deal with it so… (slight laugh). I don't know.

Trust is the foundation of the counseling relationship for Jena and she knew it was integral to build it with her counselor.

> …comfortable with that you, I trust and I feel comfortable with, because you're my counselor, I want to be able to trust you."

Jena took steps to rebuild the trust in her relationship, but she felt like her attempts were unsuccessful. She felt like her counselor was mad at her honesty.

> Because I thought that opening up that communication and sometimes I feel like I'm better at writing things down and putting things into words than I am verbally. Because I do get anxious and I stutter and I stumble over my words and I forget a lot, and I wrote it all down and I made sure that it was respectful. I just gave it to her and instantly, I mean, she was mad. She was mad at it.

Jena perceived a response that rejected her efforts to repair the relationship.

> The response I got was… and there was like an eye roll in there. She was like, "I don't really even understand your letter because I didn't do anything wrong," and that was the response I got. Instantly, like that was rejected. My feelings were instantly rejected. And that sucked.

In response to these interactions, Jena shut down.

> I instantly shut down, and then when I left the office I was like, 'that sucks' and then I was still upset about it throughout the day so I went back. And I said like how I felt when I left that office. 'I feel like there's an "icky feeling" you know, I thought that would help, it didn't help, so what do I need to do to be able to trust you? And have an open line of communication?'

Jena felt like her attempts did not work and now feels like she cannot trust her or depend on her counselor.

> As for my counselor, not so much and I don't even feel like there's a line of trust there. That's difficult but I feel like if you resist something you have no control over, it only does damage. So I feel like I just have to like, do the best I can and yeah, keep that wall up.

She perceived that her counselor was actually angry with her for her reaction. She feels like now she has to "fake it until she makes it" in treatment.

> And she was like, 'I don't really even know what the issue is or what your problem is and I don't really know why you wrote that letter, but I think we're fine.' And after that, that's when I decided that okay. I tried, I tried, (frustrated laugh) it doesn't work. No matter how many times I go to that person with my feelings, and I'm still kind of on this kick. I got to "fake it 'til I make it."

Jena felt like there could be repercussions for being honest with her counselor.

> Because I tried being real and I feel like I wasn't allowed to feel. So without getting repercussions or without getting like, 'Oh, she's starting things or these are problems or oh, you're trying to control the situation' because it's always redirected onto addict behavior and addict symptoms instead of a person just genuinely trying to tell you how they feel.

Jena feels like her attempts could be misperceived and she would not feel believed. She is currently struggling in treatment.

> I'm struggling and I'm now on a behavior plan, so I don't know. Hopefully I can make it through this program, I mean I really am trying but it's hard when you feel like you have to *ba*…like, I don't want to battle anybody. I don't want to have to hold feelings back, I don't want to have to analyze what I say or what I'm doing you know, what I'm putting in my assignments because of repercussions that I might have, because that sucks.

Their relationship is "fake" because of the lack of trust. Jena feels like it will be difficult to complete treatment because she feels like her counselor is against her.

> It's totally fake. I feel like she knows that we personally don't get along, but I think we're both nice, and we're cordial and I just have to watch what I saw and I need to watch what I do and I just need to behave because right now I feel like the odds are against me. And I don't feel like I have that person in my corner so I just have to do well and get through it.

Jena felt like her feelings were rejected.

> I mean, it's hard having no trust for somebody and then also trying to voice your concern and then having them be rejected. Literally rejected. Like, that sucks.

Although Jena feels like the line of trust is broken with her counselor, she is happy she has her friends as an outlet.

> Because if I fully divulge to somebody that's already proven that I can't trust them or that their not really, I don't feel, in my best interest or looking out for me or even really care, and.. I've tested it more than once, like a few times. And I've gone about my feelings and I wrote a letter and I addressed them. If it didn't work, it didn't work. And I feel like I overly, overly tried. So I'm glad I have another outlet. Otherwise I don't know, I'd probably be a mess. But I have that outlet. So I think it's do-able.

Jena has friends in treatment that she feels she can depend on. She is depending on her friends to emotionally support her enough to make it through treatment.

> You know not everybody's going to be receptive of your feelings or get along with you all the time, its just life. So I just have to get through the situation and I have other people here that I can lean on, and that I can talk to, and that I can tell my feelings to. Where I need help I go to in a way that's healthy and I know that they care and I know that that's helpful for me and it makes me feel good. Then I have to do enough to *please* my counselor enough to make progress in that way. So it's hard to balance but like, I have to.

Jena depending on her friends for emotional support has been a theme in her life since she was young. When her friendships are strong, she is happy.

> So I remember something my friend said to me like, within this last year or so.. She said, 'Throughout our life I have watched you through your bad times and through your really emotional times.' She's like, 'you're always good when your friendships are good. But I feel like you've always relied way too much on your friendships to make you happy.' And it's true. My friendships throughout high school, that's what got me through the stuff with my parents.

Her friends have always been there for her.

> That's what got me through the stuff with my behaviors in school and getting locked up.. I didn't get letters from my dad (said resentfully). I got letters from my friends. It's my comfort. My friends have always been that outlet. And it's SO important to me and it always has been. It's just having somebody value you and having somebody genuinely care as much as you care about them.

She believes that her relationship with Laura worked so well because Laura cared about her in the same way that her friends have.

> I think it's also why me and Laura clicked so well. She did care and she showed it. But she could still be stern and care. I mean, I appreciate people's honesty if they're real, much more than I appreciate like a fake answer. And I can usually like, see through it.
> But when I feel like somebody doesn't care or they don't show any interest in me or my feelings or my life, or helping me or listening to me, or anything? Or even acknowledging anything I say could be fact? Or feelings…then I instantly, it's done.

If a counselor could admire and care about Jena the way she feels her friends do, then counseling would be effective for her.

> I mean, another Laura would be great. My therapeutic friends, my friendships and my family and like… support. Support is huge. Whether it's just in counseling or with everybody around you. It's hard to feel good about yourself if you don't feel supported.

Jena enjoys counseling in general because she feels like it is a space where she can be heard. Fit is an integral piece for Jena, once that she believes doesn't always come easily.

> I feel like I like counseling now. I like being heard, but it's not everybody. It's hard to find somebody that actually like listens to you. I have that wall up anyway so I feel like it's even harder for me to find somebody that I'm comfortable with and that I know genuinely cares and genuinely believes me. I mean, yeah. I don't find that often.

Jena believes and tells others to do what it takes to find a counselor who is a good fit.

> I always tell people and I always tell myself: when I'm looking for a counselor or when I'll get really depressed I start exploring those avenues, just myself or when I'm giving advice… I try and remind myself that you might have to try a lot of times. You might have to go to a lot of different people to find your Lori. You might have to go through ten counselors to find somebody that you can open up to because it's not always easy for everybody. Some people, I'm sure they just spill their guts but for me or anyone who' s guarded it can take a while and it can be a process and it can be frustrating. I don't know, I think it's a good thing.

Overall Jena is a woman who has felt misunderstood her entire life beginning with her relationship with her parents. She struggled to live up to their expectations and ended up rebelling to feel freedom and a connection with friends. Jena's behavior was

blamed on her “mental health” when in reality she just wanted someone to listen to her. After experience with several counselors, Jena had the experience in counseling with a woman who was a good fit for her and who she felt valued her as a person. She is currently in inpatient treatment with a counselor who she feels does not respect her and where trust has not been established, despite Jena’s attempts to build it. She has fear of completing her inpatient program because she feels like her counselor is “not in her corner” and their relationship is “fake.” The essence of the experience of counseling for Jena is a relationship with an individual who is a good fit for her and values her as a person. Once these conditions are met, trust will be established in the relationship.

Chapter: IX

Participant 6

Sharon is a 44-year-old American Indian woman from northern Minnesota. She comes from a family of addicts but she also comes from a family who is passionate about Native culture and the history of her people. Her grandmother was a notable leader in her profession at the collegiate level. Sharon grew up being educated about the impact that addiction has on her people. Sharon's drug use began in college when she started using methamphetamine to study and she recently relapsed as a way to cope with the overwhelming stress of caring for her husband. She is currently in inpatient treatment where she has been having a difficult time as she feels she has not been allowed to fully practice her Native spiritual beliefs. The following interview took place in this treatment center shortly before Sharon was discharged from treatment.

Textural Analysis

Sharon describes herself as an "educated Indian." She has been educated about the history of her Native people and she has lived with her people on her reservation who are struggling with a variety of issues. Education was "everything" in her family. Her grandmother, her "Rock of Gibraltar," was one of the first Native American women to teach at the University of Minnesota. Sharon's mother was a chemical dependency counselor. Sharon grew up hearing stories of the trauma that her people faced in boarding schools and how she believes that they "used drugs to fill the emptiness." She grew up seeing that impact that chemicals had on her people and vowed to never fall prey to addiction.

> I've never wanted to be a drunkard because I've seen alcohol and I didn't really like the stereotypical effects it had on our people and I've seen first hand from stories I've heard about my mom's upbringing… tragedies.

In her life she separated from her people because she did not want to associate with the prevalence of addiction and the outcomes of drug abuse and overdose. She was intentional in never dating Native men because they reminded her of her brothers and had

"more luggage than me, who needs 'em?" Despite her intention in avoiding substances and those that abused them, Sharon became an addict.

> But I did become an addict. In college I started using meth to stay up and study. I was an honor roll student and I think in '93 it became working a full time job, going to school full time, having two small children, being a single mom...

After starting to abuse methamphetamine she became involved with a man who was deeply rooted into the drug scene. She had series of sobriety and relapses in her life and was still detached from her Native beliefs. Sharon had a near death experience where she believes someone injected a syringe of methamphetamine into her arm and Sharon was hospitalized for days. She believes that she was put on medication that induced her into a state of psychosis. After this experience, Sharon began to reconnect with her culture and spiritual healing. She recalls speaking with a medical staff at the hospital:

> I said, 'Do you understand anything about Indian medicine? About spiritual medicine, Native, Indian stuff?' She said, 'no.' Then I said, 'We can't have this conversation because you don't understand.' I got that understanding and the help that I needed from the [medicine man] and from the medicine lodge. When I took the prescribed medication, it made me way crazy. Even the psychiatric doctor there said, 'maybe you might have been misdiagnosed." She said depression. You know, I have depression and I could get locked up for being crazy.

Her culture does not believe in medication.

> But our society doesn't believe in any of that. But I did follow recommendations and I was taking the medication and it sent me out way out there, where I didn't know who I was or what I was doing, I had like a psychological break. They can call it "drug induced" if they want, but I really believe it was the medication that they had me on.

After this incident she entered into the medicine lodge on her reservation and since then her spiritual beliefs and practice have been her primary identity. She has the gift of healing in her culture.

> I was told this when I entered the medicine lodge. I really didn't have a choice. I'm one of those special people. Most people get a choice if you want to be a participant, but I was point blank told, 'you have to go.' I never really wanted it, and that's why I got it. It's kind of hard to explain and I'm still discovering myself a lot of things.

Sharon also had an experience in a short-term residential treatment center that was life changing for her. She believed that because of the trauma she has experience during her drug use, her spirit was scared out of her and during her time at this treatment center she believed that her spirit was scared back into her. This occurred during group that was going over the 12 steps of Alcohol Anonymous. Sharon was working on the 4th Step: We made a searching and fearless moral inventory of ourselves. Sharon's counselor at this placement was essential in scaring her spirit back into her body.

> I was doing my four step stuff, sharing my deepest fears, my secrets, my traumatic events, the things that scared me the most. I mean, she really came at me with all my fears and I was not happy at first but the experience after the whole process played out, I feel like my spirit got scared back into me.

After this powerful experience Sharon and her husband and her children moved back to Sharon's reservation. It was at this point that things began to change for the worse. Sharon's daughter, (a woman who Sharon prided herself on the fact that she went to Catholic school and never used substances before) became addicted to heroin.

> Even my own daughter who was not raised in that environment, who went to Catholic private school, who never cursed, who sang in church. She succumbed to it. I couldn't… I couldn't even believe it.

Another life changing event occurred while Sharon's family was living on the reservation: Her husband got attacked and nearly beaten to death by a group of adolescents who were high on drugs. Her husband was critically injured and suffered a traumatic brain injury. Sharon became his primary caregiver although her family urged

her to put him in an institution. It was the stress of caring for him that nearly pushed Sharon over the edge.

> He fell victim and it's been a really tough couple of years dealing with [everything]. Tough is an understatement. My family all said he should be institutionalized [but] I couldn't do it. I wouldn't want it done to me and I don't know, I mean, I'm doing the best I can but it got so tough financially and every way it could get tough and I just, I lost my patience and my temper and I actually put hands on my husband out of frustration because of the way he acts and you know, it's just, my whole life changed.

Sharon became so frustrated with her husband that she eventually hit him. She had built up so much anger and stress in dealing with how her life had changed. To make matters worse, the men who attacked her husband were sentenced to only a few months in jail. Sharon turned to drugs as a way to cope with these stresses and checked herself into the inpatient treatment program where she currently resides. She describes her placement in treatment as a welcome "break."

> It was just a series of circumstances but it was a learning experience and it opened my eyes. The young men only got nine months in jail and my husband is facing paralysis. So. I had a lot on my plate (laughs). And I didn't know what to do so I relapsed and I went and told on myself, put myself in treatment. I needed a break; I needed a timeout. I needed to take care of myself because I lost myself in all this effort to help him.

Her experience in counseling in treatment has been one where Sharon has been gaining insight and has "helped her to see what she couldn't," especially in regards to her relationship with her husband.

> Yes, it is useful, with my husband and our situation with his brain damage. The guilt factor that it happened on my res and it was my people and he really used that against me and I enabled his behavior out of guilt. And when I got an assignment from [her counselor] and she recognized it and identified it and talked to his counselor at treatment and helped me to see what I couldn't see, because I'm too close.

Counseling helped Sharon take a step back and because she viewed herself as being too "close," she was too involved in the situation to realize that it was not healthy for her. Counseling was an experience that allowed her to have insight into her behavior and to gain awareness for what was not working:

> I'm thinking that I'm loving him and I'm carrying him and I'm helping him, until he gets better. But I'm enabling his behavior also. If my husband is acting crazy and being demanding and working this guilt factor against me to manipulate and get his way, then Sharon is not in balance. Sharon can't take care of self, Sharon never has a minute of peace. Sharon's priorities are all about what David wants.

Counseling has also helped Sharon become balanced in her life.

> Counseling… well, what I understand is there has to be physical health, mental health, spiritual health, emotional, and when one of those things is out of balance, then we're out of balance and we can't hear direction, you know, and being balanced, and being happy, and peaceful and healthy.

Sharon's experience in counseling has helped her to regain her balance in her life, and to separate herself from her husband and his needs. Counseling has also helped Sharon gain understanding.

> And what was going on with my husband had me way off my square. So [this is what] I'm trying to figure out and [my counselor] is helping me understand.

Although Sharon has found counseling to be helpful in gaining understanding into certain situations in her life, she has made a clear differentiation between counseling and her spiritual beliefs. She describes counseling, as "it has nothing to do with my spiritual wellness." She also does not feel like her current treatment center is sensitive to her spiritual practices.

> And when I came here, I was crying because I was like, 'Wait a minute. There's no smudging table, there's no spiritual advisor on staff.' I mean, I was told all these things and then when I got here, it wasn't what they said it was. "Culturally sensitive." To be culturally sensitive to Native American or like myself, who

> belong to the medicine society in the medicine lodge, to help me in my healing of anything we need access to tobacco.

Sharon believes that practicing her spiritual beliefs will help take her recovery to a deeper level. Without being able to have access to the materials she needs and being able to freely practice the rituals she does every day, she describes her current state as "pitiful."

> We're pitiful. When we pray we pray in a pitiful way and it's not a bad thing. If we don't have the things we need, that's being pitiful. So on a spiritual level all is pitiful here.

Sharon was frustrated with her lack of access to the materials she needs to practice her beliefs, and describes how she chose to break the rules of the treatment facility in order to perform her religious rituals. She has been struggling with the balance of following rules and practicing her spiritual beliefs.

> I respect the rules of the facilities, but I didn't agree with it so I was going to smudge in my room regardless. I said, 'If they're going to kick me out for my spiritual beliefs, I guess I'm pushing the envelope.' But I didn't come here to be defiant, or piss and moan or whatever and complain. I looked at it like creator had it happen for a reason.

Sharon perceived that the counseling staff was unreceptive to her requests and her trust for them began to break down. Her trust with her counselor deteriorated further when there was a meeting held about Shannon that she was not a part of.

> The trust factor: Because I was so irritated when they had meeting about me when I was not there and they said that they were not going to honor the recommendations from [my former treatment center]. My treatment team now, they'll be in charge of where I do outpatient and how long my stay is. I felt very disrespected.

Sharon began important work in counseling gaining insight into her relationship with her husband, but now feels like that work is at a standstill because of the lack of trust.

> And I did get a lot of understanding with regard to my husband, and I know I still have a lot to do in that area. But that kind of turned me off big time: don't mislead me, because now my trust with you is diminished.

Sharon confronted her counselor about the meeting that was held without her and about the future of their counseling relationship. Although they did good work together, Sharon felt like it could not continue because of the lack of trust.

> And I said, '[counselor's name] I adore you, you're wonderful. But where do you go with a therapist that you don't believe the words that come out of their mouth? Because now we had that trust, we worked together, we did good work. But ya'll had a meeting that didn't involve me and my care, and I didn't feel respected.'

Sharon felt a power struggle between the counseling staff and herself. She became angry when staff suggested that they might call her probation officer to report her reaction.

> I kind of feel to a certain extent they abuse their power. Threaten to call my PO. I said, 'It's my first time being in treatment, I'm in over 100 days. I wasn't recommended long term treatment.'

Sharon described a specific interaction between herself and one of the counseling staff after the meeting was held and she reacted strongly. Sharon was told she "lacked humility" and that Sharon's reservation would no longer have a say in her treatment.

> [Counselor's name] told me I lacked humility. And she came at me and said, 'We're state, we don't have to answer to county, and we're going to make decisions now.'

This interaction greatly offended and upset Sharon. It caused her to feel like she was not respected as an intelligent Native woman.

> Mind you, I'm an educated Indian. What I wanted to say, and what I'll share with you is: 'We're federal. We supersede state. And if you're not going to respect my spiritual beliefs, and my spiritual needs that's against my constitutional rights.'

This situation caused Sharon to long for helping professionals who had a greater expertise counseling Native women.

> ‘I understand your concern, but you guys ain’t the only therapists and counselors and I really do feel like back on my res there are people who work with Native people who understand us a little better and can be respectful in how they approach us or work with us.’

Overall Sharon is a woman with a strong passion for her Native culture and spiritual beliefs. Her experience in counseling has been helpful to her in gaining insight and working to achieve balance in some aspects of her life. Although counseling has had its role in helping Sharon, she values her spiritual beliefs more highly in helping her truly heal from her addiction. Her experience of her spiritual identity has little to do with counseling. Sharon believes that if she is to truly heal from her addiction, she needs to have her spiritual practice be her first priority. In her current treatment setting she has felt that her spiritual practice has been inhibited and has felt disrespected. She no longer trusts her counselor and feels like counseling has to be done with an individual who understands her Native people.

Structural Analysis

Sharon is a strong Native woman who grew up with knowledge of the historical marginalization and trauma that her people have endured and saw first hand time that these experiences have had on her people. During Sharon’s childhood, the violence, abuse, and addiction ran rampant on the reservation and Sharon was intentional about separating herself from it. Education was everything to her family but through her education she began to become angry. She was angry that her people had endured horrific things and are still living with the impact. Sharon eventually reconnected with her cultural heritage, and although it was integral in grounding Sharon in her spiritual beliefs, her physical reconnection of moving back to her reservation came at a great cost. After

Sharon moved her family to the reservation she watched her daughter become involved with a man who was controlling and abusive and eventually develop an addiction to heroin. Sharon's husband was attacked and suffered extensive brain damage at the hand of her tribe members. She herself became what she so intentionally tried to prevent from happening: Sharon became an addict.

Trust

Trust is the cornerstone of counseling for Sharon. Trust is especially crucial for Sharon because she is a Native American woman with a good sense of the traumatic events that happened to her people at the hand of white individuals in power. She has worked predominantly with white providers and does not trust them unless they have a thorough knowledge of Native medicine and spiritual beliefs. It is important for Sharon to have her health services, both physical and mental, provided by individuals who understood and respected Native culture. After experiencing a drug-induced psychosis, Sharon had to be hospitalized and asked the medical staff person providing her care if she knew anything about Indian medicine. When this person replied that she did not, Sharon stated that she could not work with her. It is essential that Sharon's Indian culture be accounted for because it encompasses and relates to her mental, physical, and spiritual wellbeing. Upon entering her current treatment Sharon felt like her trust was betrayed. She had been told that the treatment center where she was going was culturally sensitive, and upon arrival Sharon realized that it did not fit her expectations for being sensitive to her Native culture. She described the spiritual state of the treatment center as "pitiful" and she started off her work at treatment already feeling betrayed and lied to. She

expected to be able to pray with tobacco and smudge her room as part of her religious practice and was not able to as a rule of treatment.

Sharon continued to experience mistrust in her current inpatient counseling setting and once this trust was broken, no work could continue in counseling. Sharon had attended a treatment center that she felt was the best thing that ever happened to her: she developed relationships with providers who respected her cultural and spiritual beliefs and she believes her spirit was scared back into her. Sharon is currently in inpatient treatment and initially felt like she did great work with her counselor. They processed through Sharon's relationship with her husband and the enmeshed relationship she has with him. When the counseling staff at Sharon's inpatient treatment center had a meeting that she did not know was happening and that she was not invited to attend, Sharon became suspicious. The outcome of this meeting was that they were not going to follow the recommendations set by Sharon's previous treatment center: Sharon was going to be in treatment for longer than recommended. In response to this, Sharon became angry. She felt like she was betrayed and disrespected and her work in counseling screeched to a halt. She no longer trusted the counseling staff and she felt belittled with the idea of her treatment being discussed without her.

When Sharon reacted on her angry feelings, she was met with threats that her probation officer would be called and that she could be at risk of being kicked out of treatment. This fueled Sharon's fire, and widened the gap between Sharon's counselor and Sharon even farther. She had to clarify to me in the interview that she was an "educated Indian" as if to let me know that she understood her rights as a person and

could take action if necessary. It felt like she was fighting back. She also described a situation in which a counseling staff member explained to Sharon that the treatment center was state and they did not need to listen to "county" recommendations. Sharon did not speak her mind, but passionately told me that her reservation is federal and that federal supersedes state. Sharon felt a struggle for power in her counseling relationship. She described being open with her counselor about feeling that no more work could be done now that this trust was broken and Sharon's feelings of disrespect prevailed.

Insight

Sharon described counseling as a vehicle that "helped me see what I couldn't, I was too close." In Sharon's experience in counseling, she was assisted in gaining insight into her issues, particularly in regards to her relationship with her husband. Sharon has conflicting and complex feelings toward her husband. She was proud of the man he was. She proudly described him as a "communications tower god" and talked about his influential role in bringing one of the only communication towers to a military base in Kandahar, Afghanistan. She loved and admired him and this was evident as she talked about the man that he used to be. She was proud to bring him back to her hometown. It was in her hometown that her husband was attacked and viciously beaten, nearly to death, by Sharon's people. She described her husband as "naïve" and from "down south, where Indians don't hurt other Indians." Her husband's life was changed because they were in her hometown, and she talked about how he did not let Sharon forget that. She described how her husband's personality changed as a result of his injury, including a severe traumatic brain injury. Now her beloved husband treats her poorly; he blamed her for

what happened to him, he is rude and obstinate. He began using substances and attempted to get Sharon to use substance with him. He acts out around people and makes community members "want to beat him up." Sharon described literally having to live in a cabin on the outskirts of town to keep her husband safe from the enemies that he had made. Sharon was burnt out.

For Sharon, counseling is a chance to be able to talk about these dynamics, her feelings about her husband, her conflicting emotions, and the underlying guilt that she has held on to. Counseling has helped her develop understanding into how her guilt impacts her behavior. She went above and beyond a typical caretaking role. She gave up her entire identity as a way to make it up to him. Their life was changed because of her people: because of her. Sharon did whatever she could to make it right, but this was not enough for David. His anger and mental issues wore her down and she eventually relapsed. Counseling helped Sharon to know how to set boundaries in the relationship and to have insight into her behavior so she wouldn't be "too close" any longer. Her experience helped her to know how to create a plan as to how she will do things differently when she returns home.

Balance

Sharon views counseling as a vehicle to bring balance into one's life. She described all of the varying aspects of health: mental, emotional, spiritual, and physical and stated that to her, counseling is a way to bring balance in all of these categories. Sharon was unbalanced before coming to treatment, and had been for years. Counseling

was a tool to help her understand her shortcomings and work toward gaining back her balance.

Sharon was also clear in the interview that her spiritual beliefs and practice were the number one way that she remains balanced, and she was clear to differentiate her spiritual beliefs from counseling and to state that counseling alone is not enough. She spiritual beliefs were what helped Sharon feel connected to her Creator, and what helped her feel close to her Native people. Not being able to practice her spiritual beliefs in what she believed was the proper manner was very upsetting for Sharon, and she spoke passionately about how she wanted to practice her religious rituals with freedom and the proper tools. Counseling was a way of helping Sharon feel balanced about returning home, but she was off balance as she was in treatment because she didn't have tobacco to burn, was not able to smudge in her room, and felt like she had been told one thing about the treatment center and experienced a different thing. Sharon's experience in counseling helped balance her, but her experience in treatment also contributed to Sharon feeling off balance in other ways. Her spiritual practice is what helps her bring the deepest peace and this was missing from her experience in treatment and counseling.

Textural-Structural

Sharon is a woman who is passionate about her Native people. She grew up understanding the history of her people, valuing education, and strongly desiring to not end up being a "drunkard" or partnering with anyone who even remotely reminded her of her family members. She comes from a family of addicts but her family values education highly.

> I come from a family of addicts. I come from a long line of people that were victims of the historical traumatic events of the boarding schools and whatnot. So I'm of native descent. I've got a lot of trauma, and then we used drugs to fill the emptiness. Education was everything in my family.

Sharon was intentional about separating herself from the addiction that ran so rampant on her reservation and with her people.

> I just hated to see native women drinking. I didn't want to associate with them. I never dated a native man except for when I was a kid, they remind me too much of my brothers (laughs). They got more luggage than me, who needs 'em? But I did become an addict.

Despite her knowledge and her efforts, she eventually became an addict too. She began using methamphetamine in college and became involved with a man who was deeply rooted in the drug scene.

> In college I started using meth to stay up and study. I was an honor roll student and I think in 93 it became working a full time job, going to school full time, having two small children, being a single mom. I did the super mom thing until I ended up in the hospital with exhaustion so I dropped out of school and with a new guy. We were together 13 years but his family was deeply rooted into the drug scene.

Sharon had separated herself from her people and her Native practices because she did not want to become an addict. She reconnected with her Native culture just a few years ago.

> I didn't really practice any of my native teachings or culture or spiritual beliefs until about 8 years ago and its been a humbling journey. I'm really grateful that I was born Indian. And I'm still learning, every day I'm learning. I'm grateful for every lesson and I see what started everything besides my entering the medicine lodge 8 years ago.

Sharon has a strong faith and belief that her Creator knows what is best for her. She talked about how she replaced her "fear" with "faith."

> I replaced my fear with faith and I prayed to find will. And once that process started, then everything else fell into place. But I had to surrender and just believe that Creator has my best interest, so I was lifted, because I did have that strong belief.

After reconnecting with her culture and faith, Sharon discovered that she has the gift of healing. She was told by elders in her community that she must enter the medicine lodge.

> I'm one of those special people. Most people get a choice if you want to be a participant, but I was point blank told, 'you have to go.' I never really wanted it, and that's why I got it. It's kind of hard to explain and I'm still discovering myself a lot of things.

Sharon believes that her spirit was scared out of her body when she suffered traumatic experiences in her childhood. Sharon's devotion to her native spiritual beliefs continued to strengthen once she had her spirit "scared" back into her. This experience happened when she was in a treatment center. It was life changing for her.

> She really came at me with all my fears and I was not happy at first but the experience after the whole process played out, um… I feel like my spirit got scared back into me.

Sharon came to her current inpatient treatment after struggling with her husband. He was beaten nearly to death by a group of adolescents from Sharon's tribe. This changed Sharon and her husband's life drastically and left her husband with a traumatic brain injury.

> And it was a very humbling experience when my husband was beaten almost to death on the reservation.

Although many of Sharon's family members encouraged her to institutionalize him, she chose to care for him herself.

> My family all said he should be institutionalized; I couldn't do it. I wouldn't want it done to me and I don't know, I mean, I'm doing the best I can but it got so tough financially and every way it could get tough.

The stress of caring for her husband was a great burden for Sharon. She got so overwhelmed by her role that there was a situation where she struck him.

> I lost my patience and my temper and I actually put hands on my husband out of frustration because of the way he acts and you know, it's just… my whole life changed

She relapsed on methamphetamine because of her stress and guilt and checked herself into treatment after the relapse.

> And I didn't know what to do so I relapsed and I went and told on myself, put myself in treatment. I needed a break; I needed a timeout. I needed to take care of myself because I lost myself in all this effort to help him.

Sharon considered her admission into treatment as a "break" and a way to take time to care for her mental, emotional, and spiritual needs. Sharon was initially told that the program she was checking into was a culturally sensitive program. She stated. "I was led to believe that this was a different program than it is." Sharon was upset when she realized that she was not able to freely practice her spiritual rituals.

> So I did ask my counselor about a smudging shell, because I didn't bring mine. Had I known that there wasn't anything like that here, I wouldn't have came here. We're pitiful. When we pray we pray in a pitiful way and it's not a bad thing. If we don't have the things we need, that's being pitiful. So on a spiritual level, all is pitiful here.

Sharon's spiritual practices were not all in line with the rules of the facility and she felt disrespected because of this.

> When I first got here I was told we had to go outside and smudge. And I said, 'Well, that's not being respectful of my spiritual beliefs, because I need to smudge in my room.' (Laughs in a frustrated way).When I have a bad dream, I need to smudge my room, I need to smudge myself, I need to pray when I smudge.

Despite Sharon's frustration with the rules of the facility, in her experience of counseling in the facility she was able to develop insight into her relationship with her husband. This relationship was instrumental in her use and ineffective coping strategies, and counseling helped her develop understanding of both her thoughts and her behavior.

> Yes, but it [counseling] is useful. With my husband and our situation with his brain damage, the guilt factor that it happened on my res and it was my people and he really used that against me and I enabled his behavior out of guilt. And when I got an assignment from [my counselor] and she recognized it and identified it and talked to his counselor at treatment and helped me to see what I couldn't see, because I'm too close.

Counseling helped Sharon identify how to change her behavior in order to manage her relationship with her husband more effectively.

> I'm thinking that I'm loving him and I'm carrying him and I'm helping him, until he gets better. But I'm enabling his behavior also.

She described counseling as "helping me see what I couldn't." It helped her to realize the function of her behavior and to get an idea of how to interact with her husband in the future with good boundaries.

> And I did get a lot of understanding with regard to my husband, and I know I still have a lot to do in that area. It helped me to see what I couldn't see, because I'm too close. I'm thinking that I'm loving him and I'm carrying him and I'm helping him, until he gets better. But I'm enabling his behavior also.

She also gained insight into how to interact with her husband while remaining in balance herself.

> If my husband is acting crazy and being demanding and working this guilt factor against me to manipulate and get his way, then Sharon is not in balance. Sharon can't take care of self; Sharon never has a minute of peace. Sharon's priorities are all about what David wants. And I said I ran away to go somewhere to get away from him. And I needed that break, and she's [her counselor] really helped me identify that.

She realized that she lost her entire identity in dealing with her husband's injury.

> I lost my whole self in the past two and a half years. I don't have time for my grandkids, we're not stable.

Through her work in counseling Sharon gained insight into her relationship, but she lost trust with her counselor when she found out that the treatment staff had a meeting about her care without her being present.

> The trust factor. Because I was so irritated when they had meeting about me when I was not there and they said that they were not going to honor the recommendations from [former treatment center]. My treatment team now, they'll be in charge of where I do outpatient and how long my stay is. I felt very disrespected.

She realized that she could no longer work with her counselor because her did not trust her.

> But that kind of turned me off big time. Don't mislead me, because now my trust with you is diminished. And I said, '[Counselor's name] I adore you, you're wonderful. But where do you go with a therapist that you don't believe the words that come out of their mouth?' Because now we had that trust, we worked together, we did good work. But ya'll had a meeting that didn't involve me and my care, and I didn't feel respected.

Sharon wants to go back to her reservation and work with individuals who she feels have a better knowledge of the needs of Native people.

> I really do feel like back on my res there are people who work with Native people who understand us a little better and can be respectful in how they approach us or work with us

Sharon has the dream of returning to her reservation and working with her people to encourage them to strengthen their faiths and to fight addiction.

> I would like to see more spirit and less addiction. I said to myself, 'Today I help me, tomorrow my family. Down the road my community, someday all people.'

Overall, in Sharon's experience, the essence of counseling has been a vehicle to assist her in "seeing what she couldn't." It has helped her develop balance and insight and for her it is essential that she trust her counselor. Sharon believes that counseling alone is not enough to develop balance and her spiritual beliefs encompass the greatest coping mechanism, give her life meaning, and will help her to be able to help her Native people in the future.

Chapter X

Composite Description

The composite description is developed from the total group of individual textural descriptions (Moustakas, 1994). The invariant meanings and themes of every participant are studied in depicting the experience of the group as a whole. The phenomenon of the experience of counseling for women with addictions is understood or conceptualized through understanding the background of each of the participants. This chapter will present the similarities of the context of each participant's life including struggles in early life, difficulties in relationships, and emotional difficulties. This context led each of the women to enter into the counseling experience. The chapter will go on to describe the structures of the experience of counseling for the participants including need for counseling, engagement in counseling, and belief in efficacy. The critical essences found from these structures include trust, feeling valued, and transformative process.

Struggles in Early Life

The first similarity of the participants was the fact that each woman had significant struggles in their childhood. Each of the participants acknowledged the presence of some sort of conflict, trauma, or difficulties that occurred in their childhood and early life. These events influenced the development of these women's addictions and impacted their counseling experience.

> Sabrina: I've had a pretty tough life. Since I was young I've had to grow up at a young age: take care of my brothers and sisters and kinda be that type of person that had to grow up younger than what I was… older than what I was I mean.
>
> Ann: I was molested by my mom's brother from the time I was 6 until about 17.

> Lorianna: With parents being alcoholics it was really hard. I felt abandoned by my mom because she left. I was picked on a lot when I was growing up. I was followed home… it was just not a very good, being in school and all that other stuff.
>
> Alawa: A lot of physical abuse there. Yeah, I remember being scared a lot as a kid and then getting taken. I remember hiding from the social workers, all the time. I remember hiding and running away and hiding a lot.
>
> Sharon: I come from a family of addicts. I come from a long line of people that were victims of the historical traumatic events of the boarding schools and whatnot. I've got a lot of trauma, and then we used drugs to fill the emptiness because of traumatic events in my childhood, and throughout my life.

For the participants, these difficulties in their families often led to difficulties in their relationships, both with romantic partners and with their primary caregivers. The participants experienced mistrust of primary caregivers and disorganized attachment in primary relationships. Most of the women partnered with men who were physically and emotionally abusive and who used substances.

Difficulties in Relationships

> Sabrina: Yeah, because he made me feel ashamed for leaving him, being with him for all this time. He made me feel bad for feeling that way. So I turned to drugs, I turned to that acceptance.
>
> Lorianna: And he never really liked me as much as I did like him. I had a boyfriend, a "so called" boyfriend since high school. He fricken basically used me and took advantage of me as a person.
>
> Alawa: But I did get into a relationship with my boxing coach. But nobody could know about my relationship with him because I was younger and I don't know, I hated that feeling. So it was very socially unacceptable. And he could have gotten in trouble with me because I was 17 but he didn't because I didn't tell anybody.
>
> Jena: Me and my mom are really really struggling. So, I mean, I feel like it's ever since I got in trouble that that's when our relationship ended. And she's a good mom to all my siblings and it sucks that she's not a good mom to me.

> Sharon: And my kids' dad taught me how to sell drugs. He would never do it himself, but he talked me into doing it. I ran away to go somewhere to get away from him.

With the difficulties in their early lives and in relationships also came emotional difficulties. All of the participants in the study experienced difficulty in regulating their emotions and experienced overwhelming emotions at times. Each woman described intense emotions that were difficult to deal with and that were intricately intertwined with their addictions. Often times their substance use covered up the emotions they were experiencing.

Emotional Difficulties

> Sabrina: And before I used to be so ashamed of these things, like, 'why am I crying?' I used to second think everything. I used to want all these questions about everything.
>
> Ann: I think that for a long time I knew I was an addict; I just didn't want to have to dig into myself. …Back then I still had really bad anger issues; I hadn't dealt with any of my anger.
>
> Lorianna: I have severe depression myself because I have been dealing with how people treated me growing up and being stalked literally from school, picked on for just the simplest little things. I also put myself on anxiety meds.
>
> Alawa: I didn't like the feelings of hugs; I didn't like the feeling of talking about feelings.
>
> Jena: I mean, they do kind of fade away and I feel like maybe that's where a lot of my depression and my drug use continued or escalated because it's true.

With the history of struggles and the difficulties in regulating emotions, eventually all of the participants turned to substance abuse. All of the women developed an addiction. Each woman suffered consequences because of their substance abuse.

Substance Abuse and Consequences

> Sabrina: That's when my drug use became the ultimate thing. Then it led to my kids getting taken away which was very shameful.
>
> Ann: Right after my 12th birthday I started out using meth. By the time I was 16 I had tried marijuana and alcohol too. I have three DUIs and a misdemeanor check forgery and a misdemeanor receiving stolen property.
>
> Lorianna: There was a lot of drug use and drinking as well. I ended up going to jail because of it and you know, because of all my drug use. I got removed out of the home.
>
> Alawa: Alcohol. And then losing my kids, I really fell off after I lost my kids. Driving while intoxicated, if that's not the stupidest thing I've done? Yeah. I could have killed somebody or myself.
>
> Jena: And I started getting locked up when I was 14. I did start smoking pot.
>
> Sharon: But I did become an addict. In college I started using meth to stay up and study. And my kids' dad taught me how to sell drugs.

Each participant experienced a great deal of conflict in their lives and as a result had difficulty in relationships, chaotic emotional regulation, and eventually began to use substances. All of the participants suffered consequences as a result of their substance abuse. With these contextual similarities in mind, the structures that compose the phenomenon of the experience of counseling for women will now be described: 1) the need for counseling 2) engagement in counseling and 3) belief in the efficacy of counseling.

Need for Counseling

At some point, it was determined that each of the participants needed to be involved in counseling. This was initially determined by either the participant themselves, a family member, or the legal system. Despite initially not having counseling

be each individual participant's choice, each woman eventually realized that counseling was necessary for her.

> Ann: I knew that I needed counseling; I knew that I needed to address my mental health; knew, I knew, I knew, I knew, I knew, but I didn't know myself to be able to figure out why do I keep doing this?
>
> Lorianna: I never really realized until now but it's just crazy how my life was just insane. But I seen a counselor to work on our relationship, my self-esteem to work on you know, oh god, how to communicate with him as well. There's just, you know, being a parent as well. There's just a whole bunch of stuff that I was working on that.

Although some participants were encouraged to participate in counseling by child protection services or a family member, at some point it was noted that they needed to attend counseling. Each of the participants realized that counseling was necessary for some aspect of their life to change.

Engagement in Counseling

As each participant entered into the counseling experience, a structure that emerged was their choice or willingness to engage in counseling or not. For some of the participants, engagement in counseling was a process that emerged once trust was built. Initially they were hesitant about engaging in counseling.

> Sabrina: When I first got here I was very hesitant to admit to her or even talk to her just because I didn't know her. And I thought that she'd be against me. I thought she wouldn't understand the way that I felt.
>
> Ann: I was a little bit nervous. I think I was more worried about like, saying the wrong things and having to stay longer because of that. But once I like, gave up that like, just gave up all power like, (as if saying to self) 'I'm just going to be here as long as I need to.' I think it turned into something really good for me.
>
> Lorianna: A willing to give it a try, because I never thought seeing a therapist or anything like that would do me any good at all or you know?

> Jena: That was the first time I was like, 'she's not like all the other ones.' and she was different and she would say it blunt, she would say how it was she didn't care if it pissed me off, she didn't tip toe around it, she was just like 'that's messed up Jena.' And I was just like, 'You might be right.' It was such a good fit for me.
>
> Sharon: Because it seemed like when I was doing my four step stuff, sharing my deepest fears, my secrets, my traumatic events… the things that scared me the most…

Other participants chose to disengage in counseling. They perceived that engaging in counseling would be detrimental for them.

> Alawa: I felt forced. And he, that was basically what he was trying to do, I think was force me to attach to her. And he used to make me, and I remember that being one of the most awkward (heavily enunciated) feelings I've ever had. He used to force me to talk about stuff I did not want to talk about anything with him.
>
> Jena: I saw other people as well, court ordered, not court ordered. There are a couple therapists that like, I don't know if you would say *fired* me? But like, they were like, 'Yeah, this is not working out' and I was like 'alright' (said in a humorous voice). I don't know, I'm just so resistant, if I don't feel that connection, I can't… like, I don't know.

Once client described needing an inauthentic engagement in order to get her need of completing treatment accomplished.

> Jena: It's totally fake. I feel like she knows that we personally don't get along, but I think we're both nice, and we're cordial and I just have to watch what I saw and I need to watch what I do and I just need to behave because right now I feel like the odds are against me.

Another structure of each participant's experience was the belief in the effectiveness of counseling. Each participant had a belief in the efficacy of counseling, whether they believed that it was effective or ineffective. Some participants described experiences that were ineffective and even damaging. Each participant had varied beliefs about if counseling would help them or not. All of the women believed in the efficacy of at least one of their counseling experiences.

Belief in Efficacy

> Sabrina: Yeah, and she really helps me come out of my shell and I have improved so much since I've been here and I never thought I could.
>
> Lorianna: It helps me understand myself more, because I've learned a lot more here than in the other two treatments that I've gone to. This is a good place and I really honestly believe that I will be able to move past all this other stuff.
>
> Alawa: Counseling helped out a lot with that because I thought I was dying.
>
> Sharon: I mean, she really came at me with all my fears and really, I was not happy at first but the experience after the whole process played out, um… I feel like my spirit got scared back into me.

And some of the participants had notable beliefs that their experience in counseling was not effective.

> Alawa: I don't' think it hurt any, but I don't think it was effective. Kind of just talking about how I was feeling at this point, I already learned how to kind of tell them what they wanted to hear, just to get by because I didn't like them. I just tell them surface stuff. I didn't like talking about that kind of stuff, you know? …[It didn't seem like] they were helping me, I felt like they were just studying me, you know?
>
> Jena: I mean, it's hard having no trust for somebody and then also trying to voice your concern and then having them be rejected. Literally rejected. Like, that sucks. …Because you're my counselor, I want to be able to trust you.
>
> Sharon: And I did get a lot of understanding with regard to my husband, and I know I still have a lot to do in that area.

The structures arising from the experience of counseling for women who abuse substances are: need for counseling, engagement in counseling, and belief in efficacy. There was some point in each of these women's lives where it was determined (eventually by they themselves, but initially for some by family members or legal systems) that they needed to participate in counseling. All of the participants were initially hesitant, but eventually realized that counseling was necessary. The choice as to

engage in counseling or not was a process for each participant. Some were mistrustful of their counselors; some did not want to be in counseling, some didn't believe counseling would work. For each woman however, there was some point where they chose to engage or not. Several women described counseling experiences in which they chose not to engage. Jena humorously described getting "fired" by several counselors because of her lack of engagement and her defiant attitude about counseling. Jena also described the necessity to engage in counseling in an inauthentic manner in order to get her need of leaving treatment met. She described this as "faking it until I make it" and talked about how this was necessary for her to do in her current situation. For each participant's experience of counseling, they had to choice as to whether or not they would engage.

The final structure in the experience of counseling was each participant's belief in the efficacy of counseling. Each participant described whether or not she believed her counseling was helping or how she has changed as a result of counseling. For some participants, counseling was a life changing and sometimes life saving experience. Some described counseling as being effective for them, but only as a tool used in conjunction with other wellness practices. Some participants described counseling as being harmful and detrimental. Alawa had an experience in counseling that she attributes to "ruining part of my childhood" due to her feelings of powerlessness.

These structures were a part of each participant's experience of counseling. Arising from the examination of the structures and substructures the participants experienced prior to and through the experience of counseling process, are the themes or essential essences of the phenomenon as experienced by these six women. Quoting

Husserl, Moustakas (1994) writes: “The final step in the phenomenological research process is the intuitive integration of the fundamental textural and structural descriptions into a unified statement of essences of the experience of the phenomenon as a whole (p.100)”

Subsumed within the three structures of this relationship and process are three identified essences experienced, with some variation, by all six women. These essences will be discussed here: trust, feeling valued, and transformation.

Trust

Trust was the foundation of counseling for each of these women, especially in light of their childhood and life experiences of being abused, neglected, taken advantage of, and soon realizing that they must fend for themselves to meet their basic needs. All of the participants had developed mistrust of their primary caregivers at their pivotal developmental stages. This has implications for the nature of the relationships in which they developed with significant others as well as with their counselors. Trust is a fundamental need of safety and security for children, one that was not met for the participants.

Kohn (2008) writes:

> Before a child sets off out of the door, there must be trust between her and her mother. On the child’s part, this is based on the unconditional and total trust that arises-unless suppressed by neglect or gross distortion of parental roles- as a founding condition of childhood. She is old enough to be able to disagree with a parent about the details of where her interests lie, but her sense of her place in the world rests upon her absolute confidence that her parents have her fundamental interests at heart. She is sure that her mother would not send her into a world in which she would be in peril.

As these women developed into young adults, they developed relationships with men that were abusive and chaotic. Their basic assumption that people cannot be trusted was confirmed for them again and again. As they developed their addictions they formed friendships with other individuals who abused substances. Their drug-abusing friends again taught them to not trust others, that people will only use you, and that you need to protect yourself. For some participants, their beginning counseling experiences were laced with mistrust. Half of the women in the study were in treatment because it was mandated. Counseling is a required part of staying in treatment and if a client does not participant in counseling, they are not allowed to stay. Two of the participants described feeling self conscious of what they reported in counseling as it may result in them staying in treatment longer.

Other participants described the process of developing trust with their counselor. Initially all of the participants were hesitant to open up and begin the work of counseling, as they have been so mistrust of others in the past. Each participant had a unique process as to what helped them make the decision to begin to engage in counseling, and whether or not they trusted their counselor was the core determinant of this decision. Some of the participants had experiences where they did not trust their counselor, and these were the experiences where counseling felt fake, forced, or it did not begin at all.

> Alawa: And I remember therapy with him was so (said with angst)… I dreaded seeing him every week…I felt forced. And he, that was basically what he was trying to do, I think was force me to attach to her. And he used to make me and I remember that being one of the most AWKWARD feelings I've ever had.

> Jena: I've been to many counselors… many many many many. I feel like I saw everyone in [hometown] and I couldn't connect with them.

Other women developed trust with their counselor and then had an incident happen where their trust was broken. For these women, when the trust was broken in the counseling relationship, the work of counseling ceased. They felt disrespected and rejected.

> Jena: as for my counselor, not so much and I don't even feel like there's a line of trust there. Because if I fully divulge to somebody that's already proven that I can't trust them or that their not really, I don't feel, in my best interest or looking out for me or even really care, and.. I've tested it more than once, like a few times.
>
> Sharon: Because I was so irritated when they had meeting about me when I was not there I felt very disrespected; And I said, 'Where do you go with a therapist that you don't believe the words that come out of their mouth? Because now we had that trust, we worked together, we did good work. But ya'll had a meeting that didn't involve me and my care, and I didn't feel respected.'

Other participants described building trust with their counselor and engaging in the work of counseling. They described how they have made positive changes in their lives and they spoke highly of their counselors. Feeling comfortable was found to be an outcome of trust and this was an important part of counseling.

> Sabrina: So it evolved to accepting her, to trusting her and to now I respect her. I respect her tremendously. Tremendously. I feel like I can tell her anything.
>
> Ann: I think it's become a really trusting and open relationship. I don't ever worry about like, saying something that I think is going to have her decide I should stay longer. I don't feel ashamed or anything like talking about my past and things that have happened to me and expressing how I'm feeling or what I'm frustrated about during the day.
>
> Lorianna: To be able to trust somebody. I'm not always able to… not sure on how they… not able to trust this person. I go off my body, the vibes that I get from a person,
> Yeah, so it's just basically to trust your instincts I guess, it's a gut feeling.
> … And so that is basically what I'm thinking of: being comfortable and be able to trust somebody too, so you're able to tell them what's going on as well.
>
> Jena: I tried lots and she… as an adult, I went back to her. And I was like, 'oh, Laura.' She was the only one I ever really truly felt comfortable going to.

Many of the participants spoke to the difficulty of finding a counselor that they are able to connect with.

> Ann: And I think, I've noticed that the most helpful of all the counseling or therapy that I've encountered throughout life is: I'm more apt to take something from it when I feel comfortable. And sometimes for me it's really hard to be comfortable and trusting with new people.
>
> Lorianna: It's really hard to find that right person, maybe sometimes it may not be the right person, maybe you need to find someone else. It's been very hard to trust some people with my telling my story and my life. I have a hard time being able to trust people because I've been kind of stabbed in the back by a lot of people in my life.
>
> Jena: It's hard finding somebody that you can connect with on that level, at least for me because I feel like I'm internally guarded. It's hard to find somebody that actually like listens to you. I have that wall up anyway so I feel like it's even harder for me to find somebody that I'm comfortable with and that I know genuinely cares and genuinely believes me.

Whether or not it was present, trust was found to be a critical essence in the experience of counseling for women with addictions.

Feeling Valued

The next critical essence in the experience of counseling for women with addictions was the idea of *feeling valued*. The context of the participant's lives is also interrelated with this component to the experience of therapy. These women came from homes where they were traumatized and abused, they came from relationships where they were used and taken advantage of. Feeling valued in relationships did not come often or easily for these women. Furthermore, as mothers who abuse substances these women were faced with stigma and scorn from society. They internalized guilt and shame because of their actions. Four out of the six participants had their children removed from

their custody as a result of their addictions. They did not value themselves and did not feel valued by others. The participants spoke of several themes that alluded to this essence including feeling "*fought for"* (Sabrina), feeling "*known"* (Ann), and feeling *valued* (Jena). Other participants felt disrespected or devalued as a result of counseling including feeling "*studied*" (Alawa). Feeling valued is an essential critical essence for an individual in the counseling relationship, but more notably for women with addictions. If they felt like their counselor admired, cared, cherished, fought for them, knew them, and respected them, counseling felt safe and they were likely to engage.

> Sabrina: And it feels great that I can have somebody to support me in being here, and making my life better for myself and for my children. She's helping me fight for myself, to be the person that I know I can be.
>
> Ann: She makes a personal relationship with each one of us; she remembers the stuff that we tell her. She remembers who we are, what we're working on, how far we've come. I mean it makes you feel like a unique and special individual when someone can remember specific things about you.
>
> Lorianna: To be able to be comfortable with somebody who is willing to listen to you and not like, you know, tell you what to do but it's see your side of it and not really judge you, you know?
>
> Alawa: When it was a counselor that wasn't so… I guess so… I don't know the word, like, invasive? Because she kind of let me do what I wanted, she sat down and was like, "Oh, what do you want to do today?" And let me be me.
>
> Jena: And it's SO important to me and it always has been and like here, it's just like, having somebody value you and having somebody genuinely care as much as you care about them, like you know what I mean?

Some participants had notable experiences in counseling where they did not feel valued but felt disrespected and not heard.

> Ann: Sometimes it's frustrating I guess, some of the counselors here only get to know their primary groups And then they just seem kind of like, rude or whatever

> to the rest of us… they don't really pay attention to anybody but the people outside of their primary group.
>
> Alawa: [When describing her attachment therapy] And to me that was devastating at that age. I didn't feel like I had anything. I didn't even have a mom because she was like the enemy. She allowed this man to come in and make me feel bad.
>
> Jena: I tried, I tried (frustrated laugh) it doesn't work. No matter how many times I go to that person with my feelings, so now I… and I'm still kind of on this kick. I got to fake it 'til I make it. Because I tried being real and I feel like I wasn't allowed to feel. So without getting repercussions or without getting like, 'Oh, she's starting things or these are problems or oh, you're trying to control the situation' because it's always redirected onto "addict behavior" and "addict symptoms" instead of a person just genuinely trying to tell you how they feel.
>
> Sharon: I really do feel like back on my res there are people who work with Native people who understand us a little better and can be respectful in how they approach us or work with us. You know, not to because [I was told] I lacked humility. And she came at me and said, 'We're state, we don't have to answer to county, and we're going to make decisions now.' Mind you, I'm an educated Indian.

Feeling valued is a core essence of the experience of counseling. Without feeling cared for or cherished, the participants in the study reacted suspiciously and were not open about engaging in the counseling process.

Transformative Process

The final essence of the experience of counseling for women with addictions is that of counseling as a transformative process. All of the participants spoke of counseling as changing them in some way.

> Sabrina: By becoming… by realizing the person that I am and want to be has made me be grateful for my sobriety. It's made me realize that the person I was before, I wasn't happy; As much as I tried to be happy, I wasn't happy. I wasn't proud of myself and I can say that I'm still afraid of relapsing. Going forward with this new life that I have, that I have this opportunity to become a better person for myself. She really helps me come out of my shell and I have improved so much since I've been here.

> Ann: I've seen how much progress as far as how I feel. And even the change in my thinking, how I think so much more positively now since I've been here and it's definitely made it so that therapy is something that I want to continue when I leave.
>
> Lorianna: This is a good place and I really honestly believe that I will be able to move past all this other stuff in a very good way I guess instead of having it still there and bottled up yet like you know, not being able to let it go, you know. With here I can do that, I can move past all that other stuff
>
> Alawa: As an adult therapy is very helpful because I really did get into a lot of the issues that were bothering me and why some of the reasons why I used.
>
> Jena: Support is huge. Whether it's just in counseling or with everybody around you. It's hard to feel good about yourself if you don't feel supported.

Each participant described being a certain way and then changing as a result of counseling. Counseling helped; counseling made them feel things in a different way; counseling made them think about things differently. Counseling helped them cope in a healthy manner. Each woman spoke about distinctive changes that happened to her as a result of counseling. All of the women spoke of progress, of change for the better. Counseling was a process in which they transformed and became better.

Overall, each participant experienced significant struggles in their early lives. This included being born to families of addicts, experiencing physical abuse, molestation, having to raise siblings, and being punished harshly. They developed relationships with significant others who treated them poorly and took advantage of them, and eventually developed addictions. As a result of their addiction they faced serious consequences, including having their children removed from the home to jail time, to having felony charges on their records. As a result of their significant struggles, all of the participants approached the experience of counseling with hesitation. Relationships had proven to be

unsafe and the counseling relationship was no exception. They initially were guarded and mistrustful of their counselor or the idea of counseling in general. The participants believed that their counselor could not help them. For the participants that developed a trusting relationship with their counselor, they began to slowly open and begin to see that their counselor had their best interest at heart. They described feeling heard, being seen, feeling fought for, feeling known, all of which had the essence of feeling valued. For the women developed trust with their counselor, they felt cherished in the relationship.

There was also a group of the participants who did not develop a trusting relationship with their counselor, or whose trust was broken with their counselor. For these women, counseling became disingenuous; it became a means to an end, an undertaking that had to be experienced as a necessary part of treatment. For the clients who lost their trust with their counselor, the work of counseling stopped. These participants verbalized that they would not be able to continue working in counseling if trust was broken. All of the participants spoke about counseling as being a transformative process for them. They all changed as a result of it, and every woman spoke of positive change in their counseling experiences.

Chapter XI

Conclusion

Discussion

The experience of counseling was the targeted phenomenon of the study; specifically, the experiences of women who abuse substances and what the experience of counseling has been like for them. For each participant, there is presented an overview of the personal life context preceding their counseling experience: their childhood, relationship themes, emotional processing similarities and finally their substance abuse and aftermath. There is also a rich description of the structures that characterized their counseling process as well as an examination of the essences of this experience.

Each participant was born and raised in a household in which they had significant difficulties in childhood. Each woman experienced childhood trauma of some sort and developed a sense of mistrust for their primary caregivers. In their formative years they developed relationships with significant others that eventually turned out to be abusive and chaotic. Each participant experienced intense emotion that they had difficulty regulating and eventually all of the participants abused substances in one way or another. Five of the participants named methamphetamine as their drug of choice and three women named alcohol (with two women abusing both). For all of the participants their addictions led to severe consequences: five of the participants had their children taken out of their custody, and one of the participants had a child who had developed an addiction. Along with these deeply personal and painful relational consequences, the participants also faced legal consequences as a result of their addictions. Two were convicted of

multiple DWIs, one stole a car, and one had felony charges for writing checks without the funds, and one participant was involved in selling drugs. All of these consequences resulted in the realization for each woman that counseling was necessary. Although not every participant came up with this idea on her own, (as two had mothers who encouraged it and one was mandated to attend counseling), there was a point in each of the participant's lives where they realized they needed help. What they were doing in their lives wasn't working and something needed to be done in order for change to occur.

Each participant at some point realized counseling needed to happen, but as they began to attend counseling they all had a choice as to whether or not they should engage in the counseling process. Although the factors that weighed into this decision to engage were different for each woman, the choice to engage was the same. The process leading up to this choice was also unique for each woman, depending on her counseling experience. Some of the participants were initially hesitant to engage for a variety of reasons: Sabrina felt like her counselor would not understand her whereas Ann and Jena felt like they could get some sort of repercussions for being honest with their counselor. All of the participants were hesitant about engaging in counseling at some point because they did not trust either their counselor or the counseling process. Jena and Sharon began to engage in counseling and then ceased to after their trust had been broken. For the participants, counseling engagement was deeply intertwined with their belief of counseling efficacy. If they did not trust their counselor or the process of counseling, they did not believe counseling would be helpful for them. If the participant did engage in counseling, a belief about the efficacy began to develop. The structures for the experience

of counseling for women who abuse substances are need for counseling, engagement in counseling, and belief in efficacy. Although these structures have complex substructures involved that are unique to each participant, all of the participants experienced these overarching structures in their experience.

As the women were involved in counseling, the critical essences of the experience were evident in their interviews. Trust was the cornerstone of counseling for all of the participants and this determined the structures of engagement in counseling and belief of efficacy of counseling. If there was no trust for the counselor or the process of counseling, engagement did not occur. If the trust was broken with the counselor, counseling engagement ceased. For the population of women who abuse substances, understanding the importance of trust in the therapeutic alliance is critical. Although trust in counseling is critical with every client regardless of their personal experiences, it is even more vital with women who have experienced horrific betrayals, abuse, and relationships. Having a trusting relationship after abusing substances is difficult if the participant was immersed in the drug-abusing crowd because the participant would put their trust in people who were there for them when the drugs were there. When the drugs were gone, the people and the support also disappeared which led to confusion, loneliness, and a deep mistrust in the participants.

The second critical essence found in the study was that feeling valued was an important part of the experience of counseling. Every woman spoke of this essence in different ways and they spoke of not having this essence present. When the participants felt valued: when they felt supported, known, fought for, admired, heard, and cared for,

trust was built, engagement in counseling occurred and change happened. The context of the population of women who abuse substances is also vital for truly grasping the significance of this theme. These women were abused, neglected, betrayed, and taken advantage beginning as far back as they could remember. Women who abuse substances are also a highly stigmatized and marginalized population, especially those who are mothers. To be in a relationship with another person who truly values them as an individual: who listens to them, believes them, respects them, and values what they say is a strong reinforcement in the experience of counseling. For some of the participants, feeling valued in counseling was the first time that they felt valued in their lives. This is a vital feeling that has many implications.

Finally, transformation was an essence of the experience of counseling. The participants had numerous experiences of counseling with a variety of individuals that they talked about. They talked about experiences of counseling with their chemical dependency counselors, their therapist, doctors, psychologists, their mother, and their boxing coach. Each of the women had a counseling experience in which a change occurred for her. Three of the women described their current counseling experience in inpatient treatment as contributing significantly to life changes, two described their current experience in inpatient as detrimental changes that had occurred. Alawa described a past counseling experience that was so detrimental that she attributed it to "ruining part of my childhood." She acted out so badly as a result of the powerlessness she felt in counseling that she stole a car and had to be removed from her home. Ann, Sabrina, and Sharon talked about counseling experiences from their past that attributed to creating

significant changes in their lives. Sharon talked about a counseling experience that was so powerful that she believes her "spirit was scared back into her," which is a major event in the Native culture. All of the women described experiences in counseling that changed them for the better: that helped them think differently, feel different, cope in healthier ways, feel support, and even help save their life. One client talked about how she just "didn't care" about living and counseling helped her to get the fight back into her to work for her children back. The essences of the experience of counseling for the participants were trust, feeling valued, and transformative process.

Significance

The following discussion on significance will evaluate the results of this current study in light of the literature review, highlighting similarities as well as differences.

The stories of each woman spoke to the inherent difficulties of being a woman who abuses substances. The context of their addictions concurred with the disturbing trend that reveals that women are experiencing increased involvement in all forms of drug related problems which have found to result in greater negative consequences than their male counterparts (United Nations International Drug Control Programme, 1997 as cited in Washington & Moxley, 2003).

The study also confirmed the prevalent finding in the literature that women who abuse substances are a population that typically has significant traumatic histories (Hien, Cohen, Miele, Litt, & Capstick, 2004). Each participant talked about experiencing some sort of trauma or significant difficulty in childhood including sexual, physical, and/or verbal abuse, neglect, violence in the home, or they simply summarized their childhood

as “traumatic.” This study also confirmed the finding from Greaves et al., (2006) that described the variety of relationship issues that women who abuse substances face with romantic partners, including violence and abuse and also a strain between meeting the needs of their children and meeting the needs of their partners. The results of this study also is consistent with Greaves, Chabot, Jategaonkar, Poole, and McCullough’s (2006) research indicating that women who abuse substances experience psychosocial issues and many women describe substance use as a means of coping with violence and other stressors. Each participant experienced overwhelming emotions in their lives and each talked about using substances in response to their difficulty regulating their strong emotions. Washington and Moxley (2003) talked about how women who abuse substances put forth efforts to control their lives that can be hindered by stress, shame, and anxiety. This concurs with the lived experience of each of participant in the current study. Feeling depressed, overwhelmed, and having feelings of guilt can make recovery and beginning counseling a daunting task.

The essence of trust in the experience of counseling is prevalent in the literature regarding the population of women with addictions. Padgett et al. (2006) found that betrayal of trust is a theme for the population of women who abuse substances. As noted by Janoff-Bulman (1992) when bad things happen, deeply held assumptions about a just world can be shattered, especially when perpetrated by trusted others. The women in this study echoed what has been found in the literature: that mistrust develops when the assumption that the world is a safe place is destroyed early on (Padgett et al., 2006). This was evidenced by their initial mistrust of their counselors and of the counseling process.

Mistrust has been found to be a common feeling of addicts toward caregivers and this study had similar findings to the results of Brown, Tracy, Jun, Park, and Min's (2015) qualitative study on relapse risks for women with substance dependence. One participant in this study stated: "That was hard for me in the beginning. Just gaining the trust on my part, you know, I don't want to tell you about me. But as I continue to be around sober people and be around them in rooms, I've gotten better with it. I was willing to allow you to get to know me. Instead of being that flower on the wall, it gets easier as time goes on" (p. 380). Trust was a critical essence in the current study. Each woman interviewed talked about how their experience in counseling was intricately interwoven with their ability to trust their counselor. All of the participants were initially mistrustful of their counselor and not willing to freely share about themselves. Just as the participant in Brown et al.'s (2015) study said, "I don't want to tell you about me" (p.380), none of the women in the current study initially wanted to tell their counselor about themselves. The initial fear and reluctance on the part of each participant to speak about their past and their life while using substances suggests that there was an underlying message received that what they had done was wrong, and that it is stigmatizing and dangerous to be a woman who is an addict.

Regarding the concept of women in the counseling relationship, the findings of this study support Gilligan's (1982) relational theory that declares that women's psychological development must be reframed as a struggle for connection rather than difficulty achieving separation. Gilligan stated: "to admit the truth of the women's perspective to the conception of moral development is to recognize for both sexes the

importance throughout life of the connection between the self and other, the universality of the need for connection and care" (p.98). The participants in the study all experienced the struggle for connection that Gilligan describes. They longed to be close to others and their addiction was intertwined with their attempts to connect to others. The current study confirmed Zelvin's (1999) application of relational theory to treatment of women with substance abuse. She talked about the idea that because of the great importance of relationships to women, women's bonds with others have a great importance on the course of their addiction and the prognosis for their recovery. The findings of this study echoed the prevalent notion that the onset of women's substance abuse is frequently associated with a precipitating event such as a loss of a relationship and that the woman struggling with substance abuse may begin and continue to use chemicals as a way of maintaining their relationships with partners who are alcoholics or addicts. For many of the women in the study, their drug use was motivated or sustained by wanting to feel close and connected to others. Some used chemicals to deny the pain of relationships with abusive, emotionally distant partners and others used drugs as a means of coping with the loss of relationships, including when they lost custody of their children due to their addiction.

The insights of relational theory and the findings of this study illuminate how destructive it is for women to make any drug their best friend. Byington (1997, p. 36) notes, "Relationships with drugs are not mutual, no matter how much the drug is anthropomorphized or valued." The chemical may appear to meet some of the addict's needs — for comfort, power, or an escape from difficult feelings—but it does so less and

less as the disease progresses. Instead of feeling comforted and connected, the addict becomes increasingly isolated and dependent (Zelvin, 1999).

Several of the participants in the current study were able to develop trusting relationships with their counselor, and all of the participants, even those who had not developed a trusting relationship named trust as a critical part of the development of the counseling relationship. This echoes the findings of Levitt, Butler, and Hill (2006) grounded theory study in which they interviewed 26 participants about significant experiences and moments they recalled within their individual therapy sessions and trust was described as a core trait in the relationship.

The second critical essence, *feeling valued* is also confirmed by applying relational theory to women with substance abuse issues. Relational theory posits that connection is the guiding principle of growth for women. When the participants felt valued and cherished by their therapist, they felt safe in the counseling relationship and they were able to disclose things about themselves and their history of abusing substances. This idea corroborates with the definition of a "connection" in the relational model that defines it as: "an interaction that engenders a sense of being in tune with self and others, of being understood and valued" (Bylington, 1997, p. 35). The essence of counseling for women with addiction who felt valued by their counselor felt a true connection a bond that Miller (1986) describes as mutual, creative energy-releasing, and empowering for all participants.

The participants in the current study also felt the outcome of feeling devalued in their experience of counseling. This devaluation led to disconnection in the counseling

relationship with two participants experiencing a non-mutual counseling relationship and one participant experiencing an abusive counseling relationship. Miller (1990) characterizes the outcomes of such disconnected relationships as diminished vitality, disempowerment, confusion, diminished self-worth, and turning away from the relationship. In the current study, Alawa and her attachment therapist, Jena, and Sharon all experienced these five outcomes as the result of feeling unsafe and devalued in their counseling relationship.

The final essence of the current study was that as counseling as a transformative process. Most clients seek counseling because they want to change something in themselves, but for the participants in the current study, seeking was not always their direct choice. Change as a result of counseling is a widely researched idea with many theorists emphasizing cognitive processes as producing change (Rennie, 1992; Elliott & Shapiro, 1992) and some placing emphasis on the change process being affect driven (Greenberg & Rhodes, 1991; Rice & Greenberg, 1984). Goldfried (1991) identified several common elements in an attempt to integrate many theories of change: a) giving clients hope, b) helping clients to become more aware by connecting thoughts and feelings, c) encouraging corrective experiences, d) providing continual reality testing and e) developing a good therapeutic relationship. Goldfried viewed increased self-efficacy and self-esteem as the end point of the change process. Hill and Corbett (1993) asserted that uniformity in the change process is a myth and that change for clients is different for each client under each circumstance. This study did not seek to describe the outcome or efficacy of the counseling relationship, but to put forth what the participants in the study

experienced in counseling. All of the participants described a change happening as a result of counseling, but the focus of the study was not to describe how or under what circumstances did the change occur. Furthermore, Alawa described significant negative changes (rebellion as a fight to gain back her power) occurring as a result of one her counseling experiences. Subsequent phenomenological research can further explore participants' experience of change in the process of counseling.

Research

As indicated in chapter three, the intent of phenomenological research is not to test a hypothesis but rather to inquire from individuals who have experienced a phenomenon and allow the data surrounding the phenomenon to speak for themselves (Morrissette, 1999). The purpose of this unique research design is to produce "clear, precise, and systematic descriptions of the meaning" of the phenomenon being explained (Polkinghorne, 1989, p. 45). The central research question for this study was: "What is the experience of counseling for women who abuse substances?" The research and specific results from the stories of this study's six participants found the following essential elements common to their counseling experiences: trust, feeling valued, and transformative process. Trust speaks to the belief that the counselor and the counseling process is safe, honest, and effective. This belief had to be achieved despite the participants' life experiences that taught them that people will hurt them and that they cannot rely on others. This belief was achieved at points by all of the participants but some had experiences where the trust was never developed or where it was lost during the process of counseling. Feeling valued refers to the feeling that their counselor cared

for them and cherished them and this was described as feeling heard, supported, known, fought for, and cared about. This feeling was critical for the participants who have broken societal norms and ideals about what it means to be a "good" mother and good person. The participants who felt valued by their counselor were more likely to engage in the counseling process and had a stronger belief in its efficacy. For the participants who felt devalued and disrespected by their counselors, the counseling process ceased all together, or carried on in an inauthentic manner and an effort to "fake it 'til I make it."

Finally, a transformative process describes the change that occurred for all of the participants as a result of counseling. This change ranged from "ruining part of my childhood" to "saving my life." Participants spoke of a positive change that occurred in counseling at some point in their lives. All of the women talked about being different as a result of counseling. Most of the participants had a new found hope for what the future holds as a result of counseling.

Limitations

Several identified strengths and possible limitations to this study are now addressed. As noted in chapter three, I held two recruitment meetings at an inpatient treatment center as an effort to recruit women interested in being part of the study. Individuals took it upon themselves to demonstrate their interest in the meeting. However, it is plausible to conjecture that those who took the initiative might reflect a demographic of women with substance abuse issues who were eager to share about their counseling experiences and potentially more articulate and passionate then many others

who might be still dealing with fear of getting repercussions based on what they share and mistrust of authority figures, including researchers.

This study included a good age range, from women in their mid twenties to a woman in her mid forties. Additionally and not necessarily correlating with chronological age, there was a range of how long each participant had been involved with their addiction and a wide range of counseling experiences represented. These factors provide a rich perspective highlighting the impact that age can have when enduring difficult circumstances and the developmental impact on their experience of counseling. Additionally, the varying ethnicities of the participants provided for an interesting study on how environment and culture potentially impact the experience of counseling as well as the culture of addiction. Three of the participants identified as Native American, two participants identified as Caucasian, and one identified as Hispanic. All of the participants resided in an inpatient treatment center in the Midwest and were all from the same state where the treatment center was located. A more geographically diverse population would offer insights as to how culture could impact the experience of counseling. An additional strength of the study was the interview process. I met with each woman face to face and each interview lasted between 40-90 minutes, which allowed for a rich description of each woman's experience. I am a licensed marriage and family therapist and this is also a strength of the study as the interviews got to a notable depth. Alawa shared something about her experience that she reported that she had never told anyone. I felt a connection with all of the participants and most of them asked to stay in touch after our interview. All of the interviews were recorded and transcribed verbatim.

A limitation of the study was that only two of the six participants were interviewed a second time for a member check. I was not able to follow up with the women after they left treatment, as it was a breech of confidentiality for the treatment center to provide me with contact information. Jena was discharged from treatment unsuccessfully just two days before our follow up interview. For the women who I was able to do a second interview with, they were able to read their textural and structural analyses of their stories and provide feedback. There were virtually no significant corrections needed but each woman knew that they had to option to give any additional input. This openness with the participants created a professional accountability for me as I wrote each woman's story with an awareness that the woman would be reviewing the analysis herself. This addresses the issue of trustworthiness that is integral in qualitative studies.

It may have also been beneficial to provide several more questions in the interview protocol. While each interview developed organically for each woman and produced a thick and rich description of the phenomenon, questions soliciting further information about how their view themselves after their counseling experiences and specifically what helps them develop trust in counseling relationship might have provided a more vivid experience in the aftermath of counseling.

The question of generalization of findings is one that does not apply to qualitative research. Due to the nature of person-centered research and the thick examination of a phenomenon, one cannot posit that these findings may be replicated in order to produce

validity. Polkinghorne (1989) describes the application of the findings in qualitative research from a broader perspective.

> Researchers must persuade readers that the two types of inferences that they have made in reaching their findings are powerfully supported. A) the transformation of the raw data into psychological expressions and b) the synthesis of the transformed meaning units into a general structural description. (p. 57).

Lincoln and Guba (1985) posit that the key issue is instead trustworthiness. While the findings in this study cannot be replicated in a more traditional, quantitative sense, it is nevertheless my opinion that this study contributed to the body of work focusing on treatment for women with addictions. Furthermore, this study contributed to the smaller body of work that addresses how the counseling community interacts with this population. Finally, this work contributes to a research specifically devoted to the convergence of women, substance abuse, mental health, and counseling.

Implications and Recommendations

Counselor Education

A general recommendation is made that counselor educators and counselor education curriculums must establish or further a commitment to integrating education about women and substance abuse and mental health issues unique to that population into their programs. It is also critical that counselor educators take the time (as when working with any multicultural group) to identity any potential biases that might be expressed in their teaching and research and then to encourage students to engage in similar introspective work. Substance abuse issues for women need to continue to be represented in multicultural counseling texts and materials specific to women should be given a more

significant place in the syllabi of chemical dependency training courses. As issues of chemical dependency and gender continue to be evident in the curriculum and discourses of counselor education programs, it is imperative for faculty and students to understand the history of women's issues being addressed in chemical dependency treatment and how important the context of each individual is in treating women who abuse substances.

Clinical Practice

In counseling practice it must be recognized that women who abuse substances may be hesitant to seek out services based on the prevalent stigma of mothers who abuse substances. These women may also be resistant to counseling, especially if they are mandated to attend counseling as part of a treatment recommendation by the court system. Counselors must be prepared to be patient and empathic in attempting to understand their complex histories and how each woman's context relates to her substance abuse and her willingness to attend and engage in counseling. While one does not have to have had a substance abuse issue or be a woman to effectively assist this population in their journey, clinicians working with women who abuse substances must be committed to providing a safe environment and focusing on building trust as a priority in treatment. They must also maintain a current list of local resources who can support both the client and counselor in the therapeutic process.

It is imperative that the spiritual and cultural beliefs and practices are incorporated into counseling, especially when there is a substance abuse issue present. The journey of recovery is interconnected with identity and religious beliefs are an integral part identity, especially for many Native American individuals. Counselors must be respectful of each

person's spiritual belief and allow them to be incorporated into treatment as much as possible.

It is essential that the counselor recognize the social stigma in dealing with women who abuse substances and the tendency for even helping professionals to label women who abuse substances as "unfit mothers" and "dangerous." Counselors must be intentional to provide respectful services and be aware of this population's tendency to feel unheard and "not believed" and to have their behavior while sober categorized as "using behavior" or "manipulative" when the client is being assertive and stating her needs.

Future Research

The findings of this study lend themselves to possible ongoing research opportunities. Several areas for future investigation that I will be considering are included here. First, there would seem to be merit in more closely examining the connection between trust with the counselor and the belief of counseling efficacy. The findings of this study indicated that all six participants spoke of the necessity of trust in the relationship, and those that did not trust their counselor did not believe that counseling would be effective and ceased to engage. A future study might focus on the connection between trust and engagement in counseling and in belief of counseling efficacy. Secondly, this research clearly indicated that part of the counseling experience for women was the strong sense of *feeling valued* by their counselor and this was talked by every participant. A future study might focus on this essence of the experience of

counseling and what specific steps counselors might take to ensure that their clients feel valued and heard.

Summary

The specific life experiences of these six women while unique to them, speak broader truths and principles that when applied, better the lives of all people who participate in counseling. Every person deserves the right to choose to be in counseling if they deem necessary and to feel respected in the counseling room. Every person deserves to have one safe relationship where they can feel like they are not being judged or looked down upon for what they share, and where they know that nothing bad will happen to them if they talk about difficult things they have experienced. Every person deserves a second chance and deserves the chance to change their lives with the help of a caring professional. Every woman deserves the right to have a relationship where she feels that she is worth something, that she is a good person, and that there is hope for her life to be different. It is my sincere desire as a researcher, counselor educator, marriage and family therapist, wife, and mother that this work and the stories of these six resilient and courageous individuals might further the cause of respectful and rigorous work in counseling women.

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