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## The meaning and characteristics of a homeless alcoholic's recovery experience during life turning points.

Patricia Morrison Bennett  
*University of Alabama at Birmingham*

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**Order Number 9302463**

**The meaning and characteristics of a homeless alcoholic's  
recovery experience during life turning points**

Bennett, Patricia Morrison, D.S.N.

University of Alabama at Birmingham, 1992

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THE MEANING AND CHARACTERISTICS OF A HOMELESS  
ALCOHOLIC'S RECOVERY EXPERIENCE DURING  
LIFE TURNING POINTS

by

PATRICIA MORRISON BENNETT

A DISSERTATION

Submitted in partial fulfillment of the requirements for the  
degree of Doctor of Science in Nursing in the School of  
Nursing in the Graduate School, The University of  
Alabama at Birmingham

BIRMINGHAM, ALABAMA

1992

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lost as a result of alcoholism. He successively regained health, financial security, and finally respect.

The meaning of Robert's recovery experience was rooted in early failure. He internalized shame and expressed rage in each turning point. Robert chose to overcome his failure by attempting to change his situation rather than himself.

The characteristics of the recovery experience included the consequences of Robert's primary relationship with alcohol for 20 years of adult life. Living in a single-room occupancy hotel provided security, yet Robert felt stigmatized when his address was known. Robert defined himself as healthy because he was able to meet his daily activities. He did not, however, consider the interactional effects of negative health conditions, such as halitosis.

Implications from the study include the need to recognize the importance of social and historical influences on an individual's recovery. The study also suggests that Alcoholics Anonymous may not be appropriate for all populations. Findings demonstrate the importance of housing and jobs as well as alcoholism treatment for rehabilitation approaches.

Further research on recovery in homeless alcoholics, the importance of missed time while drinking, and the role of sponsors in Alcoholics Anonymous is recommended.

Abstract Approved by: Committee Chairman Kathleen A. Brown  
Program Director Eloise L. Sullivan  
Date 9/8/92 Dean of Graduate School W. A. P. [Signature]

## DEDICATION

This study is dedicated to Robert and his family. It is also dedicated to the men and women from the Phoenix Shelter in gratitude for their help when I spent a period of time homeless, and the staff and clients of Shephard Community Center and the Indianapolis Day Center who shared their lives and dreams with me. These persons and Robert's life demonstrate the importance of caring.

## ACKNOWLEDGEMENTS

This study would not have been attempted without my committee's willingness to explore new territory. Dr. Kathleen Brown was an excellent advisor throughout my program of studies and an astute chairperson during the many challenges of this research. Dr. William Yoel's intellectual and emotional support encouraged me to work steadily with the confidence that I would succeed. Dr. David Harrison's early suggestions and reminder that this research might be emotionally draining provided comfort during the process. Dr. Carl Miller and Dr. Ann Sirles supported this project from the beginning. I want to express my sincere gratitude to all of them.

I want to thank my parents, Henry Morrison and Beulah Morrison Rowls, for teaching me persistence, and Garth Rowls for his interest in "how I was doing." My sister, Diana Girdley, and brother, James Morrison, provided continuous interest and support throughout my schooling.

My deepest appreciation goes to my husband, Ben, who had the wisdom to save the diaries, and provided a "creative space" and encouragement during my schooling and the dissertation process. My sons, Ben, John Mark, Brian, and Patrick, served as my consultants on the male experience and continue to bring joy to my life. I have been blessed with

Mary and Stephanie, who have brought a loving femininity to our family.

I would never have started this educational process if not for the nursing faculty at Anderson University. Andrea Koepke began the original journey with me, and her support has meant more than she will ever know. Ann Simpson, Dot Pickens, Margie Kalisz, Mary Cantley, and Pat Griffen have provided me with the caring they teach their students. President Emeritus, Robert Nicholson, and Dean Blake Janutolo have been models of educated persons, and stimulated my desire to become better and more liberally educated. Professor Bill Farmen has been my mentor and friend for over 15 years. I thank you all.

The unseen benefit of "going away to school" was finding new friends. I want to express my appreciation to three special people. I am grateful to Connie Rowles for increasing my sense of discipline, to Evelyn Fitzwater for inspiring my creativity, and to Elvis Jose Proenca for sharing his experience with me.

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## CHAPTER I

### Introduction

Twelve years ago, this researcher obtained over 20 boxes of diaries written by a relative who was a recovering alcoholic and had spent most of his life in single room occupancy hotels. He had been homeless during 8 years of active drinking. Seven years ago, this researcher had an opportunity to spend several days living in a homeless shelter. This experience led to an interest in homelessness and 2 years of clinical experience with homeless alcoholics. The potential significance of the diaries surfaced only when the researcher realized that the words in the diaries sounded very similar to those of the men in her practice. This study interprets select portions of these diaries in order to understand the meaning and characteristics of recovery from alcoholism.

#### The Problem of Alcoholism

Alcohol is one of the most commonly abused substances in the United States. An estimated 10.5 million people exhibit some signs of alcoholism with projections suggesting this may increase to 11.2 million by 1995 (United States Department of Health and Human Service, 1990). Automobile accidents are the leading cause of accidental death in the United States with alcohol contributing to half of the



accidents (Alcohol, Drug Abuse, and Mental Health Administration, 1991).

The latest data from the United States Department of Health and Human Services (1990) estimated the economic impact of alcohol abuse to the nation as \$128.3 billion. Half of this was due to lost time and productivity. A study by Gordis (1987) found that approximately 59% of the overall costs of alcohol abuse were absorbed by the alcoholic individual and family, with 33% being covered by federal and local governments. Insurance companies paid only 8% of the costs.

Alcoholism experts have reported that as high as 20% to 40% of all inpatient hospital admissions are in some way related to alcohol (Burke, 1988). Eells (1986) suggested that alcoholism is rarely identified as the cause for admission and, thus, is not usually treated. This lack of identification of the impact of alcohol on hospitalized clients leads to limited numbers of nursing studies on alcoholism. Those few that have been conducted address primarily assessment techniques (Naegle, 1983). Though the statistics on health and other problems associated with alcoholism are impressive, none can begin to define the harm to the individuals and families who have faced the gradual destruction of their way of life because of its effects.

Recovery from alcoholism involves a life-long struggle for sobriety, complicated by consequences of actions undertaken during active drinking. These consequences may involve loss of productive employment, self-esteem, family,

and, finally, a permanent home. Alcoholism is theorized to be a major contributor to homelessness. A recent study of homeless in Los Angeles indicated that over one-half of all homeless males had problems with drinking (Koegel & Burnam, 1988).

Homeless alcoholics are exposed to the compound effect of homelessness and alcoholism and are at considerably more risk for health problems (Breakey, 1987). Their collective alcohol problems have been described more frequently than their health problems, and their recovery from alcoholism has been considered rare (Wiseman, 1979).

Most approaches to the study of recovery from alcoholism in the homeless have focused on demographics, and few on treatment results. In 1985, a panel of researchers from the National Institute for Alcohol and Alcohol Abuse defined research priorities for the Institute (Wittman, 1987). Of the 33 recommendations, 9 were related to homeless alcoholics. The priorities for research studies on homeless alcoholics focused on areas in which there was little knowledge including patterns of daily living, the careers of homeless persons with alcohol problems, factors leading to transitions in alcohol use, and a clarification of the meaning of alcoholism and alcohol problems for homeless people.

#### Alcoholism

Alcoholism is a debilitating and devastating illness for the individuals and families who experience it. The illness contributes to numerous health problems, loss of

employment skills, and family dysfunction (Vaillant, 1983). Excessive alcohol consumption contributes to health consequences for almost every system of the body. These effects include increased mortality from coronary heart disease, liver disease, nutritional deficiency, and birth defects (Gordis, 1987). Cirrhosis from alcoholism is the ninth leading cause of death in the United States (United States Department of Health and Human Services, 1990). In addition to the above effect on those closest to the alcoholic, the consequences of alcoholism contribute to increased health care costs for local and national governments (Gordis).

Conceptual definitions of alcoholism have been the subject of debate since the late 1800s. Jellinek (1960) specified four different types of alcoholism with differing degrees of dependence and progression. Jellinek's model continues to interest practitioners, but has been replaced by a natural history model. This model suggests that alcoholism is a life-long illness with periods of remission and relapse. The active period of drinking is often over a 10- to 20-year period with unpredictable progression (Vaillant, 1983).

Definitions of alcoholism serve many societal purposes and are the subject of much debate in the literature (Beauchamp, 1980; Cahalan, 1987). These debates have often centered on whether alcoholism is a disease of will or a medical disease. Vaillant (1983) suggests treatment results depend upon the freedom to define it both ways. Vaillant

further suggests that the drinking of alcohol only becomes a problem when it causes social, psychological, and physical problems for the individual, his family, and society.

#### Homelessness

The definition of homelessness, like alcoholism, is controversial. One of the definition difficulties is the cyclical nature of homelessness. Studies have indicated that persons are rarely homeless for an extended period of time (Rossi, Wright, Fisher, & Willis, 1987). Homeless persons spend time alternately on the streets, in rooming houses and single room occupancy hotels, with friends, and in shelters. Many homeless persons, with aging, earn a pension and live in a room for the remainder of their lives (Bogue, 1963, Cohen & Sokolovsky, 1989).

Rossi et al. (1987) and Wright (1989) have described this process by developing two categories of homeless: literally homeless and marginally housed. Literally homeless are those who have no place to sleep other than the possible transient use of a shelter or abandoned building. Marginally housed have somewhat stable, yet less than adequate housing similar to single room occupancy hotels or skid-row "flop-houses."

The numbers of homeless in the United States have been estimated at between 350,000 to 2 million (Lindsey, 1989). The median age is now 35 years. This figure has been declining 6 months per year since 1980 and is clearly different than the median age of the homeless population in the past (Wright, 1989). The changing picture of

homelessness has been from the skid-row resident, usually a white male chronic alcoholic, to increasingly younger men and growing numbers of women and children.

The traditional population of older males still exists and experiences numerous health problems as do the new populations of homeless. Homeless individuals appear to be much sicker than their housed counterparts. They suffer from a significantly higher rate of tuberculosis, disorders of the extremities, hypertension, chronic lung disease, and neurological disorders (Wright, 1989). Wright states that many of these disorders are sequelae of alcohol abuse, but clearly are also due to extreme poverty.

Rossi et al. (1987) found that all homeless, regardless of age, race, or sex, shared three conditions: extreme poverty, high levels of disability of all kinds, and social isolation. Breakey (1987) suggests that the social isolation of the homeless creates many treatment problems for health care professionals.

#### Alcoholism in Homeless Males

Alcoholism in males has been associated with homelessness since the earliest identification of a skid-row. Stark (1987) reviewed skid-row studies and reported on a study from 1946 which described 57.7% of 203 homeless men as heavy drinkers. A second and premiere study of Chicago by Bogue (1963) estimated that 35% of the homeless men had problems with drinking. Bahr and Caplow (1974) studied the bowery between 1963 and 1968 and discovered that 26% to 36% of its inhabitants could be considered heavy drinkers.

Their report also included subjective discussions of the problems of alcohol. Stark stated that a survey of the literature from 1982 to 1984 indicated that alcoholism percentages in the homeless were between 20% and 40%.

Males who are marginally housed or homeless comprise over 60% of the homeless population (Wright, 1989). The problems of homeless men of the present are similar to those of skid-row men over the past 50 years. They continue to suffer from alcohol abuse, lack of stable social support, and economic hardship (Cohen & Sokolovsky, 1989). Koegel and Burnam (1988) compared a group of community housed men with a matched group of homeless men and found that 62.9% of the individuals in the inner city homeless sample had, at some point in their lives, met the criteria for alcoholism. The homeless were more seriously impaired in social and economic competencies than the domiciled comparison group. In addition, the homeless were more likely to have been arrested because of their drinking behaviors.

#### Recovery from Alcoholism

Treatment for alcoholism has been complicated by the varying definitions of the disease, limited access to treatment populations, and few studies on those who recover without treatment. Denzin (1987b) stated that the large amount of literature on alcoholism treatment does not include any in-depth analysis of the lived-experience of recovery. Denzin framed his study of recovering alcoholics with this and the importance of the individual in mind:

I assume that each alcoholic who seeks treatment is a universal singular; that is, a single instance of a process that is experienced by any alcoholic who seeks to recover from alcoholism. The universal singularity of every alcoholic's experience suggests that although recovery is different for every alcoholic, the broad outlines of the experience are the same. (Denzin, 1987b, p. 18)

Recovery must be based upon understanding the reasons why people drink to excess. Alcohol provokes changes which allow the easing of unpleasant, anxiety-provoking situations (Bacon, 1973). Recovering alcoholics often state that they experienced situations of internal stress and tension frequently. These periods related to threats to self concept and disturbed relationships with family and work (Denzin, 1987b; Vaillant, 1983).

Recovery from alcoholism can be described as the struggle between the appetite for alcohol and the cognitive understanding of the consequences of drinking (Gordis, 1987). Gordis suggested that treatment can be directed to either aspect, but is primarily directed to the cognitive function. The cognitive modalities employ teaching, persuasion, and coercion, and are exemplified by the approach of Alcoholics Anonymous (AA).

AA was formed in 1935 to help alcoholics stay sober. A 1983 membership survey indicated a worldwide membership of over 630,000 (Alcoholics Anonymous World Services, 1972). AA literature suggests that alcoholism is a physical, emotional, and spiritual disease which requires a reorganization of identity and meaning to achieve sobriety. There have been studies of Alcoholics Anonymous which

indicate that attendance at meetings is positively correlated with abstinence, but controlled evaluations are difficult because of the voluntary nature of the organization (Vaillant, 1983). Self stories from AA members suggest that attending five or more meetings a week is the best way to maintain sobriety (Denzin, 1987b).

Other methods of treatment such as in-patient treatment, community-based individual counseling, and group therapy focus on a similar goal of helping the alcoholic abstain. Gordis (1987) stated that most of these treatments attempt to help the individual achieve peacefulness in sobriety as well as abstinence.

#### Recovery in Homeless Populations

Alcoholics from lower socioeconomic levels have more difficulty recovering from alcoholism because they need social support, employment opportunities, and assistance with survival needs in addition to treatment (Wiseman, 1979). Sadd and Young (1987) reviewed research on treatment of urban homeless and marginally housed males and indicated that expectations should not be high for successful recovery, with no single treatment approach better than another.

Patterns of alcohol abuse are more severe and deeply ingrained in homeless populations (Koegel & Burnam, 1988). Alcohol rehabilitation programs successful with general alcoholics may not apply. Experts believe that alcoholism may not trigger homelessness, but may be a result of the deprivation and lowered self-esteem that homeless alcoholics



experience. Koegel and Burnam's study compared homeless alcoholics with a matched community sample and found that the homeless were more likely to have sought care in alcoholism treatment facilities. Results indicated that 53% of these men had visited a self-help group, 24% an alcohol clinic, and 62.9% an inpatient unit for alcohol treatment. Despite these services, 41% of the 201 men continued to have the diagnosis of active alcoholism.

One of the principal caring obligations for nursing is existential advocacy (Gadow, 1980). This principle involves the act of helping each individual discover ways to transcend his/her present life to a more purposeful and diverse existence. In order to engage in caring transactions with homeless alcoholics, a difficult-to-reach population, nurses need special knowledge of the subjective experience of recovery from alcoholism as well as the context of these responses (Watson, 1985). Recovery from alcoholism involves a life-long process of choosing to remain abstinent even during turning points of life when tension and anxiety are increased. Expected and unexpected life turning points are compounded when one is homeless. An interpretation of the meaning and characteristics of the recovery experience of a homeless individual during turning points provides insight and develops understanding to provide for nursing care.

#### Purpose

The purpose of this research was to explore the meaning and characteristics of the recovery experience of a homeless

alcoholic during life turning points. The research questions which provided focus to the study were "What is the meaning of the experience of recovery from alcoholism during life turning points when homeless?", and "What are the characteristics of the experience of recovery from alcoholism during life turning points when homeless?"

#### Definition of Terms

For the purpose of this investigation the following terms were defined:

Meaning - the individual's subjective interpretation and evaluation of all realities of a particular experience. The individual's definition of the situation as reported in a personal diary (Lofland & Lofland, 1984).

Characteristics - themes related to qualities or attributes of the individual's objective and historical situation. Characteristics pertain to the context of the individual's experience as reported in a personal diary.

Homeless Individual - an individual who lives on the streets, in single room occupancy hotels or rooming houses, with friends, or in shelters. An individual who is poor and socially isolated (Cohen & Sokolovsky, 1989).

Turning Point - a critical period when the direction of the individual's life shifts, as described in a personal diary. These shifts are related to socially-constructed, life stage events or to subjective experiences of discontinuity (Hareven & Masaoka, 1988). A turning point is a critical period with acute subjective tension, during which the individual examines life's meaning, assesses

possibilities, examines these possibilities from the perspective of the past and future, makes a choice, and reviews the immediate consequences and direction of the choice (VanKaam 1983).

Recovery Experience From Alcoholism - a life-long health-illness process during which an individual makes choices regarding control over drinking. These choices may lead to greater freedom and health or to restriction and illness.

#### Conceptual Framework

The framework for this research blends the interactional focus of symbolic interactionism with concepts from existentialism and the nursing theory of Jean Watson (Mead, 1934; Sartre, 1963b; Watson, 1985, 1988; VanKaam, 1983). This framework provides the perspective for interpreting subjective experiences found in personal documents.

Symbolic interactionists suggest that individuals actively construct their own reality. This reality is defined in interaction with self, others, and the world. Mead (1934) described society as made up of individuals who share the interactional processes of communication and understanding. These processes must be described in order to understand human behavior. When there is a power differential between involved groups, historical and institutional dimensions must be explored as an aspect of the interactions (Karp, Stone, & Yoels, 1991).

The self is able to take in the perspective or point of view of others (role-taking) in order to understand the meaning of others' acts and define a reaction to them (Mead, 1934). This ability is necessary for controlling interactions, giving and receiving love, cooperation, communication, and viewing the present from one's own past and future perspectives (Charon, 1989).

While symbolic interactionism provides the overall framework, existential thought directs the interpretation toward individual consciousness and responsibility for the meaning of existence (being). The existentialist focus supports a view of the individual as living with potentials, facing crisis, and choosing to become aware of self as both subject and object. Existence is viewed as in-process and different from the structures which define it (May, 1983).

Specific existentialist concepts from the writings of Sartre (1963b) and VanKaam (1983) further guided the interpretation. These concepts are Sartre's notion of the project and VanKaam's writings on choice during turning points.

Sartre's analyses of the lives of Flaubert and Genet have provided inspiration for this study (Sartre, 1949, 1963a). Sartre followed the basic phenomenological works of Husserl, believing that objects should be described in their own right, but took issue with Husserl's concept of bracketing (Williams & Kirkpatrick, 1957). Sartre suggested instead that phenomenology should be concerned with human

existence in its concrete relations with the world, itself, and others.

Sartre's (1963b) existential belief of greatest relevance to this study is that of the project. The project is the lived reality of an individual's total life. Each present moment is viewed in relation to its past and future with the project providing purposefulness in the individual's actions toward transformation. The project may not be known by the individual, but it influences the course of events and is always at the heart of a particular action. The project looks at the most rudimentary behavior in terms of the factors which condition it and the object it is trying to bring into being. One of the conditioning factors is the structure of society, which defines an objective situation as a starting point for an individual.

VanKaam (1983), an existential psychologist, described freedom of existence as the essence of existentialism. The nature of existence is such that the subject and his world of meaning have to be considered as one. The phenomenal world consists of all aspects surrounding and within an individual which play a role in his existence. The individual is free to make choices in this world and must assume responsibility for the consequences of these choices. The individual moves away from conditioned responses and must earn freedom, which is always limited by historical conditions.

One of the central themes of existential psychology is that change, conflicts, and crisis occur in every life.

Change is always present and implies new possibilities. These possibilities may create conflict between the comfortable way of living and new forms of being. Persons are always in the process of becoming. These crises or transitions from present form to new form are accompanied by ". . . dynamic shifts in experience which precede, accompany, and follow the event" (VanKaam, 1983, p. 358). VanKaam describes the emergence of these transitions as initial dissatisfaction with some aspect of the past, anticipation of the new life, more emotional discontent to negate the present, and eventually a decision to stay with the present or risk a new self.

Human Caring Theory provides the nursing perspective for this study (Watson, 1985, 1988). Watson believes that nursing is a human science with a commitment to care for the whole person. She supports a nursing focus on each person as a being-in-process living the experience of past, present, and future with the potential to transcend her/his present form. Access to the being in process comes more easily through the mind and the subjective inner world of the experiencing person.

Alcoholism affects every aspect of an individual's life with clear consequences for health and illness. Health and illness are the phenomenon of concern for nursing. Watson (1985) defines health as ". . . unity and harmony within the mind, body, and soul . . . congruence between the self as perceived and the self as experienced" (p. 48). Illness is experienced as subjective turmoil due to lack of harmony

which may lead to disease. She identifies other causes for disease such as genetic and constitutional sensitivities. Turmoil within the self may also lead to illness. The goal of nursing is to help persons increase health. This will lead to increased freedom expressed in self knowledge, self-reverence, self-healing, and self-care.

Watson (1988) suggests that caring, as the moral ideal of nursing, requires the use of one's entire personhood to preserve and restore human dignity and reverence. An important part of this study is the desire to understand one person's lived experience in order to restore dignity to those who are homeless and alcoholic and in need of nursing care.

The Theory of Human Caring provides a nursing perspective in order to place the study of recovery from alcoholism within the person, environment, and health aspects of the domain of nursing (Fawcett, 1989). This nursing focus, blended with symbolic interactionism, existentialism, and concepts from Sartre (1963b) and VanKaam (1983), was used to explore a homeless recovering alcoholic's experience during life turning points. The framework provided a perspective which viewed the individual as a totality. The past and future are merged into each present action as the individual attempts to grow toward diversity and balance. Health and illness processes and turning points in life force the individual to make choices. These choices influence the direction of the individual's growth, and may be limited by the potentials available.

### Assumptions

The following assumptions have been identified for this research:

1. Change is ongoing and always presents the individual with choices.

2. Each human has a meaning of existence to fulfill (Sartre, 1963b).

3. Recovery from alcoholism is a unique life-long process presenting choices which lead to increased freedom and health or limitations and illness.

4. Personal documents provide a view of the subjective reality of an individual's lived experiences with particular opportunity to view totality and life turning points (Plummer, 1983).

### Significance of the Study

Alcoholism in homeless men is a complex problem with little information available about successful recovery methods. Homeless alcoholics have limited access to health care and often have unsuccessful relations with health care professionals. Health care professionals often become frustrated with the poor treatment responses of these persons and have little understanding of the effect of the environment on recovery (Breakey, 1987). This study has the potential to challenge the assumptions many professionals hold about the difficulty of recovering from alcoholism while homeless. It may also present a starting place for generating hypotheses about treatment interventions for testing in homeless alcoholic populations.



The study gives voice to a member of a population whose opinion is rarely heard (Bogdan, 1974). These opinions may aid professionals in diagnosis of health-illness problems related to recovery from alcoholism. At present, many health professionals rely only on assessment frameworks generated by theoretical analysis or generalized survey (Eells, 1986; Hough, 1989).

There are few studies of the developmental recovery from alcoholism over the life span (Hough, 1989). This study may introduce new concepts of life long recovery which have been lost in studies of recovery over a limited time or with variables not grounded in lived experience. The study provides an understanding of daily activities which will supplement previous ethnographic data (1960 to 1980) on alcoholic men in single room occupancy hotels (Bahr & Caplow, 1974; Bogue, 1963; Cohen & Sokolovsky, 1983, 1989). The study presents information which challenges previous studies of homeless alcoholics and presents illustrations in support of others.

Moccia and Mason (1986) suggested that nursing needs to extend its knowledge base about the lives of the poor, their health status, and successful and unsuccessful ways these persons have influenced their communities. Nursing education continues to neglect alcoholism and recovery from alcoholism in basic curricula. Studies have indicated that nursing students are less tolerant toward alcoholics than other clients (Scavnicky-Mylant, 1987). This investigator suggests that nurses are often seen as having no role with

alcoholics, while other professionals take an active position in substance abuse treatment. This proposal, using a nursing theory, may provide a narrative which will increase the student's ability to empathize with alcoholic clients. The study identifies the unique experience of homeless recovering alcoholics and sensitizes nurses to opportunities for existential advocacy.

#### Summary

This chapter has identified the significant problem of alcoholism in homeless men with limited expectation of recovery. The purpose of the study has been identified as exploring the meaning and characteristics of the recovery experience of a homeless alcoholic during life turning points. Two research questions related to this purpose have been identified. The theoretical framework provides a perspective for the study by defining the value of a personal diary within the Theory of Human Caring and the existential-phenomenological beliefs of Jean-Paul Sartre and Adrian VanKaam.

## CHAPTER II

### Review of the Research

Alcoholism and its consequences have been described in various ways since the time of Hippocrates. There are numerous studies and several journals devoted completely to the study of the objective phases of alcoholism and recovery from alcoholism. Studies exploring the subjective experiences of individuals recovering from alcoholism are more difficult to locate. It is even rarer to find a study which documents recovery over an extended period of time.

Literature on homeless alcoholics has increased considerably over the past 5 years with most of the studies documenting demography and health problems. These studies rarely investigate those who have remained homeless and recovered.

The research reviewed for this study was limited to literature studying individuals who have experienced recovery from alcoholism over a 20-year life period, literature related to the subjective experience of recovery from alcoholism, and studies of the daily lives and recovery experiences of homeless alcoholics. Because the definition of recovery from alcoholism indicates a process which incorporates periods of active drinking as well as abstinence, literature in both phases was reviewed.

### Recovery from Alcoholism

In response to the many time-limited studies of alcoholics conducted in clinic settings, Vaillant (1983) designed a prospective study to determine the natural history of alcoholism over time. Vaillant's review of the literature indicated that no methodologically sound studies had followed alcoholics for longer than 10 years. In addition to the lack of long term follow-up, Vaillant indicated that most of the studies he reviewed were cross-sectional, thus eliminating the ability to account for the chronic nature of the disease.

Vaillant (1983) acknowledged the difficulty of knowing how to treat alcoholism when there are so many conceptual definitions of the disease and such different perspectives on recovery. Vaillant's research questions dealt with pre-alcoholism factors, responses to alcohol and treatment, and the effectiveness of Alcoholics Anonymous. He compared groups using data gathered from a college group of 204 men, a core city sample of 456 men, and a clinic group of 100 men from a detoxification unit. The first two groups had been interviewed three times over a period of 25 to 35 years. The clinic group was followed annually for 8 years. The subjects from the two nonalcoholic groups were selected to be nondeviant subjects who entered the study young, and were followed through time without significant attrition. The study was limited to white males.

A representative sample of the college group and all of the core city group were interviewed as close to their 47th

birthday as possible. The interviewers used structured questionnaires related to a variety of socio-psychological scales, health ratings, and alcohol use ratings. Three scales with different determinations of alcoholism were used to determine alcohol abuse frequency. Vaillant (1983) identified the high correlation of these scales with each other as indication that there may not be as many types of alcoholism as suggested in most literature. Multiple statistical methods were used to compare within group and between group factors on the scales related to psychosocial and health questions. The reporting of frequencies and means was the most common method used for questions dealing with alcohol use and recovery with no indication of standard deviation. Biases were identified, but with the exception of one scale, reliability and validity assessments were not reported.

Vaillant's (1983) findings indicated that abstinence from alcohol, rather than premorbid factors, was the most important factor in an improved life during recovery from alcoholism. Vaillant found that relapses were a part of the life-long process with five factors accounting for periods of active drinking. These factors included genetic predisposition, socialization into drinking, physiological effects from dependence, conditioning from the environment, and the absence of protective factors such as self-esteem and social network.

Within the core city group, 38% (110) of the men were alcoholics or had more than four problems related to

alcohol. These men were asked which official treatment was most important in their recovery. Of the 21 who were securely abstinent (over 3 years), 43% indicated that willpower was the most important factor in abstinence, while 38% identified Alcoholics Anonymous, and 20% reported treatment at a alcohol clinic or hospital. Findings indicated that 67% of the securely abstinent believed substitute dependency was associated with abstinence; 48% said medical consequences were an important factor; and 38% said religious self-help groups or a love relationship with someone who had not been hurt by the alcoholic were helpful. Organized treatment was not a factor for this group, but was considered a factor by 24% of the ever abstinent (1 year).

Vaillant (1983) concluded that present treatment methods for alcoholism were not any more successful than natural healing processes. Vaillant suggested many more alcoholics became abstinent than previous studies indicated because the use of clinic populations only skews findings toward relapse. The results of his study indicated that over 50% (56) of the alcoholic subjects were in stable remission (abstinent for at least 1 year) at the age of 47 years. However, only 21 subjects were securely abstinent.

A follow-up report of the original study was published with an emphasis on the findings related to the core city group (Vaillant, Milofsky, Richards, & Vaillant, 1987). This study focused on a longitudinal examination of the childhoods of the alcoholics as compared to 60% of the subjects who had no history of problems with alcohol. A

difference was found between these groups in that alcoholics came from a chaotic family with one parent who was alcoholic. The chaotic family alone was not a significant factor. The other childhood variable of significance was ethnicity. Individuals of Irish extraction were much more likely to become alcohol dependent. There were no differences in early personality, early work capacity, IQ's, or relationships with mothers. The researchers concluded that recovery from alcoholism requires a life-long strategy of maintaining control by changing beliefs about self and alcohol, maintaining hope, and becoming involved in several healing methods.

Vaillant's (1983) original study and the secondary core city analysis provided an opportunity to view personality and social characteristics from a longitudinal view before the development of alcoholism. The use of treatment center populations in most other studies eliminates this possibility. In addition, these studies allowed for the collection of data on persons who had recovered without using official treatment centers.

Although Vaillant's (1983) study offered the advantage of observation of a population over a long period of time, it did not offer continuous or crisis period observation. The observations were based only on age and did not relate to periods when individuals might have more difficulty with alcohol. In addition, much of the data was retrospective and may have suffered from the subject's distorted memory. The use of many scales in a structured interview period

provided a breadth of information about alcohol problems and recovery but probably eliminated the opportunity to obtain detailed observation of the subjects' experiences. These subjective experiences are essential for understanding how individuals control drinking.

#### Subjective Experience of Recovery from Alcoholism

The subjective experience of recovery from alcoholism has been documented infrequently in scientific literature. The primary nonscientific source of information has been self stories from members of Alcoholics Anonymous and autobiographies of recovering alcoholics (Alcoholics Anonymous World Services, 1972; Berryman, 1979). Of the limited number of studies available, one which documents descriptions of the cyclical process of recovery from alcoholism was conducted by Wiseman (1981). The researcher assessed the lack of subjective research information on sobriety and designed a study to determine how alcoholics act when they are in-between drinking bouts.

Wiseman (1981) interviewed a volunteer sample of 76 wives of alcoholics and 30 alcoholic men to obtain information on the experience of sobriety. The investigator defended the nonrepresentative sample stating that it was impossible to know the composition of the universe from which to sample and that the study was viewed as exploratory.

Wiseman's (1981) analysis identified three time spans and intentional states of sobriety. The first was sobriety to maintain control for a special occasion or special



person(s). The second phase, a longer period of sobriety, lasting up to several months, was accompanied by withdrawal symptoms in the form of nervousness. This nervousness often led to a return to drinking. Long term abstinence, the third phase, follows a withdrawal period and may last anywhere from 1 month, 1 year, and may become permanent.

Wiseman (1981) found that reasons for abstaining in the second phase were fear of the health effects of drinking, need to prove control of drinking, and fear that the wife would leave. The husbands described this time as a period of intense suffering. Wives often agreed that there was suffering, but said they used this period to complain about the times when the husband had been drinking. The alcoholic husband's increased nervousness, the wife's complaining, and her ambivalence made this a potentially circular route to resumed drinking.

Wiseman (1981) suggested that the period of longer abstinence was not a return to normal living. She found that alcoholics who remain married attempt to impress others with how well they are doing as fathers and husbands. Many wives agreed that husband's behavior became better than before they met. Wiseman noted that the characterized behavior was within a narrow range, but in no way normal. The researcher's hypothesis was that the alcoholic husbands acted this way because of guilt from the times of drinking. The pressure of maintaining a near-perfect family image with added relationship difficulties may make a return to alcohol inevitable, even with long periods of abstinence.

Wiseman's (1981) study provided subjective retrospective accounts of the cyclical nature of recovery from alcoholism. The study documented increasing nervousness and family pressure as stimuli to return to drinking. The study did not provide any understanding of the alcoholic's decision-making process in choosing to return or not to return to drinking, but it did support Vaillant's (1983) findings that environmental conditions and pressures on self-concept are a factor leading to resumed drinking.

Two studies which explored the subjective recovery experience of alcoholics were found in the nursing literature. Banonis (1989) viewed recovery as a process of change, becoming, and healing which involved choice and self-initiative. The sample consisted of three subjects who had been sober for not less than 2 years and not more than 5 years. Banonis' method was consistent with the phenomenological method. Banonis found that recovering from addiction involved choosing to struggle from depths of darkness into light. The addiction process had brought the subjects to the bottom and they required profound shifts in ways of being to move beyond. The findings identified the importance of the individual's ability to heal self and make choices. The findings of this study introduced the need for further study of the role of struggling for comfort as related to addiction and recovery.

A phenomenological study by Herban (1986) sought to identify the meaning and significance of sobriety. Subjects

consisted of 20 men and women who were members of Alcoholics Anonymous. Subjects wrote biographies of their sobriety experience and several participated in an interview with the investigator to further amplify/clarify their statements. Herban's analysis of data indicated that the subjects often placed the present within a framework of the past. The subjects described a past of drinking despite increasing problems, using alcohol to cope with everyday problems, and feeling alienated. These problems led to low self-esteem and a loss of jobs, friends, family, and, most importantly, self-respect. Alcoholics Anonymous was entered with fear, but there they found a nurturing and supportive environment. Sobriety took a while with the first year being one of confusion and indecision. One subject suggested that there were levels of sobriety, depending upon the person and how much change was desired. The investigator noted that the meaning of sobriety was individually determined. The common attributes appeared to be abstinence from alcohol and alcoholic attitudes, acceptance, dependence on a higher power, freedom, choices, changes, honesty, and transformation.

Banonis (1989) and Herban's (1986) studies supported the role of individual choice, struggle through the early phases, and freedom once abstinent. The subjective descriptions of the process were based upon recovery periods ranging from 1 to 26 years. The subjects in both studies described a life of balance and a sense of becoming once they were recovering.

Since Banonis (1989) and Herban's (1986) studies presented recovery from the phenomenological perspective of the lived experience, they did not document the individual's experience within the context of relationships to others and to social setting. These relationships have been identified as important for understanding recovery from alcoholism (Denzin, 1987b; Vaillant, 1983; Wiseman, 1981).

In contrast, Denzin's (1987b) study is an interactional and phenomenological study of the institutional and group socialization practices that create the alcoholic self. This study was based upon Alcoholics Anonymous' definition and treatment approach to alcoholism. The research sites were alcoholism treatment centers and more than 2,000 AA meetings over a 5-year period. In addition to participant observation, Denzin used interpretive and ethnographic methods. His primary interest was to present alcoholism from the point of view of the recovering alcoholic self, a view he believed had not been presented.

Denzin (1987b) based this study of recovery on his understanding of alcoholism as a disease of conduct which involves uneasiness of self, time, emotionality, and social relationships with others. Alcoholics deal with this uneasiness by drinking. At some point alcoholics cross the line and drinking is no longer an option. Recovery reverses this process and the alcoholic learns to relieve this disease by not drinking and by incorporating the identity of recovered alcoholic into self.

Denzin (1987b) developed six theses of recovery from the participant observations and self stories told during institutional treatment, in AA meetings, and in autobiographies. These stories were interpreted using an adaptation of the progressive-regressive method suggested by Sartre (Denzin). Critical events, such as recovering from alcoholism, were analyzed by going back and forth between the time prior to and after the event.

The six theses developed were that recovery involves recovery of time without alcohol, learning to live in the present, separating from damages of the past, rebuilding relationships without alcohol, relearning emotional feeling, and shattering the structures of bad faith (Sartre's term for life processes not in keeping with positive choices for human kind and self). The recovering alcoholic has to realize that the interactional structure is larger than he is. The recovery experience, in this study, involved an understanding of relapse and slips. Such situations are expected during the first year and are related to attempting to take control of one's life, the opposite of surrendering to a higher power. Relapses after the first year are considered willful acts. Denzin's (1987b) work corroborated Vaillant's (1983) views of the role of will in the process of recovery. This factor was the most frequently cited by the men in Vaillant's study and is a significant factor in Denzin's study.

Denzin's (1987b) study differs from Herban's (1989) and Bonani's (1989) studies in its interactional nature and

emphasis on the societal structures supporting alcoholism. All three studies identify the constant attention which must be paid to maintaining sobriety and suggest that maintaining constant involvement with AA is the way to do this.

Denzin's (1987b) study covers a 5-year time period, but as with the others, does not identify the alcoholic's struggle with maintaining abstinence over time; nor do they address the difficulties of recovery when dealing with poverty and isolation. None of the studies discuss the subjective experience outside Alcoholics Anonymous.

#### Recovery from Alcoholism when Homeless

Most studies of homeless alcoholic men have concentrated on subjects from skid-rows in large cities. These men have not changed in substantial ways in 50 years (Cohen & Sokolovsky, 1989, Wiseman, 1979). Research literature on the lives of alcoholic men living in these areas has been reviewed from the 1950s to late 1980s. The most extensive early study was conducted by Bogue (1963) in the skid-row of Chicago during the late 1950s and early 1960s. Bogue defined skid-row as a district in the city where concentrations of substandard hotels and rooming houses catered to the needs of low income men. At that time, low-cost housing was available, so many men we now classify as homeless had some type of shelter. Bogue's definition of homelessness was living outside a private household with no family life.

Bogue (1963) surveyed 613 men over a 1-year period. Bogue used probability sampling to represent a cross-section

of each of the four skid-row areas of Chicago and reported his coding and survey procedures in detail. Bogue found that approximately 40% of the residents could be classified as heavy drinkers. The older population contained only 10% heavy drinkers. Bogue asked the residents who were heavy drinkers the reasons for their drinking. Approximately 41% said they drank to forget troubles, 26% drank because of the craving, and 44% drank because of the pleasant feeling. A dominant theme, supported by previous studies of non-skid-row drinkers (Vaillant, 1983; Wiseman, 1981), was that marital trouble and drinking were coexistent.

There were more reformed alcoholics on skid-row than Bogue expected. Bogue's (1963) findings that 59% of the men who had conquered drinking said they did it with will power were consistent with Vaillant's results (1983). Subjects gave a very small share of the credit to treatment institutions.

Bogue (1963) compared illness of all men in the sample with a normal population of men, and found that 80% of the homeless had one or more diseases or sicknesses. Illness caused two times more disability in the homeless population than in the male population in general. Skid-row residents suffered from disorders of the digestive system, arthritis, and disorders of the bones and joints. Their dental condition was disastrous, with 48% needing major work. In the over-65 group, 41% were toothless.

Bogue (1963) found that most of the men had happy childhoods, but were restless and had no definite

occupational goal. Reading tests indicated that 40% of the skid-row residents were above average or superior readers with the chronic alcoholics much higher in mental ability. Bogue concluded that arriving at skid-row occurred for many reasons, with chronic alcoholism just one.

In another study, a naturalistic field work method with participant observation and interviews was used to investigate skid-row subjects in a middle sized town (Wiseman, 1979). The researcher observed daily life, as did Bogue (1963), but was more interested in the circular route homeless alcoholics made within institutions designed to help. Wiseman's description of daily life and drinking patterns were similar to Bogue's. Wiseman found that the men drank to deal with loneliness and unhappiness, though her study emphasized drinking as a result of homelessness more than as a cause. Wiseman found a today-orientation, as suggested by Denzin (1987b), concern for daily survival, powerlessness, and extreme independence while at the same time dependence on outside agencies for support.

Although the primary purpose of rehabilitation agencies was to return the homeless alcoholic to normal society, research findings indicated that most men were not able to accomplish this. As a result, Wiseman (1979) suggested a theory of social margin. Social margin is the degree of leeway an individual has to make errors. Social margin is built up by positive actions for others and the establishment of a good reputation. Homeless men who returned to normal society, worked in low-status jobs, lived



in skid-row hotels and rooming houses, and had none of the normal accompaniments (car, clothing, social network) necessary to move up. In addition, they had lost everything from their previous life, and had therefore built up no margin for error. Therefore, the first failure usually meant a return to drinking.

The latest study of homeless skid-row men was conducted in the Bowery of New York by Cohen and Sokolovsky (1983, 1989). These investigators, particularly interested in older men, began the study in 1982, and combined psychological, anthropological, and sociological methods to examine the interplay between biography and society. Their research contains many self stories from homeless alcoholic older men. The researchers justified the study of older men by suggesting that these men are still a substantial proportion of the homeless. The older men's alcohol abuse, physical impairment, lack of traditional social relationships, and economic deprivation placed them in the category with the homeless. These men are often on the edge of being without shelter.

Cohen and Sokolovsky (1989) used a stratified sample to compare men on the streets, in flop-houses, and in rooming houses. The study consisted of lengthy interviews over several weeks, a Network Analysis Profile with documentation of reliability, and a Health Assessment and Referral Evaluation. Cohen and Sokolovsky's findings differed from Bogue (1963) in that the individuals they interviewed had unstable childhoods. Most of the men had a period of living

alone before coming to the bowery and arrived because of alcohol and economic reasons. The researchers found a greater percentage of low-skilled workers than Bogue did, with only 5% having any type of college. Only 39% had graduated from high school.

Bogue (1963) and Wiseman (1979) found that many of the homeless were isolated. Cohen and Sokolovsky (1989) found that Bowery men, while more isolated than community men, did have a number of social groups and an intermediate level of intimacy.

Cohen and Sokolovsky (1989) found that 25% of the men's social networks were comprised of kin contacts. There was little expectation of material support from these contacts. The men relied on social agencies to fulfill their needs, but did not like them. Cohen and Sokolovsky's earlier (1983) report compared street men with those who had moved to single room occupancy hotels and rooming houses. Both of these groups had spent about one-third of their time living in single room occupancy hotels (SROs), documenting the circular nature of homelessness. The researchers found that the residential men differed from men on the streets by income (those with residences had a little over \$100 a month more money), less drinking (only 60% of the SRO residents drank), and better social networks. The SRO residents had more contact with women and a social network more similar to that of other single elderly persons in the community.

As cited in previous studies of homeless alcoholic populations, subjects in Cohen and Sokolovsky's (1983) study

were more physically impaired than their counterparts in a comparison community group (Bogue, 1963; Koegel & Burnam, 1988; Rossi et al., 1987). It is interesting to note that there had been a change in problems over the years with respiratory disorders, edema, and hypertension now the leading causes of problems. This is perhaps related to better diagnosis or to changing environmental conditions in urban areas. Though their health was poor, most of the men did not seem aware of it. Fifty-five percent of the homeless rated their health as excellent. This is similar to a nursing study by Malloy, Christ, and Hohloch (1990) which identified numerous health problems in a homeless population, while the homeless rated their health as good.

Cohen and Sokolovsky (1989) disagreed with current literature which suggests that the homeless drink because of homelessness. These researchers found that 80% of the men were still drinking, with only 20% stating that it was their primary reason for coming to the Bowery. Most of the men stated poverty as their reason for coming. A considerable percentage of the poverty may have been related to alcohol. Many had plans to stop drinking but, as in Bogue's (1963) study, they did not believe AA would be helpful.

These four studies (Bogue, 1963; Cohen & Sokolovsky, 1983, 1989; Wiseman, 1979) provided a view of the daily life of homeless men, the prevalence of problems with alcohol, and the increased health problems associated with homelessness. The methodology in each of the studies was well-documented and appropriate to the questions. Each

study included subjective descriptions of the experience of drinking, but included very few descriptions of the attempt to recover or reports on those who were not drinking.

The subjective descriptions were retrospective with all of the problems of memory attrition and distortion. These problems are compounded in persons with a history of alcoholism. In addition, the studies were cross-sectional and could not explore a lifetime of choices to refrain from drinking amidst the difficult environment of homelessness.

#### Summary

The studies reviewed on the phenomenon of recovery from alcoholism presented a similar view of alcoholism. The illness was described as a cyclical process involving periods of active drinking followed by attempts to recover. All of the studies identified alcoholism as a lifetime disorder with periods of relapse common even after many years of abstinence. The subjects in all studies, regardless of state of habitation, described problems with family and handling emotions as stimuli for drinking.

The studies differed on the value of various treatment methods with three studies suggesting that Alcoholics Anonymous was the most effective route to recovery. Studies by Vaillant (1983), Bogue (1963), and Cohen and Sokolovsky (1987) suggested that most recovered men in their samples did not feel they had been helped by Alcoholics Anonymous.

All but one of the studies (Vaillant, 1983) contained subjective descriptions by recovering alcoholics. Denzin's (1987b) study contained life history accounts in the form of

self stories told at Alcoholics Anonymous meetings. Denzin (1987b), Vaillant (1983), and Wiseman (1979) were the only investigators whose reports contained an analysis of the social context of drinking. Denzin's work was primarily from the perspective of institutions and pledged groups of Alcoholics Anonymous.

Vaillant's (1983) prospective study was the only study which sampled a group over a long life period. Vaillant's study was also able to provide background variables before the onset of alcoholism. While his study did present a life-long process, it was done arbitrarily at certain ages and would not have identified drinking and abstinent behavior at critical points in a life history.

There are several aspects of recovery which have not been identified in any studies reviewed. The daily lives of homeless abstinent alcoholics have not been studied in any depth. There have been no studies of drinking and abstinent behaviors at critical periods over a lifetime. Subjective experiences of individuals who have recovered from alcoholism without active membership in an Alcoholics Anonymous group have not been explored. These voids in the research indicate that it would be useful to explore the subjective experience of recovery from alcoholism during turning points over a life of homelessness.

## CHAPTER III

### Methodology

The purpose of this research was to explore the meaning and characteristics of a homeless recovering alcoholic's experience during life turning points. Symbolic interactionism, select existentialist concepts from Sartre (1963b) and VanKaam (1983), and nursing concepts from Watson (1985, 1988) provided the perspective for this study.

#### Design of the Study

The study utilized a life history design which emphasized the phenomenal role of lived experience in recovery from alcoholism. Life history, as a scientific method and phenomenon of interest, has been standard in anthropological field work for many years. The method gained prominence with the group of sociologists associated with the University of Chicago, especially with the publication of two volumes of the Polish Peasant in Europe and America (Thomas & Znaniecki, 1974). These volumes were based on Thomas and Znanieckis' view of sociology as an inductive and analytic science (Plummer, 1983).

The Chicago school was known for the development of symbolic interactionism during the 1920s and 1930s. Symbolic interactionism influenced life history research

with its accent on obtaining detailed, experiential and concrete understanding of individuals and the world they create. The studies of the school emphasized that "the organic compound revealed in the human document blends mind with body, individual with group, subjective with objective, freedom with constraint" (Plummer, 1983, p. 60).

Bertaux (1981a) described a 30-year dormant period for the life history method after the peak period of the Chicago school. A recent increase has been seen using diverse frameworks which stress the relationship between social dynamics and historical change. Bertaux, in an almost evangelistic tone, stresses that life histories may transform sociology by allowing for development of theory about something concrete. This theory will convey complexity using a simple form and transcend the analytic stage toward synthesis.

Plummer (1983) suggests that one of the values of using life documents is the ability to view the relationship of the individual in totality, his definition of the situation and groups with which he engages. The individual's strategies for problem solving and freedom to make choices are unique to an existential approach to life documents (Watson & Watson-Franke, 1985).

In one of the seminal studies on life history research using personal documents, Allport (1951) identified several legitimate purposes of documents for ideographic scientific research. Allport believed that personal documents were helpful to science because they provided concrete evidence

of the nature of single lives, provided evidence of multiple causation, gave clinicians a better understanding of a phenomenon of interest, and enhanced the understanding, prediction, and control of individual lives. Of interest to practice disciplines is his suggestion: "The application of knowledge is always to the single case" (Allport, p. 58).

Authors have several classification schemes for personal documents. These include type of document, purpose for which it is studied, length of the individual's life studied, and type of analysis (Denzin, 1989b; Plummer, 1983; Strauss, 1987). Allport (1951) states that, "the spontaneous, intimate diary is the personal document par excellence" (p. 95). A diary provides a continuous record of development and exposes turning points in day-to-day routine. "Long-term diaries provide the most remarkable of all sources for a study of continuities in personal development . . ." (Allport, p. 95).

#### Limitations of Diaries

Allport (1951) described the limitations of the diary as a personal document. Diaries often neglect the calm and happy periods of life. Diaries are bound by the motivations of the author and may not describe all the persons or situations involved. In addition, since many diary authors secretly hope to publish, they may limit the inclusion of some aspects of their personality. The population represented by the diary may be a selective one, in that introverted persons are the most likely to keep a diary.



Allport (1951) urged the use of conceptualization in the scientific approach to personal documents and defined this as any theorizing imposed on the raw narrative. Allport suggested that documents should be encountered with an explicit broad frame of reference without detailed positions.

#### Data Source

Data sources for this study were the personal diaries and letters of one individual (Robert) who lived from 1895 to 1980. Information was also taken from a tape the individual made for a family record. As is true with much life history research, the selection of a subject was not formal (Bogdan, 1974; Plummer, 1983). The diaries appeared as a possibility for study only after the researcher became clinically involved with homeless populations. The subject fit Plummer's description of an exemplar of the marginal person who lives between two cultures. Robert was intelligent, from a stable original family, had some college education, was homeless for part of his life, and also lived in single room occupancy hotels during significant portions of his adult life. Robert lived there as a result of alcoholism.

The personal documents were obtained after the death of the subject. The documents had been stored for many years in closets when the subject had housing and in the garage of a friend during other periods. The diaries were for the most part typewritten and organized according to years and topics. There were separate volumes for personal health

logs, daily reflections, and reactions to articles read in the local library. The diaries contained 7,000 single-sided pages from the years 1941 through 1978. There were a few accounts from 1933 and the records from 1941 to 1954 were sporadic due to the individual's active drinking during that period. The documents were photocopied and analyzed from the copies. The originals are stored in Indiana.

The researcher photocopied and organized the data by year into notebooks. The daily reflections and health record logs were incorporated into their appropriate year. The subject's reactions to periodicals were not included in this study. The data were maintained in chronological order.

#### Protection of Human Subjects

Request for approval to conduct this study was submitted to the Institutional Review Board of The University of Alabama at Birmingham. Written informed consent was obtained from the family member who has possession of the diaries.

Anonymity of the subject, subject's location, family, and acquaintances was maintained throughout the study. All identifying information was changed to protect this anonymity.

#### Data Analysis

Erikson (1963) suggests that an interpreted life history requires three separate fresh analyses of the data. The life must first be studied from the perspective of the individual's processes, and then related to the individual's

social associations. Finally, psychological, sociological, and historical data which give meaning to the individual life must be integrated. This study followed examples of this integration in studies by Erikson (1958), Denzin (1987a, 1987b), and Sartre (1963a).

The data were entered from the perspective of the conceptual framework, an approach supported by Plummer (1983) who suggests that researchers may interpret personal documents using any degree of intrusion they wish, as long as they identify their entry into the raw data. The intent was to do an ideographic analysis to formulate lawful statements which applied to this case only (Denzin, 1978).

#### Turning Points

Units of analysis were turning points in the life history. From pilot work, it appeared that there were at least three major turning points in the diaries. Lofland and Lofland (1984) state that larger units of analysis, such as turning points, contain all smaller units, such as meanings. The analysis of the turning points involved the use of an adaptation of Sartre's (1963b) progressive-regressive method which begins with a key point in the life. The researcher works forward and backward from the event examining the themes related to the subject's choices and goals, and the consequences of these choices and goals (Denzin, 1989a).

The turning points were identified by using a time line for meaningful events from a chronological record developed

by the researcher (Appendix A). This time line was compared to the subject's taped history for accuracy.

#### Dimensional Analysis

Each turning point was analyzed using the matrix for dimensional analysis suggested by Schatzman (1991). This matrix provides a framework for telling a complex story by designating the inclusion of the following: perspective for selecting items, the dimensions and properties of people, things, and events, a context for these, conditions for the actions and interactions taking place, and the consequences of these actions.

Each paragraph of the first turning point was coded as a dimension of experience without attempting to place it in the matrix. The first question asked was "What 'all' is involved here?" (Schatzman, 1991, p. 310). The experience was given a code name. The researcher immediately wrote a short memo about the paragraph. As Schatzman suggests, there was no attempt to discover meaning at this point. The researcher was simply gathering a mass of material to later fit into the matrix. Once all paragraphs in the turning point were coded, the coding labels were condensed and the paragraphs sorted into broader categories of experience such as: expectations, values, clues, alcohol, health, interactions, and family relations. These paragraphs were then divided into interactions dealing with self, other, and society. A theoretical memo was written on each of the categories of experience in order to begin the process of interpretation and adaptation to the dimensions of the

matrix. An integrative memo was written for the first turning point forming sub-dimensions of the matrix.

The other turning points were analyzed the same way except that categories from the first turning point were used in coding the others. New categories were added with each turning point, as necessary.

The theoretical memos and Robert's data were developed as a chronological narrative to tell the story from Robert's perspective. The data from Robert's documents were transcribed exactly as written. The researcher's analysis of this narrative was written after re-reading the constructed story. Then historical material, sociological theories, and psychological theories were integrated into the analysis. Finally, the contextual analysis was added to the story. The meaning of the experience could not be determined until the early history, contextually based analysis, and Robert's story were combined. Only then did Robert's attempt to climb back on the "right path" and become somebody make sense.

Further conceptualization took place in the form of method and personal memos which were kept separate from the data. Memos were written frequently to begin forming links between data, "make sense of the data" and prepare for putting the information together into a meaningful analysis of the turning points in recovery from alcoholism (Lofland & Lofland, 1984).

The completed study is in the form of an interpreted analysis of Robert's documents during three turning points.

This analysis identifies the meaning and characteristics of the recovery experience of a homeless alcoholic during life turning points.

#### Reliability and Validity

The form of analysis of the diary must be identified before issues of representativeness, reliability, and validity can be discussed. This analysis was designed to formulate ideographic propositions which were related to one case only (Allport, 1951; Denzin, 1978). The rationale for this approach is that no two lives are alike, so causal propositions can never be the same from case to case. Especially in a human science discipline, the laws of science must initially rest on the careful analysis of one case.

#### Representativeness

While idiographic research requires that each case be treated as unique, Plummer (1983) suggests that the subject should be appraised on a continuum of representativeness and non-representativeness. The subject of the document analysis is similar in many ways to the homeless white males of today as well as to those described during his time period (Bahr & Caplow, 1974; Bogue, 1963; Cohen & Sokolovsky, 1989). Robert, a veteran of World War I, had difficulty maintaining employment due to the effects of alcohol and homelessness. He was divorced and spent time in jail during active drinking. Robert, like a small percentage of other homeless men, completed several years of college and was considered very intelligent by those who

knew him. Robert was similar to most homeless in that he spent time on the streets, in single room occupancy hotels, and in rooming houses. Robert represented a minority of the homeless in the length of his life and his long period of abstinence. Robert was assumed to be different from most homeless because a typewriter was one of his first possessions after moving into a single room occupancy hotel and he kept records of his life.

#### Authenticity

Denzin (1978) suggests that there are general rules for assessing authenticity of a historical document. The first is that the closer the subject is to the event, the greater the reliability and validity. The researcher knew the subject and was aware of his keeping of diaries. The diaries were found in his apartment at the time of his death. In addition, many of the diaries contained notes, cards, and newspaper clippings between pages. These documents supported the date written in the diaries. There were some handwritten diaries, apparently the first drafts of typewritten copies. These were in Robert's handwriting.

The second rule is that the more serious the intent to make a "mere" record, the more dependable the source. This cannot be determined at this stage, although many of the diaries contained material in the form of logs which corroborate the interpretive sections. In addition, several events were discussed in which the researcher was a part. These events seem to correlate with the researcher's memory.

The third rule is a determination of the number of people for whom the document was prepared. This is impossible to identify at this point.

#### Bias

Plummer (1983) discussed reliability and validity as an issue of bias rather than as traditionally used. Since the documents were a subjective story and since that was what the researcher was seeking, the greatest concern was with the ability of the subject and the researcher to present the needed information. Plummer suggests a brief check list of possible sources of bias, including deception on the part of the subject, attitude of the researcher, and issues with the interaction.

The diaries did not appear to contain any deliberate misinformation. The subject was intelligent, articulate, and able to describe his situation. In addition, the diaries appeared to have been written almost daily so there was little loss from memory. In 1955, the subject was asked to write a series of letters to a psychologist to describe the lives of homeless persons. These letters were the beginning of the largest collection of diaries and may have included an attempt to justify Robert's own position. This source of bias was accounted for by analyzing the diaries at different points. There were also checks of information through personal knowledge, remaining family members' accounts, and letters.

Plummer (1983) suggests that the researcher must account for any attitudes which might bias the



investigator's ability to understand and analyze the document. The researcher is now the same age as the subject when he left his family and moved into the streets. The researcher lived apart from family for 8 months while analyzing data and may have been more sensitive to Robert's aloneness. The researcher has had different experiences from the subject in the areas of gender, family life, living experiences, income, and educational level. The researcher has attempted to limit these differences through working with lower income individuals, living in a homeless shelter for a short time, and practicing nursing with alcoholics. The researcher had difficulty empathizing with the subject during the period of knowing him. However, after spending more time in practice with persons of similar circumstances, the researcher has grown to appreciate the limiting forces of social structures and the difficulty moving up once one has "hit bottom."

Bias may come from prior interactions with the subject. Robert was indirectly a presence in the researcher's life for a period of 10 to 15 years. The researcher's responses to the subject were included in a few aspects of the diary. The researcher did not enjoy Robert's company and often argued with him about his point of view. Robert's death and this study opened the possibility that there were other ways of viewing him.

Plummer (1983) suggests that it is not possible to eliminate all bias because this assumes that there is a "real truth" when dealing with human life. The task is to

be aware of bias, state it publicly, and describe how one has assembled a partial truth.

#### Limitations

Several limitations to this study have been identified:

1. The researcher's attitudes, including gender, may have inhibited the ability to understand the subject's experience.

2. The researcher's previous involvement with the subject and other members of his family may have influenced the researcher's perceptions of the subject.

3. The subject may have had undiagnosed mental difficulties which would confound the understanding of recovery from alcoholism.

4. The researcher's lack of experience with the method of analysis may have produced inadequate depth.

## CHAPTER IV

### Findings

This life history analysis of one individual's personal documents was conducted to understand the meaning and characteristics of a homeless, recovering alcoholic's experience during three key life turning points. The research questions in this study were "What is the meaning of a homeless, recovering alcoholic's experience during life turning points?", and "What are the characteristics of a homeless recovering alcoholic's experience during life turning points?"

### Sample

The periods of the life history sampled consisted of three key turning points drawn from the 33 years of Robert's diaries, letters, and tape. The 33 years were chronicled to identify significant occurrences in his life. Significant occurrences were considered to be losses, emotional crises, social crises, financial crises, moves, and unpleasant health states. Turning points were then established by coding these significant occurrences and placing them on a time line. In addition, the transcript of Robert's taped life history was used as a second and confirming source of data. These sources were compared to identify periods of

significant discontinuity when Robert's self-definition was threatened and a return to drinking might have been likely.

The turning points occurred between 1946 and 1949 when he stopped drinking, from 1952 to 1955 when he was fired from a stable job, and from 1966 to 1971 when he began and then lost a relationship which gave him his "first home and love" in 40 years.

#### Form and Function of the Diaries

Robert was a member of a New England family who maintained detailed records of family history. His interest in retaining personal documents began in high school with numerous school papers, letters from friends, and grade cards found among his boxes of diaries. All of his documents before 1951 were letters to and from his parents and wife.

#### Form

Robert started diaries in 1951, after he lost a job for "dubious reasons." He believed he had been smeared because of his alcoholic history. However, at the time he recorded that, several AA members suggested it was probably something wrong with him.

When he started working in the shipping department of a large factory, he decided to keep a factual record of what happened so he wouldn't have to depend on memory if something went wrong.

And one of the first things I decided on was to keep it entirely objective and to keep facts separate from explanations of facts. If I had any opinions, theories, interpretations or explanations of the

recorded facts and events, I put them in parantheses or otherwise identified them for what they were.

Of course it did not contain everything that was said or done by me or the other parties concerned since that would have been impossible, but only the ones which I thought at the time might have some significance or bearing on how I was getting along in my relations with the Company and with the people with whom I worked.

The original work diaries covered 3-1/2 years and filled several hundred pages. He continued these notes and in 1955 began adding daily entries on activities in the single room occupancy hotel (SRO). Beginning in 1954, he added separate diaries on each of his female relationships calling them "The Case Of xxxx."

After this period, he kept several other types of diaries: a personal log which documented daily activities, a diary summarizing the journals he read each day, and beginning in 1965, a health log. He continued all these diaries the rest of his life, making the last entry the evening before he died.

His diary notes are filled with discussions of the activities and reactions of others toward him. He uses profanity and multiple exclamation marks to indicate his reactions to others' statements. He rarely analyzed why people were acting as they were or the effect of his behavior on others. His daily activity logs are just that. His health diaries contain compulsively recorded accounts of his vital signs, sexual activity, diet, special problems, and sleep patterns.

Several published male diaries were read to compare similarities and differences with Robert's accounts (Hoffer,

1982; Lockridge, 1987). The form of his diary was similar to the others with a focus on daily activities and health concerns. His diary was different in the amount of writing he did, the repetitive and limited variety of activities he engaged in, the almost total preoccupation with others' actions, and the documentation of compulsive sexual activities.

His diaries also differed in the lack of a sense of humor or anything uplifting. Beauty and fun appeared to be completely missing in his life. His entries on library reading indicated that he read only news magazines and health-oriented journals, and never literature. His life, if judged from the diaries, was dark, lonely, restricted, and boring.

#### Function

Robert began keeping diaries as a way of monitoring his work interactions. He fully believed that his diary recordings were objective and therefore correct. This may have skewed the diaries in the direction of events and facts, rather than feelings.

During the early 1950s, Robert met a psychologist who suggested that his viewpoint on alcoholism might make an interesting book. After the work diaries, Robert wrote letters to this psychologist detailing the daily activities of the alcoholics and prostitutes living in the SRO. These recordings expanded into the daily activities of several women friends.

It is likely that this habit of recording interactions with others became a part of his daily ritual, filling his life with a sense of importance and activity. Perhaps the diaries served the same purpose for Robert as they did for Dostoevsky's (1974) underground man. They both wrote to get their oppressive thoughts on paper and out of their minds.

Robert's health and longevity were two areas for pride. The health diaries were his means of confirming his sexual potency on a daily basis, and they provided him a way of monitoring and perhaps indicating to others how well he was doing physically.

Some may believe that Robert wrote the diaries to explain or justify his life to his family. This is possible, because Robert knew that his family would probably find the boxes when taking care of his burial. However, nothing in the diaries or in his will indicated an interest in anyone reading them.

And some may wonder if the diaries were fabricated to present his life as he wanted it. If so, Robert wanted others to see his life as restricted and, for the most part, miserable. This may indicate so profound a failure that Robert was willing to be remembered as the diaries presented him. There was, perhaps, satisfaction in telling others how he survived his misery.

#### Interpretation of Robert's Life History

This existential and interactive interpretation of Robert's experience revolved around three crisis periods in his life. The focus was on Robert's role as a recovering

alcoholic, though this role could be separated from the totality of his experience. The analysis of each turning point included the conditions existing upon entry into the period, the possibilities, the choice, and the results. Robert's project was revealed as he attempted to regain respect and his place in society. He attempted to acquire symbols of success by changing others rather than himself.

While this was not a study of Robert's early life, it was important to explore the interactions which formed his later choices. His parents were devout, in a New England Puritan way, with a heightened sense of good and evil. They were hard working farmers who expected their sons to be the same. They, like others of their generation, believed that a successful man was an ambitious, clever, and aggressive family protector and provider (Demos, 1986).

Robert, the oldest of three sons, was more interested in dreaming and invention than aggressive physical work. His family favored his intellect over his creativity. Robert adopted these views of himself, dreaming of using his "head rather than his hands" to become successful. He defined success by society's standards, believing he needed to be respected as intelligent and financially successful compared to persons of like status.

Robert's father owned a large farm which he bought from T.C., the husband of his wife's sister. Robert's father's trade was carpentry, not farming, and his mother was interested in literature and the arts, not homemaking.



Robert rarely mentioned his father in the diaries, and he was respectful but not affectionate toward his mother.

Robert remembered his childhood and teen years on the farm as unhappy and lonely. He described himself as an introvert who spent much of his time inventing or reading. He felt isolated and didn't have much in common with boys in the city. Robert never liked sports or usual male activities, and shared only an early, troublesome interest in young ladies. The family was concerned about his sexual activity and sent him away with relatives for 1 year to remove him from temptation.

Robert was a good student, editor of the high school paper, and he surprised no one when he went on to the State University to study engineering. Although an excellent writer, he did not select journalism, a profession more in keeping with his and his mother's interests.

Robert's university career was interrupted by World War I and by illness. He finally gave up after completing 1-1/2 years, married the daughter of a well-to-do Ohio farmer, and started working in the Post Office of his hometown. Robert later suggested that everything would have worked out if he had stayed with this job. He would have had money, a respected job, and association with men he could talk to. Instead, Robert followed an idea which he believed would make money. He had designed a way to build pre-fabricated houses long before these were popular, but he was not able to attract any support and eventually found another job working for a railroad.

Robert was laid off from the railroad and around the same time was asked to come back to help his father run the farm. The farm at this time was losing money, and his banker uncle promised to provide financial support for improvements. Robert began drinking heavily during this stressful period. After his father died, Robert and his uncle disagreed on ways to increase profits; this resulted in his uncle's refusal to loan any money. Robert lost the farm and attributed it to betrayal by his uncle.

The following scraps of notes were found in diary boxes

- 1927 Returned to farm to help father.
- 1929 Father died. Took over farm after father's death.
- 1930 Uncle refused to lend money for farm as originally promised. Wrecked car. Began making home brew and drinking four bottles at a time.
- 1931 Began serious drinking (morning drinking). Bank loan again rejected. Stormy session with banker uncle. Stopped drinking in November.
- 1932 Resumed drinking whiskey. Scared about leg feelings. In July drank large quantities of alcohol; got sick and scared. Climbed on "water wagon". Fell off wagon 1 month later.
- 1933 Involved in much group drinking with friends. New Deal began in March. Got "tight" much of time. Heard about impending loss of loan. Considered renting farm; felt that "gone as far as I can with it."
- 1934 Farm sold while in bed. Stayed "tight" for week.

Robert moved back with his wife's family in Ohio. He had hoped he would have something important to add to the running of his father-in-law's farm, but the two disagreed on almost everything. Robert's difficulty with his wife's father became a second rejection by an authoritarian male. Robert could find nothing meaningful to do and began spending most of his money on alcohol. A few years after

his son was born, his wife's parents told him to leave the farm.

These notes were found in boxes of diaries:

1934 Returned to wife's home to live and work for wife's father. Continued drinking. Wife "raised hell."

1935 Still getting drunk. Heard another man tell a friend that "not worth a damn, won't work, will never have a thing." Daughter heard at school that family came here expecting to live off father-in-law. Pudge (son) born. Went on big "tight" next day and left home. Drank every Saturday night. Invited to get out of house. Sold car.

Robert spent the next 8 years living in downtown hotels, staying with alcoholic friends, and spending time in and out of jails. He worked, when possible, on construction jobs earning just enough money for rent, food, and alcohol.

#### Turning Point I

##### Regaining Health Through Sobriety in AA

Turning Point I began in 1946 when Robert started thinking about stopping drinking. He did not write diaries at this point, but did keep letters to and from his mother, a card from an alcoholic friend, and notes written for an anniversary meeting of AA.

##### Historical and Societal Conditions

Robert brought a past of economic loss and 20 years of heavy drinking to this turning point. His heavy drinking began while struggling to retain the family farm during the Great Depression and gained momentum upon losing the farm.

In 1946, Robert began writing letters telling his mother he was an "object of contempt." He attributed his situation not to drinking, but to poverty due to his uncle's

refusal to loan money. This "betrayal" by his "rich uncle" was even more bitter because his uncle was an alcoholic whom relatives protected because of his successful banking career.

The depression. Robert's economic loss occurred partially as a result of the Great Depression. The family farm had been located in one of the midwestern states most severely affected by severe droughts in the 1930s (Hurt, 1981). The combination of poor soil conservation practices, the drought, and dust storms contributed to crop failures and prompted Robert's father's request for his return to help with the farming. Just as Robert returned, wheat prices dropped significantly and stocks and commodities dropped too, leaving rural banks unable to afford to carry farmers until their crops were marketed (Bird, 1966). Then came the Great Depression which had a severe effect on farmers because they had not built up any savings in the prosperity of the 1920s (Shannon, 1960).

Once the farm was sold, Robert's return to his wife's family offered little relief. The state in which their farm was located saw a 60% reduction in wages from 1929 to 1932, with very few jobs available for those who were not already working (Shannon, 1960). Robert's middle class background made him more likely to berate himself for his "failure." Middle class men had trouble believing that poverty was not their own fault or a result of not saving or not wanting to work (Patterson, 1981). Consequently they were unhappier,

more suicidal, distrustful, and less self-confident (Bird, 1966) than other men.

The decision to move in with his wife's family must have been further proof of his inability to fulfill his role. This led to increased drinking. Demos (1986) reported widespread decreased self-esteem during the Depression due to men's loss of their central role as provider of the family. Those who survived came out with a clear message to save money, reserve hope, and avoid risks (Bird, 1966).

Role of alcohol. Robert's response to his loss and failure was to drink more. Drinking was a way of numbing his feelings. He could feel like a man when drinking, if at no other time. American culture promoted drinking as a symbol of the good life, masculinity, and liberation from repression (Bird, 1966; Clark, 1976). The culture's messages were mixed, though; films presented alcohol as sociable behavior, while the alcoholic was seen as a diseased person who violated normal standards (Denzin, 1991).

Robert's life focused primarily on alcohol once he lost his family. He compared himself to his rich relatives, the culture's definition of a man, and his own expectations, and he felt exposed and inadequate. Robert repressed this shame by converting it to rage. From then on, whenever he felt impotent or weak, he re-experienced rage, turning it into a wish for revenge. Scheler (1961) calls this permanent vindictive state "ressentiment," suggesting it often occurs

when there are imbalances of power. The person of "ressentiment" eventually loses track of the individual who was the primary source of the feeling and channels it into hatred of an entire group who share common characteristics. Robert's perceived betrayal by his uncle became the target of most of his anger, eventually becoming rage at all who were successful. Robert's mother recognized this and wrote:

In the first place, Robert, you are smart enough to know that when one lets his mind run too continuously in one channel he may lose his sanity at that point. Already, it seems to me, you have magnified your grievances against your relatives until they are far more fancied than real. You seem to think they all hate you and say, yourself, that there must be something beside drink that causes it. Well, why not turn your tho'ts in exactly the opposite direction, stand off and look at your own self objectively and try to see how many reasons you find there why your relatives should do whatever it is you expect of them. How much time, tho't or effort have you ever given to being kind or helpful to them or others. Uncle T and Uncle J have both done great favors for you but do you ever give them any credit for that, have you ever given any of your relatives a heartfelt word of thanks or appreciation for what they have done instead of cursing them for what they haven't? Neglect of those and things like that makes one unpopular. The Bible never said a truer thing than "A man that hath friends must show himself friendly." It seems to me it is you who hate your relatives instead of their hating you and with less cause. I doubt if you realize at all how ugly, abusive, and offensive drink has made you so often. Uncle J once said to me that all he had done for you seemed only to have made you hate him.

### The Possibilities

Late 1946 presented Robert with several possibilities related to drinking. He, like many alcoholics, denied his alcoholism rationalizing that poverty was the real problem.

It is an absolute fact, although few people will admit it, that mere abstinence from alcoholic beverages or from any other recognized form of moral turpitude will not prevent a person from being an object of contempt in the eyes of other people. There is a case in point

in this very house at the present time. I refer to Mr. C. He is contemptible in the eyes of his nearest relatives, yet he does not drink, or have any other bad or wasteful habits. He goes to church regularly. To say that he is contemptible in the eyes of his relatives is probably a brutal way to put it, and a statement which they would vigorously deny and resent if they knew about it. Nevertheless it is true. He doesn't dare call even his shoes and sox his own, let alone his soul. He hasn't any more to say about how this place is run than someone down in the next block. How come this lack of respect? Drink? No! Gambling or other bad habits? No!

Robert's repressed shame about succumbing to alcohol was probably influenced by ambivalent cultural attitudes which began with free flowing liquor in colonial days and led to Prohibition in the early part of the century (Cahalan, 1987). The repeal of Prohibition, along with a shift toward individual liberty, suggested that drinking was normative for the society, although those who could not handle it were considered weak. This in effect encouraged hiding the alcoholic (Beauchamp, 1980).

Economic hopes. Robert's drinking had been triggered by economic difficulty and deciding to stop or continue was influenced by changing economic conditions in the 1940s. Unemployment by 1940 was down to 9.3% from a high of 25.2% in 1933. By 1944, unemployment dropped to 1.2% with most workers believing that hard times were over (Diggins, 1988). Robert had no problem finding work during this period even though he was unkept, combative, and drinking heavily. However, he must have felt insecure with the return of so many World War II soldiers looking for jobs. The economic environment was confused. There was high inflation, shortages of consumer goods, and massive labor strikes

countered by the Employment Act of 1946, which promised full employment, high production, and increased purchasing power. Though the passage of this Act seemed to promise good times for laborers, the mood of the country was becoming anti-labor with the passage of the Taft-Hartley Act in 1947 (Diggins). These conflicting messages pushed Robert toward the future as he wondered if being sober would make a difference.

In order to be really respected, one must be a "Success" which in the case of a man and in the USA under our dear old "American way of life", means financial success to at least 99.8% of the people. I do not mean that one has to be rich, but I do mean that one has to be sure of being able to make a comfortable living according to the standards of the group of people among whom you want to be respected. If you cannot do this, no amount of temperance, honesty, high moral character, church attendance, godliness, or what have you will prevent you from being an object of contempt.

Health concerns. During this same period, Robert began missing considerable work due to "sciatica" after binges. He had previously linked health problems to his alcohol intake and tried to stop drinking each time.

August, 1930

Wrecked car. Get new one. Make batch brew after car wreck. Stop drinking for 2 months after.

October, 1931

Have plenty of brew. Run nail in foot. Quit booze.

February, 1932

Get scared about leg feelings. Take trip to get off tight. Visit Dr. No Drinks.

July, 1932

Drink large quantities of Brew - Get sick and scared-  
Climb water wagon.

Robert defined his situation from the perspective of his future, thinking about change. Alcohol was pleasurable and provided social opportunities he believed important:



opportunities for masculine aggression, sociability, and increased sexuality. At the same time, he envisioned a future of "skid-row" if he was unable to work because of health problems.

While I will admit that there is some satisfaction in being able to walk down the street without danger of falling into the storm sewer and in keeping clean looking instead of looking like a tramp, that alone does not begin to compensate for the loss of the pleasure that I derived from drinking.

Why then am I stopping? Because I know that there are other things that will give me more pleasure and satisfaction than drinking, but which are unattainable while drinking, at least in my case. They may be also unattainable, drink or not drink, but that is what I am out to find out.

Robert attempted to stop drinking, not with positive expectations, but with a fear from the past framed as an expectation for future unhappiness.

When you say I will be happier because of the feeling of self-esteem and respectability it gives me, you are wrong. I am no happier--in fact the opposite--and don't expect to be.

Pressures to stop. Robert's attempts to stop drinking were a battle, using logic and intellect to control his unacceptable urges. These attempts included a methodically kept alcohol log which later framed his strategies for sobriety.

1946 - It is a cold scientific experiment with me. If I viewed it in any other light I would never have the enthusiasm or the guts to go thru with it. I have started out in this spirit before and slipped back. This time however, I did something I never did before. I gave myself a thorough self-psychoanalysis as to what caused the slipping and I don't think that it will happen this time until I am firmly convinced and finally convinced that drink or no drink, I can't be respected as being intelligent and capable as well as just "Good."

The support and influence of others contributed to Robert's decision to try to stop drinking. There were many letters, beginning in 1946, from his mother expressing concern over not hearing from him. She wondered if her letters ever reached him. The envelopes from these letters contained numerous crossed out addresses indicating his frequent moves.

It has been so long since I have seen or heard from you I am beginning to wonder how you are doing. The pillows you used when you were here had to be washed: They are so soiled they smell bad in the hot weather.

Her letters provided a clue to his early upbringing, as she lectured him about his failure. Her embarrassment and frustration because of his drinking were obvious. She expressed how painful his life had become for her, but abstained from reminding him that she, too, had lost much of her future security when he lost the farm.

If you had followed that principle in your family in all matters - financial and "otherwise - especially "otherwise" I don't think you would have gotten into your present state. In some way you missed the right path and I am so very sorry. I have never been able to say or do anything to help you to help yourself, who are the only one on earth who can change your ways or your circumstances, so I shall not try further. I only pray to God that you will not do anything to disgrace you. Mother.

My Dear son,

I am taking a chance on your receiving this, but if possible I want you to know that because you are unhappy I am unhappy for you. I have been in almost constant state of grief and unhappiness because of you for many years. You will know that I have been willing and have done everything in my feeble power for you. But just what you seem to think I could do but won't as you've intimated several times-I am unable to understand. I can't imagine what you are doing to be paid \$91.00 per wk. But if it isn't something dishonorable or illegal or disloyal, you should be helping your Mother who has to forego many of the

necessities of life on a schedule of a bare \$15.00 a wk. but I repeat-if it is ill gotten gain I wouldn't want a penny of it.

Her sternness was balanced by expressions of concern as each letter ended with a note hoping that he was continuing to work and in good health. She signed letters during this period "Be a good boy," indicating a relationship more typical of mother and child, than mother and mature son.

Robert's responses during this period were rebellious, bitter, and resentful, suggesting that nothing she told him would change anything. He asserted that his problems were not related to alcohol, but to an earlier failure of relatives to understand and support him.

. . . That is the real reason for my family break-up. The family, and particularly my daughter, had no more respect for me sober than drunk. Anything I said to her was just the mutterings of an incompetent old fool who couldn't buy her what she wanted.

Several times Robert promised to quit and his mother increased the pressure to return to a normal lifestyle. She talked about how proud he should be of his children and encouraged the children to write.

May 5th Hello grandpa! Doesn't that give you a thrill. Your grandchild arrived on the afternoon of May 2nd. She didn't get here on scheduled time by 10 days or such a matter. I postponed your letter till I could tell you about it. I am sorry your work takes you so far away. But I am glad you have work. Be a good boy and let me know when you return.

After several relapses, she indicated she was giving up.

. . . I beg and plead with you, Robert, not to return to it because of loneliness--for your own sake--it would seem so utterly spineless and foolish after quitting for so long; and don't do it for my sake too. This time I hope I am properly squelched. From now on you will get no more "works of art" as you call it from

me--tho I shall not cease to love you and pray for your peace of mind and happiness.

Robert stopped drinking 4 months after the above letter. He stayed close to his mother until her death and noted at one point that "she was the only one who stayed with him."

At this same time, another "church woman" tried to convince Robert that he could be "somebody" if he stopped drinking. But even in this relationship, he believed that finances, not drinking, was the basic problem.

Many people have told me that if I would quit drinking that I could be "Somebody". The latest one to tell me that is Mrs. M. She seems really interested in me and very anxious to see me stay sober and go to church. But--I would almost bet my last dime that if and when she decides I am a poor financial risk, she will drop me like a red hot stove poker, even though at the time my moral conduct may be approaching saintliness.

Finding examples. Robert's ability to justify his own position by looking for similarities rather than differences was encouraged by his restricted environment. Robert justified his own position by searching for examples of persons with comparable problems. This pattern was documented by the restrictions of his living conditions.

Robert's "case studies" provided rationalization for his drinking until he met G., who was also a drunk and poor. G. had stopped drinking with the aid of Alcoholics Anonymous (AA) and had found a woman and a steady job. G. introduced the possibility of successful change.

Dear Robert,  
Am at the address on card. Been to two AA meetings this week. Both tops. Going tonite. If you can come over let me know. Meetins Tues, Wed. Fri for sure, perhaps some more. Hope you are dry. Guy G.

G., like Robert, had become homeless and stigmatized by alcoholism, but he had found support for his defect in AA. The stigma associated with alcoholism makes it difficult to stop without some type of relief from the shame (Karen, 1992). AA reinforces the idea that alcoholics are defective. The organization attempts to help them survive by teaching ways to avoid and conceal their defect in a world which views drinking as normal and expected behavior (Beauchamp, 1980). Beauchamp further argues that AA is realistic in viewing the alcoholic as receiving no help from society. The attempt to define the alcoholic as different is a way of helping them withdraw from the world for their own protection. AA had worked for G. and Robert was open to the possibility of help.

#### The Choice

Robert made the decision to stop drinking by passively letting others take him to an AA meeting in the midst of a drunken binge.

On the tail end of a 2 week bender I had a drunken brainstorm. I decided I would like to find out about AA first hand. I had heard and read about it for several years and had met and talked with one who had been a member for some time, but had never contacted a group. So I called ---- and started for Center City. I never had any idea that the half pint that I killed just before I left town would be my last drink. I wasn't going to do anything that sudden.

I arrived at the Club sloppy drunk. I looked on those who were sober for a period of time as something to be marvelled at.

Joining AA. Alcoholics Anonymous provided Robert relationships with persons who understood his problem, respected his struggle, and reframed his moral problem into

a more socially acceptable diagnosis (i.e., disease). AA literature suggests that alcoholism is a physical, emotional, and spiritual disease. The informational pamphlet, A Brief Guide to Alcoholics Anonymous (Alcoholics Anonymous World Services, 1972) presents the philosophy in this manner:

By keeping alcohol out of their systems, newcomers take care of one part of their illness-their bodies have a chance to get well. But remember, there is another part. If they are going to stay sober, they need healthy minds and healthy emotions, too. So they begin to straighten out their confused thinking and unhappy feelings by following AA's "Twelve Steps" to recovery. These steps suggest ideas and actions that can guide alcoholics toward happy and useful lives.

The Twelve Steps, if followed, also provide the opportunity for a spiritual conversion in which members admit powerlessness, stop attempting control, and turn life over to a "higher power" (Alcoholics Anonymous World Services, 1972). Grevil and Rudy (1983) explored this conversion experience, and found accepting the opinions of reference others encourages this radical transformation of self. Meetings encourage the redefinition of past experiences and the adoption of a new life which is radically different. Grevil and Rudy also suggested that AA is different than other religious cults because the organization encourages a continued affective bond with family. Robert, however, had no family except his mother to return to.

Robert attended meetings of Alcoholics Anonymous for 3 years. Notes written in 1949 for his third anniversary present his account.

I haven't been conscious of any kind of awakening, haven't had anything resembling one of B. Wilson's hot flashes. I haven't changed any of my beliefs in regard to religion, philosophy, politics or anything else. I feel about like I always did. I didn't learn anything radically new about alcoholism when I came into AA.

Now at various times I have told friends that I did not drink but that it was ok for them to do, so if they wanted to. One's answer to that was its no fun to drink alone. Now turn that around and that's what made AA work for me. Of course I am speaking only for myself. I think everyone has got to figure out what is going to keep him sober and not depend on what keeps the other guy. I don't care what your idea is -- if it helps you to stay sober to believe that the moon is made of green cheese have at it.

One of the truest things they say in AA is that you are only a drink away from a drunk. Not only that, I am only one drink away from a hell of a drinking problem. With me it wouldn't stop with one drunk. As for wanting to drink just to be drinking--I don't ever think of it any more.

I say that I don't know why I quit. That doesn't mean that I didn't have any reason to quit. The reason is that I knew that if I didn't, I would soon be on skid-row and I never thought that I would like skid-row.

In AA you find that other cases were like mine and the result was always the same furnished the final proof that I was an alcoholic and that an alcoholic can't get by with a drink in any form.

Found also that I was up against a disease instead of a moral issue. I went into alcoholic drinking overnight, got off to a flying start while I still had a business that would bring in some money. That was over in about 3 years and for the next 7 I was considerably hampered and my style cramped by the well known silver cure. I never turned away a chance for booze though.

Strategies for abstinence. Robert was not spiritually transformed. He had accepted the group's definition of his "disease, but was unwilling to let go of control and accept the "God stuff." It just did not fit his image of being logical and analytical. Robert decided to fight, rather than accept, the addiction. Bateson and Bateson (1987)

suggest that this increases the artificial division between mind and body and leads to further addictive actions to control the undesirable urges from one's body: an impossible task.

Robert relied on an earlier intellectual analysis of his drinking to provide the strategies to stay sober. At this point, he had defined two triggers to drinking: emotional upheaval and boredom. His strategies included controlling his emotions by keeping life predictable and avoiding any type of risk. Robert also tried to keep busy to prevent boredom. These two strategies were often in conflict as keeping busy usually required activities with a woman. Robert had few male friends, little money, and the downtown hotels offered limited recreational activities.

How did I do it? Simply by iron bound guts and by giving up all detrimental association with women. These were 2 of the most miserable years ever put in, but I knew that to start drinking alcohol would amount to suicide, and so I didn't take any chances of emotional upsets, which is what always had started me hitting the bottle quicker and harder than anything else.

Near the end of his second year in AA, Robert decided that he could handle a relationship with a woman. He met F. in an AA meeting and established a brief relationship. The information on this relationship was in the form of a farewell letter. The letter was noteworthy, because Robert placed the blame on himself. He described his vulnerability and sadness much more openly than in any other documents in the entire diaries. This can, perhaps, be attributed to his



association with AA, which encouraged expression of emotions and provided a language of feelings (Denzin, 1987b).

You were the first sober date with a woman except my wife I had had in 25 years. I found there was a great difference I just didn't know how to act around a sober woman and me sober myself. I didn't feel at ease. There seemed to be something lacking. I didn't even know what. Some things were ok. I liked you and you seemed to like me. During the first half of Jan up to about Feb. 1 as far as I could tell I was about as "right" as they come. But in keeping with my usual luck, there was a fly in the soup. This time it was the unsettled state of your affairs and the stink that H. was kicking up. That made me leary and uncertain. I couldn't just see thru it and what it was all about.

I can tell you now why I missed the boat on you. In the first place after associating with women exclusively in a drunken condition for 25 years, it is hard for me to adjust myself to sober love making. I haven't learned yet just what to expect from sober non-drinking women, but I'm learning.

Robert had difficulty when he could not predict another's actions and feelings. He continued to control his emotions, thus hoping to avoid any type of emotional crisis.

Anyway the fact that I didn't try to get any more familiar with you wasn't because I was cold and indifferent as you might have supposed. It was just that I had to consider the alcoholic temperament and be careful. It took some of that iron-bound determination there. In keeping with one of my worst failings, procrastination, I just let things coast hoping that things would get settled, but I guess you couldn't wait. So I got the emotional upset anyway, but I am glad in a way because I got thru it without a bender and I will not be so afraid in the future.

Becoming disillusioned. Robert became disillusioned with AA when his friend and sponsor, G., returned to drinking and a long slide to "skid-row."

Before going any further I will give you a little personal history of one GG of whom you have heard me speak often. Back during the war he met a woman in Hutchinson whose husband was overseas. She and her husband didn't get along at all. But she and G seemed made for each other and so they had a very pleasant

relationship for about 2 years. Then the war was over and friend husband come home and demanded his wife. In the meantime G. had stopped drinking and was getting along well. The woman after much agony decided to go back to the husband. This left G out in the cold. He couldn't take it so he got on a series of disastrous benders. On the last one of these he tried to kill himself while in the insane asylum. I have known 2 or 3 similar cases. So you see it is dangerous business for an alcoholic man to get too familiar with a woman unless he is fairly certain of what the woman is going to do.

Robert continued his pattern of using similar persons to justify his own theories as he searched for reasons for G.'s slip. Robert noticed that many who were single and poor failed to stay sober. This led to his belief that those who found comfort in AA had not lost everything and so could not understand how hard it was to recover when alone. Robert had found a group with a similar identity who would listen and a socially acceptable definition for his drinking, but with G.'s return to drinking, Robert lost that sense of "we" (Goffman, 1963). He became aware of being different in a group which stressed the likeness of all alcoholics. He stopped attending meetings, but continued to attend the downtown club for social support.

This brings up the whole subject of the unmarried alcoholic--both men and women. It is a notorious fact that very few single alcoholics ever stay sober long, even in AA and 9 times out of 10 it's the sex question in one form or another that throws them. I noticed this soon after coming into AA when one of the men mentioned it.

I'm the guy I was afraid of and for a reason that only unmarried alcoholics seem to understand. Even the married big time operators of AA don't seem to understand it--and that makes me so damned mad. I have studied this situation for some time and I have seen several of the men get dumped off the beam for a terrific splash.

### The Results

Robert ended this turning point, defining himself an alcoholic and former member of AA. He was determined to control his emotional upsets. Though his first sober attempt at dating had failed, Robert was convinced that he needed a woman to prevent a return to drinking from boredom or loneliness. He was not alone in believing that having a woman would make life better. Popular culture after World War II gave women responsibility for the healing process of veterans, and by extension all men (May, 1990). Home and a woman became a symbol for the place a man could feel secure. Robert did not want the provider role, but he was looking for someone to occupy his time and pay attention to him. He believed there was "no home without a woman."

Worries about the future. After the end of the relationship with F., Robert realized that his need for control had caused him to seem "slow, cold, and indifferent." He was painfully sensitive to the possibility that alcoholism had impaired his ability to relate to women, sexually as well as emotionally.

Robert maintained sobriety during this "emotional upheaval," but worried that even "this type woman" would not be interested in him until he had a decent place to live and a car.

Dec. 28 EU (emotional upheaval) started 11:45 4 hr. sleep rest of night all day-no sleep-EU very bad, no appetite-to sleep AM Dec. 30 hours sleep-AM Dec 30 EU abated some, still bad but past acute danger stage.

Begins rising again about noon-is terrible by 4 pm. subsided some by 5 pm, leveled off, slightly down to 9:30 p.m. dropped suddenly to about normal after talking to S (member of AA) about 10:30- near normal morning of 31.

I can take it better than I thought. I won't be so afraid from now on. My chin is still up. Pointed to the North Star-but it don't feel good. What shocked me most is not about you but what it all showed me about myself, and my messed up thinking. After 2.5 years without a drink I am still inadequate in living without alcohol, in some ways wonder if drinking didn't do something to my mind.

(On back of page)

Decide you would rather go with someone who could drink? Can't seem to adjust to women sober. What's the matter with me? Maybe you can explain. Will eventually drive back to drink. Guess I didn't work fast enough - too much caution. Worried that can't interest a woman over a few weeks wanted to see you so often because I wanted someplace to go, would rather be with you than anyone else. Not having a car makes me suspicious and sensitive. I am a one woman man-like to feel that some one cares more about me than anyone else. If I can't understand a woman like you-who in the hell could I-unless I had a big income, then I would have to fight them off.

A return to rage. Robert defined his situation as he had predicted earlier: sober yet still poor, lonely, and unhappy. A return letter from his mother indicated that his only way of expressing fear was to return to his anger at the relatives.

My dear Son,

. . .  
The first part of your letter was all right, but the latter part sounded so much like your letters did when you were drinking that my heart sank to my heels. I do hope that you will never be so foolish as to return to drinking, no matter what happens to you. You have seen that it always makes things worse in the end and is only a cowardly way to avoid responsibilities instead of facing them.

Don't worry about a depression until it comes. Save your money and have something to go on, for a while if it comes. I am so glad that you have been well all winter; I think that is due to your non-drinking.

As to the latter part of your letter, if you hadn't been drinking, it sounds like insanity to me for there isn't a single word of truth in it, and if you don't quit letting your mind run in that rut, Robert, you are going to become insane about it. It grieves me more than I can say. I could prove the spuriousness of your reasoning about your "kin" at every point, but I know from past experience that you never heed advice, no matter how well meant. But I beg of you to quit thinking about your relatives, Robert, stand on your own feet and show them that when you are sober you can care for yourself as well as they did.

. . .  
I think, my dear boy, that if you would search deep in your mind for the truth about your unhealthy feeling about your relatives, you'd find it to be shame for past conduct and a subconscious desire to blame someone beside Robert for it.

Now please don't be offended at any thing I have said; I am not scolding you, you are my son-my first-born-and I love you and I do so want you to see things in their proper perspective and to do and be what is right so that you can be happy. I hope you continue to keep your health and ability to work. There seems to be an enormous amount of building going on here and everywhere.

With my love-Mother

Even though Robert's rage had returned, he was more willing to consider some of the negative consequences of his past drinking. A portion of his shame had been reduced by finding acceptance in a group who understood his problem. Shame, though appearing to be only destructive, is also an indication that one has enough dignity left to hope to be better than one is (Schneider, 1977).

At the end of this period, Robert decided that predictability, control, and activity were important to remaining sober. He also needed a car to attract a "decent

woman," and financial success was needed to be able to reenter American society as a respected male.

### Turning Point II

#### Regaining a Steady Income Through Factory Work

This turning point period began in 1951 with Robert's decision to try to climb back on the right path by becoming a successful worker and saving his money for the future. This turning point began in 1951 with Robert's decision to try to climb back on the right path by finding a factory job. He hoped to save for his future by becoming a successful worker.

#### Historical and Societal Conditions

Robert entered the job market amidst trends which had begun in the early post World War II years. The country rebounded from the War with increased emphasis on materialism, consumerism, and conformity. Marriage and family were vital, as was the need for increased moral fiber to guard against Communism and moral softness (May, 1990). May suggested the values of the middle class formed the dominant political and economic institutions, and all who did not conform were stigmatized and marginalized.

Robert continued to live the present worrying primarily about his future. His habits of saving a lot and spending little were typical of other survivors of the Great Depression (Bird, 1966). He wanted to be sure he had enough income to live adequately in his later years.

The stigma of alcoholism. Robert found his first full time job, sober, with a construction firm. After 6 months,

the firm divided and neither remaining portion wanted him. He had trouble relating to a supervisor who was younger than he, and found later that this "young hillbilly supervisor" had used alcoholism against him to prevent his retention. Robert reported that the owners had been told that an "alcoholic was liable to start drinking again any time."

Robert found another job with an aircraft factory through the help of an AA buddy. Though his alcoholism was not visible, his previous experience with others using it against him made him "discreditable" (Goffman, 1963). His sense of the stigma of alcoholism increased his uneasiness and defensiveness in ordinary interactions at work. Robert refused to attend any social occasions for fear that he would be offered alcohol and by refusing would reveal his problem.

Reentry to the work environment. In addition to his fear of being discovered, Robert was acutely aware of how different he was from co-workers. He entered the work force after a 20-year absence from normal social interactions and must have felt much like Rip Van Winkle. Rip, like Robert, was a "thirsty soul" who had drifted into a long sleep from too much "brew" (Irving, 1962, p. 394). When Rip awoke and returned to his village, everyone was different, the customs had changed, his actions were laughed at, and he felt afraid.

I'm not myself--I'm somebody else--that's me yonder--no--that's somebody else got into my shoes--I was myself last night, but I fell asleep on the mountain, and

they've changed my gun, and everything's changed, and I'm changed, and I can't tell what's my name, or who I am! (Irving, 1962, p. 53)

Some periods of history have allowed for differences in life style, but America of the 1950s was a culture of the suburban family. Sixty-five percent of the people in the work force were men with a wife staying at home taking care of a family. Most people were financially more comfortable and by the end of the 1950s, one-fourth of the population had moved to the suburbs (Diggins, 1988). Consumerism was in vogue with a home and car as symbols of the successful American. Most Americans spent rather than saved their increased income. As May (1990) stated, "consumerism provided a means for assimilation into the American way of life: classless, homogeneous, and family centered." (p. 172).

Robert was older, more intellectual, and more liberal than his co-workers. He lived downtown with no car and no family. He didn't attempt to hide any of these attributes, perhaps believing his poverty a lesser stigma than alcoholism (Goffman, 1963).

A different lifestyle. Robert was very sensitive about his age and expended much energy trying to prove his worth to his supervisors. He moved slowly, was cautious and careful about his work, and prided himself on "finding better rather than faster ways to do things." This alienated him from others as they did not seem concerned about doing better quality work.



At noon went into the wash room to wash and FB was in there. He remarked that he didn't see why I had to wash my hands because I didn't do any work. (One of those significant jokes?)

RC causing a little static. He had ordered a small simple box the night before. This morning he came around and said that he would make it himself. After cutting out the pieces he said, "There it is practically made. If you had made it, it would have taken you all morning."

Robert described himself as "tense and on edge" much of the day. In retrospect, when moved to another section, he noted that he felt "draggy-assed when he had to work in shipping because it was such heavy work." He was not alone in his sensitivity, as others commented on his age and slowness.

RC stops and remarks on jig working and remarks that I am getting "fancy" in my old age.

Took H. 5 hrs. to build two stablizer racks. Sitting in office in morning I commented that since the paper work took so long there was no use of us being in a hurry. Someone, said You aren't are you? Wonder if the same old slow reputation is appearing again. Well H is slower.

Talked to another older guy. He commented that the reason that the older workers are being shoved around was political. Also that we had better stick together or would be stuck separately on relief.

Robert's concern about age prejudice was probably a realistic worry during this time period. Management was actively trying to find ways to reduce the number of older workers. In addition, "the assembly line devoured its workers and unions were busy fighting for retirement plans to eliminate older workers faster" (Fischer, 1977, p. 143).

Living downtown. Robert's personal habits and physical living environment called attention to his difference from

co-workers as effectively as Rip VanWinkle's 20-year beard growth did to the villagers. Robert had no possessions considered typical during this period. He continued living in one room in a single room occupancy hotel while earning a good salary. He saved almost all of the money he earned "in case he needed it." His interest in hard work and saving money was counter to many workers' values. Studies conducted at the time indicated that most workers didn't believe they would be able to advance, so they gained self-esteem by buying their families material goods and working less hard than their fathers (Diggins, 1988).

Robert often complained of "no energy," perhaps from poor diet. He relied on "beaneries" or food that needed no cooking or refrigeration. It was at this time that Robert suffered "worms" from eating raw hamburger in combination with wheat germ and molasses for nourishment.

Life in the downtown hotel contributed to a variety of difficulties on the job. There was only one shared bathroom which meant that daily cleanliness required planning and assertiveness. Robert had spent more than 15 years not worrying about his physical appearance and he didn't begin worrying about it for his job. He owned very few clothes and noted about once a year that he bought a new pair of underwear or trousers. He washed clothes infrequently in the hotel bathroom, hanging them to dry in his room.

Robert did not own a car and depended on the bus or on others for rides. This contributed to many problems, as

others saw where he lived and wondered "what he was doing with his money or what was wrong with him."

I told H. that I did not particularly need any Saturday work not having any family to keep, but that I could see how some of the rest of them would need it. (Maybe it was a mistake to tell him this.)

S. asked me, "What does an old batch need with money? I couldn't take it with me." There it is--a single middle-aged guy has no right to anything that a younger guy with a family wants. This is what I always said.

At break time S. asked me if I had decided where I was going on my vacation. (What business is it of hers?) They all said I should go somewhere--instead of saving my money, inasmuch as in 20 years I could probably be pushing up daisies!!!!

Robert had to maintain good relations with his driver or he would be "left out in the cold."

J. said he couldn't pick me up anymore because of some kind of gimmick having to do with the insurance rates????

On the way home an incident occurred which may have repercussions. It was warm and the car windows were down. I spit out of the window before thinking and N said something about did it blow by and F said something about what he needed was a towel. I said nothing.

Health problems. While Robert's concern for his health had prompted him to stop drinking, he no longer considered it important to his present or future. He was totally preoccupied with doing a good job and paid little attention to self-care practices.

Robert attributed frequent nights of sleeplessness to noise in the hotel. Many of the other residents were alcoholics and prostitutes who began their activities when Robert was ready to end his. He took a large number of

Nodoz during this period, and still reported being sleepy and feeling rotten at work.

Felt dopey all day due to lack of sleep the night before. Nothing very disturbing but had uneasy feeling all day. WT acted rather independent. M was grumpy toward me as usual. Whole crew was in a fuckoff mood.

Miserable day. Go around about half asleep all day due to fact of two sleeplessness nights at Hotel. Don't get much done.

Go to work feeling rotten as hell having taken a big dose of nodoz the previous night and gotten practically no sleep. (don't do that again.)

Robert's co-workers had to cope with his halitosis, as well as his irritability from sleeplessness. He did not write about gum or teeth problems during this period, but commented upon co-workers turning away from him when he talked. Robert believed this was because they disliked him.

Robert was well-read and enjoyed displaying his intellect. This intellectual pride further separated him from his co-workers.

RC comes around to me just after lunch and says that he has heard that I am the smartest man in the department--that I am a graduate of Cornell. I ask him if he ever went to college. He answered that he did--at U. Of ILL for one semester.

He was passing out cigars this morning but he passed me up. I discussed this and M with another man and remarked that a lot of the lowbrows around here didn't like me because I would not stand and listen to their shit and wild uninteresting stories.

I told him that it taxed my ingenuity to find something for some of these guys to do so that they would be away from me where I would not have to listen to their yap-gab.

Political liberalism. In addition to differences in age, life style, and intellect, Robert was also politically liberal in a conservative city and factory. He was the only

member of the Americans for Democratic Action in Center City. He was vocal about his political interests even though this was the period of increased suspicion due to the McCarthy hearings. Joseph McCarthy's influence was felt from 1950 to 1954 as he aggressively sought out persons with Communist leanings (Diggins, 1988). McCarthy found a lot of support among laborers, especially those with conservative and religious backgrounds, similar to many Robert described. Anyone who was liberal and intellectual became a matter of suspicion, and Robert believed his co-workers and supervisors had identified him as a "Commie."

Robert made sarcastic remarks about Republicans and was the only union member in his section of the plant. His co-workers were not only conservative, but, if typical of most Americans at the time, were preoccupied with their own lives with little political interest (Diggins, 1988).

Mag asked me if I belonged to the Union. I told him the circumstances. RS remarked when I told them that I did not even know who the Union shop stewards were that perhaps they did not want anything to do with men like me. I find out later that there is only one other member of the Union in this department.

Sometime during the afternoon R called me Dad then Dick then Republican. I told him that was worse than Dick. This may or may not have meant anything.

Robert entered the new job with negative expectations of his future and acted in ways which fulfilled those expectations. He was, in this period, similar to Dostoevsky's (1974) miserable underground man: exposing himself to suffering, hopeful that something would change, but almost positive that nothing would.

### The Possibilities

Stigmatized persons often compensate by expending a great deal of energy to master something thought difficult for them (Goffman, 1963). Robert was obsessed with proving himself a competent and intellectual worker, after so many years of drunken, half-hearted effort. This increased his distance from his co-workers. Robert was so intent on doing a good job that he didn't worry about how he interacted with others. Even if he had worried, his 20 years of drinking had limited his ability to understand another's perspective.

Negative expectations. In addition to the fear of being discredited, Robert continued to react to every slight with the rage of "ressentiment." The more he saw each experience as a predictor of the future, the more pronounced his "ressentiment" became (Scheler, 1969). He continually scanned gestures, facial expressions, and movements of others, generally attributing negative meaning to them. Robert went to work on a daily basis expecting the worst. He gave credence, without confirmation, to all types of rumors, and was sensitive to the smallest changes in people's behavior.

Just before quitting time RC hands me a sheet of paper on which is printed the new line up for the shipping dept. This looks like I was being shit on again. RC is the group leader on my operation with my name next to last. This looks like the beginning of the end.

In middle of the morning I get the idea that they are going to tell me that today is my last day. Got this idea from the way Mac and RC passed by without a look or a nod.

Peculiar day-Nothing disturbing yet there was an uneasy feeling. W. seems to have the idea that we are not going to have much to do and is therefore slowing down.

Day was uneventful and undisturbing as far as I personally was concerned but the "ominator" gave a tremendous chug just as it did a week ago. It was first rumored and then W. told me that C was to go on a 40 hr. week. I expressed my opinion of the Republican administration. Also made remark to S that this was what they voted for.

Once again Robert procrastinated about confronting his fears directly. He silently viewed others' actions, believed they were injurious even when they were innocent, and was unable to express his feelings. This inability carried over into the diaries as he used exclamation and question marks to replace feelings in his diaries.

Projection of defects. Robert become increasingly irritable and touchy as he felt more threatened. He expended much more energy trying to maintain his fragile autonomy. As his internal tension increased, he isolated specific co-workers for attention. These projections helped him maintain predictability and control by trying to "stay on top." Each succeeding individual had a negative trait which was similar to one of Robert's. The first was an alcoholic with difficulties relating to his co-workers, the second a man who had to be right and "blew up often," and the third a woman who gossiped a lot.

The first co-worker, RC, had problems with alcohol. The diaries provided evidence that RC made several attempts to involve Robert in shop activities, such as lunch, but was rebuffed each time.

RC comes to work looking worse for the wear and had breath like brewery slop. He didn't deny that he had been drunk last night.

The tension around RC's drinking habits increased with Robert's threatening that he would leave if something wasn't done. Others apparently had some of the same problems and RC was fired after Robert reported him to the management. Robert was offered the crew chief job, but refused, saying he didn't have the necessary skills.

Once RC was gone, Robert put his energy into a troubled relationship with a co-worker, Mag. He and Mag were supposed to work cooperatively on projects, but had great difficulty accomplishing this. They both wanted to do the job their way. Mag's temper triggered several "blow-offs" from Robert with an eventual bullying stand-off.

8-19-52 The big Mag blowoff!!! . . . The confab ran somewhat as follows:

M. I'll cut that plywood when I get ready--you're not the only one around here.

I. You needn't get tough with me, I can get just as tough as you can.

M You haven't done a thing for the last month but bitch, scream, and moan.

I. You have been doing some of that yourself, it looks to me like, but you never looked so tough to me.

M. Well if you don't like the way I do just try and get something done about it

I. Well if thats the case I'll do something about it right now.

After this, Robert was obsessed with finding others who agreed with his "theory" of Mag's behavior. He visited lumber yards during all of his off-hours, discussing Mag, hoping that those he talked with would go to his supervisor and tell him about Mag's history.



On vacation: go to Box company to ask B if he still does not want to be quoted in regard to Mag. He very emphatically says that he does not want to get mixed up in it. Says that he is afraid that Mag might cause him some trouble. When I saw that it was no use trying to get him in on it I blew off and said that I might beat the shit out of Mag and that he --B might be called into court. (Worried considerable about saying this after I had said it, thinking that B. might possibly call Mac and ask him what this was all about.)

During this period, Robert was moved from the shipping area into an office to make drawings of crates. He was not warned about this move and worried about its meaning. Once Mag was out of sight, Robert shifted his thoughts to a co-worker in the office. S. was a senior secretary whose troublesome trait was talking too much. Robert complained that he couldn't concentrate because she was constantly "yakking." She was sarcastic toward other employees and gossiped frequently, not unlike Robert himself. Robert talked to others about her traits, assailing her "power with the boss" by implying that she must be "giving sexual favors." At times Robert reported hating her so much "he would like to kill her."

Had tough job of figuring on steel stand this morning and while I was doing it was subjected to the worst siege of S.'s yackety blab of any time yet.

S. noisy again today but not as bad as yesterday. Some one must have told her about what I said because this afternoon she said I was making too much noise with my papers.

Robert stayed in touch with some of the men from his previous area and was delighted when he learned that Mag had blown up and was fired. This delight turned to fear when he realized that he no longer had any one to blame for his problems.

March 27, 1953 At this point I stand in a situation not before reached on this job. Everyone of the potential trouble makers or threats to my dominant position have been eliminated or eliminated themselves. If I am in a let down it will not be from any of them nor from lack of seniority.

Fear of layoff. Robert's negative expectations and task orientation kept him anxiously monitoring the environment for signs that he was doing something wrong or that there would be a lay-off. Each time rumors increased or he was particularly concerned about his ability, he talked about leaving:

Things seem to be following the old familiar pattern. Evidently the son of a bitch intends to undo everything I have done. They depend on me for a lot of things that none of the other ignoramuses around there can do but I am not to have one damned bit of authority.

I tell Jim that I might consider getting out. Say nothing to the rest of them.

Although there is nothing disturbing in the old sense this week I have the feeling that everything is not just right. The past day or two it seems that it is not so much what anyone or everyone has said or did but what they have not said or did. Another thing is the slowness with which I seem to be getting along with the drawing and figuring.

Went to employment office to check on the numbers and apparent quality of job applicants.

The Korean War stimulated production in the aircraft factory during the early 1950s, but there were mild recessions in 1953 and 1954. Lay-offs were frequent rumors. Shapiro (1965) suggested that a person in need of control attempts to avoid being surprised and vulnerable to a threat, and so stays in a constant state of readiness. Thus, the unpredictability of a lay-off was much more threatening for Robert than being fired.

Robert's belief that he lost his first job because of his alcoholic reputation made him leery of being identified as an alcoholic in this job. Robert discussed it only two times and then with a hint of superiority as he pointed to another's problem.

I butted in and remarked that the main trouble with RC was his rum-dum condition due to drowning his troubles in a beer glass every night and that I was the only one who understood this.

I brought up the subject of BJ's jug trouble and he replied that he had heard that he had this trouble. This led to a discussion of alcoholism. Mac remarked that he did not know that so many people were bothered that way.

The news of his alcoholic history must have been known more widely than he believed, because he noted a conversation with the female office worker he "would have liked to kill."

This morning when I first went into the office S spoke to me real pleasantly. She told about a show she had seen the night before which had to do with AA. She made it plain to the gals in the office that I had been connected with them.

Acquaintances from AA remained Robert's social group as he visited the downtown club on a weekly basis. Robert felt superior to the many who were still drinking and used these visits to prove that he had remained sober without all of the "God stuff."

Met S. at AA club. He didn't like it because I inferred before some of the other habitués of the place that he had been drunk the last week.

Met J.B. on the street. Was telling him about the disgusting things on this job. He finally told me to stop telling him about it and if I didn't like the job why didn't I quit. That he and I were given to complaint, etc. (Evidently he still goes for that old AA shit!!!!!!).

Robert's tension increased as every person he had seen as an enemy moved out of the picture. The more vulnerable he felt, the more anger and sarcasm he expressed at work. Robert expected the inevitable, but believed if it did happen he had enough saved to keep him "off skid-row."

### The Choice

Robert returned to the shipping area in the fall of 1953. He immediately suspected trouble because so many of the younger men were in charge and seemed to resist any ideas he had. During this period, his supervisor, Mac, asked him to do some personal work for him. Robert's vulnerability increased because he made a mistake on the job. Following this, he became extremely sensitive, to the point of paranoia, about Mac.

Went to work on roof. Was hotter than hell. I made extremely absent-minded bonehead when we went to lay the roll roofing. Mrs. Mac took me back home and on way made some significant statements about Mag. She remarked that inasmuch as Mag had come out and did that work for Mac, he thought he could take advantage of him at the plant.

Went back to finish. About 1 Mac decided that he could handle the rest of it. I was ready to quit. Leg went bad last night and was in hell of a shape today. He asked me how much he owed me. I asked him what the job was worth. He would not say so I suggested 14 hrs at \$1.50. He thought a minute. Then he said of course we worked a few more hours than that. I told him that since the leg went bad I wasn't worth much the last few hours. I asked him if that 21.00 was ok and he said it was if it was with me. I don't know whether he thinks I overcharged him or under. He didn't show any surprise either way.

Robert began watching and listening for all types of clues that Mac was upset and planning to get rid of him.

9-30-53 Surprising happenings today. Mac came up to me and started to talk. The confab lasted about an hour and started out about the hatchet I was using. Then he up and asked me if I had gotten a TV set. I replied that I had not, so he asked me what I did of evenings. I replied that I spent a lot of time at the library. This led to the subject of automation to politico-economics. He expressed his opinion on this subject rather emphatically. There is no mistake about where he stands. He parroted the NAM, Chamber of Commerce Party line almost to the letter. What I said might have led him to believe that I had subversive ideas. He finally walked away without saying a damned word about my status.

Robert felt that "something was cooking" and talked to many people about planning to get fired by December. He indicated that he thought he had another job lined up and would let Mac have it when that came through. His notes documented increasing sensitivity to "being bossed by a young man" and hatred of Mac.

The first termination. The first blow up came when Mac confronted Robert about his attitude. Robert focused on the complaints he could do nothing about and chose not to hear the ones he could change.

The day of the BIG BLOW OFF

Mac calls me over and says he notices that have been acting out of sorts lately. Then the blow off began. I replied that he ought to be able to guess what was the trouble. Then I said that it was the shits that after all I had done around here that all there was left for me to do was to push nails with some God damned hillbilly looking down my neck.

He then said that I was not fit to lead a group of men-that I could not get along with anyone. I then asked him just who it was that I could not get along with or that I had had trouble with. He named Mag, T. and B. I asked him if that was all and he had no answer.

I then threw it up to him about the way he had been acting since I helped him fix his roof. At this he blew the stack. Said it was a damned lie. Then he said I could go to work in the warehouse under his terms or I could gather up the tools and get out. I

then said that I was going over and talk to H. and see if I couldn't get a transfer. He said to go ahead.

I went back to Mac and after giving me the brush off as long as possible he listened while I told him I would go to another area. He said it was no go--that as far as he was concerned I was terminated. He said that not a man around here wanted to work with me and that three of them came to him and told him that they would quit if I were put in charge of the warehouse. I asked him what their reason was for not wanting to work with me. I asked if it was halitosis or something and he replied, "Possibly."

Soon the Union Boys came over. One of them said that P. had told them that I was getting a hell of a screwing. I made out and signed a grievance statement. Reason given for the termination was insubordination. M. argued that what I did was not insubordination. . . . He then tried a new angle -- that I was getting old and couldn't get around as good as the younger ones could.

Moore said that he added something to the termination reasons--"Persecution Complex." I remarked that he ought to see Dr. P. and be informed of how there was too much of this loose psychological terminology being thrown around these days and that in the hands of a layman it was meaningless. (In fact the same old tendency to deal in attitudes instead of facts showed up.) I told H. and M. about the records that I kept and both Mac and M. brought it up and took the position that made me suspect--that I must have been expecting trouble. I asked if my work had been satisfactory and he replied that it had up until yesterday when I cussed him out. He said that the drawing had been o.k. in view of the fact that I was not a draftsman.

It was plain that both of them were bent on getting rid of me if at all possible. The meeting adjourned. We all met again and the argument started again. Mac tried a new tack this time--said I was slow--slower than the average.

Some papers to sign. It was practically all about Attitude a la Emmet Fox, AA, Norman Vincent Peale et al. co-operation, working together, negative attitudes, positive thinking and all the rest of the thin drizzling shit. Mac did most of the talking but even the Union men concurred in the line of crap that he was putting out.

Before going to the conference room Joe told me that there were 2 guys in the Dept. who had it in for me. Mac related how he had gone to the warehouse and talked to the boys there about me, telling them that I was coming back. He said that he asked them what their objections were all they could mention was in regard to spitting on the floor. I remarked that while the brutal frankness was going on, I would say that he Mac had none of the worst cases of halitosis on record. He didn't deny it. Also Mac mentioned that some didn't like his attitude toward the men under him. I then brought up the subject of S. His idea on this was in line with everything else; i.e. my wrong attitude.

Then they got out the papers and I and the union men signed them. They were in a form of an agreement that if I went back to work I was to change my attitude and try to increase my production to where it was "average." !!!!! SO--the complaints against me are three:

1. I spit on the floor.
2. I have the wrong attitude.
3. I am below average in production. (SHIT !!!) I was assured that I was not to be degraded. Rode to the warehouse with Mac. He asked me if I had bought that new car yet.

The situation in the shipping room must have been even more tense as Robert worked under the pressure of a contract stating that he had to improve his work speed and attitude. Robert continued to talk to "old buddies" at the AA club, garnering their support for his theory that he was being hounded because of age and his alcoholic history. Robert told everyone that he knew it would happen again, but implied that he did not care.

The second termination. Robert's free speech eventually brought a second termination attempt. He was called into the office and confronted with harassing another employee. The management backed down and agreed to move Robert to an entirely different area of the plant. He was sent to a drilling job for which he felt he had no skills.

The Union representative suggested that they would be watching his every move trying to find another reason to fire him. Robert arrived at the new situation angry and threatened, but convinced that "he was right." Robert started talking to others again about his problems with Mac, began belittling his supervisor for a hillbilly background, and in general was unpleasant to work with.

Robert did change one of his patterns in the move to the drilling job, and related differently to co-workers. He was able to express concern when one was "getting the shaft" or talk to another about her problems. He developed a relationship with an older woman in the section who talked to him honestly about one of his problems.

At 3:30 Lt sprung the prize of the day. She said that I had halitosis and that this was probably the reason that people wanted to get rid of me. She asked me if it was not better that she tell me this than that she run around behind my back and never let me know what was the real reason. She cited the case of a gal in the school where she spent some time on coming to this plant. It seems that this gal had maladorous tendencies and that a lot of the rest of the scholars complained about her. She said I ought to brush my teeth not only on account of the bad breath but to save my teeth. (!!!?? Twash!!) I then told her that if anyone had a stinkinger breath than Mac I didn't know who it could be. Also that halitosis might have been a minor factor in the Shipping Dept. trouble but that the real reason was Mac wanted to farm out the box building and get a kick back and that he was nervous about doing it while I was around.

The comments about halitosis and spitting still didn't cause any change in habits and his breath problem plagued him and others for 15 more years.

The final termination. Robert continued making mistakes, was criticized one more time, and "blew off" for



the last time. The Union was not able to help and suggested he terminate voluntarily. He refused and was fired for poor workmanship. Robert was, once again, embarrassed in front of a more powerful male, and had to take a stand to prove that he was right.

September 9 SHE BLEW !!!! WHAT A DAY!!!!  
Still having problems with drilling. Dude says can't put up with it any longer.

I says come over here I want to tell you something. Whenever I get so lousy with my work or I stink too bad, just tell A. H. about it and then I will get into action." He left then came blow off with the union rep. Joe suggested go over and terminate voluntarily. I replied that I would not do this. That the record which they were going to hang on me would not be detrimental to me in the places that I intended to look for a job. Furthermore, that if I had to keep this job under the circumstances and conditions that I was keeping it at the present time, I didn't want it any longer. That when I was finally terminated that I had just started and that I would take it up with the company. I remarked that he had never heard all the details of the dirty Shipping Dept. deal. He then emphatically stated that he did not want to hear them ?!!!??

I told him what had led up to me telling Dude off. I said that he had told me that it didn't make any difference where he put me, I was no God damned good.

About 2:00 I was called into Dude's office. I asked him why he didn't get at this sooner in the day and he replied that he thought that I might like to work the rest of the day. I asked him what the causes of termination were going to be and he replied that they would be insubordination and--he hesitated a little--poor work.

He followed me out of the door and I said to him that he had better wipe that smile off his face since he was no friend of mine.

Robert was "furious" at management, but conscious of his inability to control rage.

What in Hell?? only the other day I was thinking how I should not have talked to H--thought it over a length, and here at an even more critical time I blow at first sight as if some irresistable force had gotten me. It came just as quick as a streak of lightning. This just about settles things. God Damn!!!

Robert obtained unemployment compensation for several months, while interviewing for another carpenter position. He finally found a job working for a construction company, but was fired after only 2 months.

8-12 THIS IS THE DAY!!! FINI builders stink. Previous day had said he wasn't going to cut anymore cornices. Box came over and asked what he meant. I replied man hauled it away as fast as I could get it cut. He said it all paid the same money and what was the difference. Also that if I didn't like it I could go get my time. I at once asked him why he didn't do it for me. He said come on. He hung around talking to some of the men he worked with. Shaffer drove by and said he didn't want me hanging around. I told him I was waiting for a ride. He said to wait off the property. I gave him a dirty look and said that he didn't scare me a God damned bit. He took off about 60 mph. He was visible scared and shaky all during the proceedings.

I said I didn't have to take any shit from bastards like Sheaffer since I had \$5200 in the 4th National Bank, \$300 at home and \$280 coming from unemployment. He said if he had that much he would quit too.

The next and last job ended the same way. Robert found a job in a furniture building firm with an "old man" as boss. Robert noted making many mistakes and never being able to please him. The old man also hinted at Robert's odor problem by talking about "how bad some of the furniture paint was--almost as bad as some people in here." Robert was laid-off for a short period, made several more mistakes, blew-up, and was fired.

### The Results

Robert reflected on his actions after the fact, and realized that he had little control over the explosiveness of his anger. He commented that he thought he had talked himself out of overreacting and then did it without even thinking.

At this point, Robert had defined his inability to become successful as hopeless. He lived off his savings, collected unemployment, and turned his productive efforts to expanding his diaries. He spent every day observing and writing about sexual activities of the SRO residents.

Metaphor of the "dead duck". Robert's metaphor of the "dead duck" came out of these observations. He analyzed himself, along with other SRO residents, and blamed everything on his rich relatives, his inherited black and white thinking, and the limitations of society. He, like the other dead ducks, could not be respected because he had no money, no job, and no family due to alcoholism. It would be impossible to change any other behavior to become successful.

Some say that I have an inferiority complex, but I am an introvert who is furiously resentful. It's not that I feel unimportant, but others regard me as an unimportant.

Robert suggested that he had many things in common with other "dead ducks," as well as a few differences. These men were also "failures," but unlike Robert, they usually went back to drinking.

A dead duck is a man who because of his excessive drinking, ends up past a certain critical age which varies with different individuals and several other factors: moneyless, propertyless, jobless, or holding some job far beneath his ability: usually, but not always, wifeless and homeless, and having not acquired any skill which he can sell which is not in adequate supply.

These men suffer from economic disability. By economic disability I mean the inability to get and hold a job or otherwise work at an occupation--except perhaps intermittently--that is in keeping with the training and/or ability of the person in question and which will furnish him with an income equal to the average of the social class from which he came, or which he thinks he must associate with.

People look at their poverty and treat them as second class citizens. "He never amounted to anything" is an "unpardonable offense." Dead ducks are very vulnerable to mistreatment at any place of employment and usually end up obtaining jobs in poorly managed firms with no employee protections.

He understood the dead duck's dilemma, but believed that he was different and able to abstain from alcohol for three reasons:

1. A better than average imagination with which to picture the consequences of resuming drinking;
2. A thorough understanding of the psychological reactions accompanying the first or triggering drink; and
3. A distinct but tiny and fast fading hope that there will be some way to do something about the economic disability situation, which is the key to all the other frustrations like the key log in a log jam;

The letters revealed his differences with AA.

It has always been something of a mystery to the leading lights just how I managed to break off the alcoholic habit and remain dry for so many years when I rejected practically every tenet of their faith. I did decide that it was time to quit drinking, but so have thousands of others who failed.

Robert did not accept AA's philosophy that one drink would always lead to prolonged drinking, but used "observation and scientific reasoning" to determine the combination of factors which led to binges. He felt this was "decidely more effective than if done by the God system."

Robert felt different from the dead ducks not only because he had managed to abstain from alcohol, but because he had different interests from them as well.

I couldn't stand sitting around some slimy pool hall and playing cards or dominoes or sitting on some creek bank watching a cork bob up and down as did most of the men I was with. I spent the time reading and studying a wide variety of subjects, but mostly of a scientific, economic, mathematical, and political nature. This is the kind of thing I naturally turned to when not engaged in imbibing alcohol. This tended to widen the intellectual gap between me and the men I was with.

Robert fought the AA theory that everything is within the self and suggested that external circumstances can and do have just as much to do with drinking. He felt that being a dead duck alcoholic would always go against the individual in any job, especially when he tried to do something original. Robert noted this after he had been fired because he was different.

These latter (men who are threatened) will begin to take notice and will begin to look into who a man is and what makes him tick. If he is a man in normal circumstances, this does not matter so much for there would be nothing that the envious bastards could throw at him and they would dismiss the idea before they got started. But here is where the low status of failures enters. His enemies on the job may or may not find out about his alcoholic record. The chances are they will but it is not necessary for their purposes. All they need is to see that he is living in a room by himself, without an automobile or any other of the accepted trappings of the American standard of living, and this

proof that he never amounted to anything, therefore there must be something wrong with him. Then they will start saying--not necessarily in these words--but with a similar meaning: "Who does this old bum think he is to be pushing himself in ahead of us". He must not be any account or very smart or he wouldn't be living the way he does. He hasn't anyone but himself to keep and a guy like that doesn't need much anyway. Here we are with families to keep, homes, and cars to pay for. Besides there are plenty of guys like us who could use his job--we deserve it more than he does. It ain't right.

Letters to the psychologist. Robert's letters to the psychologist were comparable to the actual accounts in the diaries with differences in emphasis. The letters did not identify his constant feeling of uneasiness or need to talk constantly and negatively about his co-workers. The letters described, as the diaries didn't, Robert's sense of alienation from his co-workers.

I know that at none of these places had I done anything ordinarily considered wrong or anything detrimental to the interests of the company. I had not been a storm center of incessant friction and altercation. I had a perfect attendance record, so I was forced to the conclusion that whatever was the trouble, it was something peculiar to me and that I would run into it on any job that I went on. At first I thought it was the great difference between the educational and cultural level between me and the men I worked with, and which I was unable to completely conceal. Then I began to connect my job experiences with what I had observed several years before about the failure of practically all dead duck alcoholics to stay sober even after being given the AA treatment.

It was not until after the experience at the Aircraft company that I began to fully realize what I was up against and how widespread it was. At all of the organizations the same thing happened. I was shoved out of all of them. At this point perhaps about 99.8% of all people would declare unequivocally that it must have been my fault and that I must have been in the wrong. While I do not think that in the wrong and fault are the right words, it was plain that the trouble what ever it was, was something peculiar to me or connected to me.

Robert attempted to analyze what might be wrong with him and also responded to rumors he had heard that he was mentally ill.

So this brings us to the \$64,000 question, am I mentally sick, disordered or what have you? I am not confused in the way AA talks about it, but I know what the source of the trouble is-or at least I think I do. I am bothered by a fixation acquired in early childhood. My father and mother were about the most morally straight-laced people I have ever seen or heard of. Whether or not they so intended, they imparted to me at an early age, a somewhat distorted picture of life. It is what would be called two-value thinking by semanticists--total white and total black; Nothing in between. There were just two kinds of people in the world, the good and the bad. The good were totally good and the bad were totally bad. Also the good far outnumbered the bad, so much so that under ordinary circumstances one could disregard the bad ones. At least as long as you stayed away from them they would cause you no trouble.

Now if you ask me am I mentally disturbed, the answer is definitely yes. There are excellent reasons for me being disturbed, reasons which certainly do not come from within. The job at the factory was my last chance to get a foothold from which to climb back to anything resembling respectability. There will never be another one. Since it is deemed necessary and desirable by the businessman's government, which is in power now and which I am afraid will be for quite a while, to have a substantial body of unemployment even in so-called normal times. Then somebody has to be "IT" and naturally anyone against whom there is a prejudice or who have some kind of stigma attached to them will automatically fall into this class. So I can see what is ahead of me. If I am employed at all it will be part time at some menial job. I will be forced to stand by and let ignorant, incompetent hillbillies run the show while I do the dirty work. The quarters in which I am living at present would sicken anyone who was accustomed to a modern house, but they are positively luxurious compared to what I will be living in 3 or 4 years from now.

Robert portrayed a dismal future in the letters; one which held little promise other than the continuation of his present life.

I am confronted with two horrible alternatives. I can continue to live on as a destitute, despised outcast, disowned by family, hoping that some freak circumstance will intervene, pushed around by any ignoramus moral degenerate who by hood or crook has managed to keep out of the indigent class, ordered about like a small boy by haughty, insolent, inexperienced 20-year-old girl welfare workers, not daring to express any opinion or show any initiative in any way, growing sickly from eating a diet consisting mainly of cheap devitalized carbohydrates and fat; cut off completely from any association with the female sex; confined to one locality almost as effectively as if there was a guarded wall around it, and finally put to die in some foul nursing home run by a penny-grasping, moronic woman. An exaggerated or overdrawn picture? Not at all. Within one minute's walk from where I am writing this there are dozens of men existing under these dismal conditions. This is the common fate that is dished up to men who have failed in this Great Big Beautiful Land of Freedom and Abundance. And it is all the same regardless of whether one is an illiterate half-wit or a man of education and intelligence, and regardless of what the cause of the failure was.

And so the other alternative is, figuratively speaking, to jump off a high cliff and have it over at once, in which case I would be strongly tempted to take some others with me.

### Turning Point III

#### Regaining Respect Through a Legitimate Status

Robert had reached the age of 72 at the beginning of this turning point. He continued to live in one room downtown.

#### Historical and Societal Conditions

Between the years 1955 and 1967, Robert obtained a Veteran's Disability Pension and Social Security. His goals moved from being productive at work to being productive with women. He became the caretaker for a succession of three downtown women, each with a history of alcoholism and mental illness. Robert believed he would not be able to interact with any other type woman:



Talking to W. ( a downtown lawyer)  
 I unloaded to him about why I had stuck with F. so long. Said it was because of fact that the respectable women would have nothing to do with a guy like me. He declared emphatically that I was dead right. (???????!!!!) Said the American women were a bunch of snobs. Told about one old gal who was a big shot school teacher but who was married to a workingman. Told how she liked to humiliate him. (He had this in mind mostly, which don't exactly jibe with my situation. He didn't seem to distinguish between workingmen in the poverty class and those not in it.?????)

The women's life styles were predictable in their chaos, permitting Robert to stay emotionally uninvolved and in control. They were available to him for sexual favors, while he provided protection, wine, and food. He wrote graphically and daily about sex, while at the same time expressing disgust with the women's sexual activities with others. Schneider (1977) considered disgust to be a projection of being ashamed.

Robert presented himself as liberal and free-thinking, but his reactions were often from the perspective of his family values. Robert worried about being seen as a "pervert," even though he noted that his activity was no different from that found in the Kinsey Reports. The Kinsey Reports documented an increasing incidence of premarital intercourse, homosexual experiences, masturbation, and extramarital sex during this time period (May, 1990). Though the information indicated a greater freedom of sexual activity in Americans than previously thought, the majority of people still remained inhibited and fearful of their sexual feelings (Diggins, 1988).

Relationship with a downtown woman. The 1967 diaries documented the closing months of his involvement with F., a "female derelict." This relationship was similar to all of the other relationships with "downtown women."

Robert first became interested in F. because she was "exciting and a lot of fun." She drank heavily, was impulsive and promiscuous, and easily available for sex. Robert described intercourse with her, often two or three times a day, focusing on his need and ability to perform. Robert's reports included notes describing her reactions: "She seemed to think it was ok" and "She said it was good." In addition, he continued to document daily masturbatory activities. Robert reported periodic episodes of impotence, especially when he had seen F. with other men or when she was talking about them.

She is showing signs of bad shakes again. When trying to get supper and take her medicine she dropped about everything she picked up. Acted like she does when drunk but she hadn't had a drink since last night. After supper she resisted advances toward screwing. But at 7:40 she consented. It should have gone good, since I hadn't had anything for 72 hours. But it didn't--she didn't seem enthusiastic and this together with what I had seen last night caused me to be slow in getting stiff. After she came--and she didn't show much sign of it although she said she did--she began to try to hurry it up. This only caused things to get worse and so I gave it up in disgust. The cause of her hurry was the fear that another man might come back. I got up and dressed and went home at once. Showed my disgust. While still in bathroom washing she said that whenever I got ready to pay her rent and eat bill, I could be cock of the walk around there. (???????!!!!!!So!)

F. went through cycles of impulsive behavior followed by severe depressive lows. Robert identified these as a mental disorder, but couldn't convince her physicians that

this was her problem. Robert was furious that he wasn't listened to when he told them she wasn't an alcoholic. "I should know an alcoholic when I see one," he reported saying. Robert used his history to attempt to influence the medical care system, but to no avail.

Talking with lawyer about commitment hearing. He confirmed report that she has signed to go voluntarily. I asked him how he got her to sign and he replied that he was quite persuasive. (??? This guy impresses me as somewhat of a smart alek.!!!). He said that he could see that she was mentally disturbed. He described her condition as listless and like semi-coma. Then he remarked that he thought her trouble was alcoholism. (????? God damn!!!! There it goes again???!!!!). I hastened to declare that she certainly wasn't an alcoholic. (Don't think it made much of an impression on him.???) He said however that she might have some other mental aberration. He wanted to know what other aberration she could have and I replied that this was the \$64,000 question. I told him that I had seen her go into these kind of spins 2 times and in every case she had not been drinking at the time she went into them. Said that in the present case, she hadn't had a drink for several weeks.

Even though he knew alcohol was a major problem for F., Robert continued to purchase wine for her daily. He was openly disgusted and critical of her prostitution and talked about her freely with acquaintances in the downtown area. However, Robert helped her find rooms, went with her to bars, and associated with many of her clients. He considered himself her caretaker rather than client because he didn't pay and didn't steal from her as many of the others did. Alcohol was a major part of their life, but Robert maintained control and did not return to drinking. His obsessive sexual activity provided an anesthesia similar to alcohol. The constant attention required by the woman provided enough activity to prevent boredom.

Talking to a landlord who had just evicted F. I went back to the office. I asked him what the trouble in regard to F. was and he said it was on account of her running her radio too loud. Then I reminded him that legally she could stay 30 days. No comment. Then I asked him if I was involved in any way. I invited him to say anything he wanted to about me and not to be bashful about it. He denied that I was mixed up in it. (???????? Now what is this???) Can it be possible that he don't recognize me and he don't know that I am the one who has been hanging around F???? I told him that I had been F.'s unofficial guardian for 4 yrs . . . I told him I was aware that she had been coming in drunk and had been having other men up there.

He wanted to know if I had been having sex relations with her. I told him that I had, but not up in her apt--that I knew better than that. In saying this I told him that I was no hypocrite and would admit it. At the same time however I remarked that it was no more than every business man in town did--that practically everyone of them trifled on their wives and furthermore, there were many rich and prominent women whose moral character was no better than F.'s. Said I had gotten this right out of the horses mouth. Also told him that I had been raised among a bunch of goddam millionaires and knew what the score about them was.

On all this, he had no comment. He listened to it and did not dispute it nor offer any objections.

F. received welfare for her disability and relied on Robert to maintain contact with the Welfare Department. He knew all of the case workers and several times negotiated more money for rent and hospitalization. The welfare workers frequently searched apartments to determine if men were living there. If so, the women's welfare payments were cut. Robert worried that they would frown upon his sexual relations with her and cut her income.

Robert was sensitive about the nature of his relationship with F. and believed that many people ignored him when he was talking or turned away because of disapproval of F. It is likely that his halitosis was the

real reason. He justified his activities by telling others that "I can't dump her when she is so sick."

Visiting another veteran in a local bar:  
Seemed glad to see me and shook hands. I remarked about his speech at OEO a week ago Monday. Then he said something about me coming around to see him--don't remember just what--and something about he figured I must have gotten enough of him out there at the meeting. I replied that I thought he had made the best talk that day. About this time he practically turned his back on me and began to talk and listen to a loud mouthed bastard who was drinking beer at the bar (?????????????)

Not a word was said by either one of us about F. After he had ignored me for some minutes more, I left saying that I would drop in some other time. (?????What the hell-hate at first sight or something---or has he heard something about my dealings with F?????)

During late 1967, Robert's time was almost totally occupied by F. When she was high, he had to protect her money, make sure she ate properly, and monitor her medications and health care. When she became depressed, Robert provided total care including bathing and feeding her.

In morning I suggested that she ought to help pay for what she ate herself. She didn't like it much but didn't raise the hell I thought she would. She didn't seem to be in a mood to argue. (???????) Said it was OK. She appears to be getting catatonic symptoms-sits and stares much of the time. Voice very weak. This time the symptoms are located in abdominal region--not in heart. At least she don't seem to be concerned about her ticker speed. Like she was the last 2 spells. About bedtime she insisted that I leave all windows and door open, although it was cool. Said she was hot. (???? Wonder if she is getting the aggravating hot feeling again.????)

Little change today. By insisting that she go and try to piss at intervals, I got her to avoid pissing bed or on floor. Let her drink a little more water than yesterday on condition that she do this. I mentioned several times that she was going to have to go to the hospital or somewhere. In evening I asked her where she did want to go and she replied that she wanted to

stay here. I said that this was out of the question since I couldn't take care of her. She replied that she thought I was doing a pretty good job of it. (???????)

F.'s care finally became too burdensome and Robert went to the Welfare Department for help. The Welfare Department encouraged Robert to commit her and he agreed. Robert felt he had no choice because he would soon be in trouble for keeping her at his apartment, but worried that he might be sued for doing so. Robert finally signed the papers and F. was sent with her consent to the State Hospital.

Talking to F.'s case worker at the Welfare Office Told him the situation. Said F. had come here about a month ago but didn't give him any definite date. He advised me to get her out as soon as possible. And not to let her come back. Said I would run a big risk if I did. (???????) He seemed willing to help do this. I told him about her refusing to go to the doctor. He asked if it would do any good if he came up and talked to her, telling her that she was going to be put under a guardianship if she didn't and made to go. I said I would see what she did.

I told him that the reason why I had let her stay was first because I thought it might be just a temporary heart flare-up and then that it was during the hottest weather and I wasn't about to take care of her over in that sweat-box at the L hotel when I had an air-conditioned place.

Expressions of political concern. No longer preoccupied with F.'s care, Robert found other ways to occupy his time. Age, a problem in the work environment, worked in his favor during this period. Robert was fortunate to have become a senior citizen during the last half of the 20th century, for most elderly did not rely on their families as did previous generations. They withdrew from associations with groups organized for younger people and joined generational associations (Fischer, 1977).

Toward the end of 1967, Robert became interested in a Senior Citizen's group which provided him a legitimate and socially respectable identity.

Robert became friendly with P., who was in charge of one of the groups. They had the downtown area and no car in common. P. relied upon Robert to do research for presentations to local governmental boards.

Attending a senior citizen meeting fighting rent raises P. asked me urgently to go along. He didn't have a car either. I had expected that we were going there as visitors and observers and here we were being -- including me -- treated as some kind of experts that they could turn to in a crisis. Will wonders never cease!!!! What if they could see the club that P. runs? He spoke and then asked me to speak. I said it was too bad they had not known as much about the realtors when they moved in as I did. I remarked that 'they stink' and expressed other strong and unfavorable opinions of them. This abuse on my part was greeted with approval.

As Robert's self-definition became more positive, he transformed his rage into constructive writing on behalf of senior citizen issues. Fischer (1977) noted that elderly associations became very active during this period of history, attempting to influence public policy to insure consideration of their special needs. Robert wrote editorials and spoke before public boards on issues such as bus rate hikes and senior citizen housing. Robert had many other issues in common with members of the clubs including social security payments, housing, and transportation for the elderly. Robert's greatest worry was losing his pension. He remained basically honest and law abiding, but was continually worried that he would be in trouble with the

government. Robert carried his depression experience with him, always expecting "everything to collapse."

Received VA report form

Got VA check yesterday. It had a card directed at the older than 72 WWI vets. It was different from the ones we have been getting. It said that although we were not required to send in an annual report as we have been, we were not exempt from the income limitations and that if there was any change, we were to report it to the VA. (????????IIIIISHIT!!!)

Soon after getting this, I saw the man R. Told him about it. He hadn't gotten his yet. I told him that the only place it would affect me was that I had a savings account and the interest on it was getting close to putting me over the line. I then mentioned the feasibility of lying about it or not reporting anything. Then he remarked that he would rather be in the clear. Told about some guy who worked while he drew Unemployment compensation and got caught. Had to pay it all back, etc. I said that was a different set-up. That in the case of the VA, the only way they could find out was through the IRS and the reports of interest and earnings on all kinds of securities which all banks and such sent in. Said I didn't know whether there was any passing of info between govt. agencies and hadn't been able to find anyone who knew.

Maybe this was a mistake to say anything to him!!!??? He is the only one so far I have mentioned or breathed this to.

Robert spent up to 3 hours a day researching newspapers and magazines for information related to governmental action on pensions. He wrote letters to congressmen, the President, and the editorial page of the local paper expressing his concerns.

President Lyndon B. Johnson  
Washington D.C.

Dear Mr. President:

As a long time Democrat and one of your supporters in 1964, I am gratified by your recent stand on Veterans' benefits and programs. And especially by your request that legislation be passed which will prevent Social Security increases from causing the pensions of War I veterans to be cut off or reduced.



Without such changes in the present law, Social Security increases of the size you have proposed will be a disaster for large numbers of elderly people.

Though Robert was becoming respected and listened to, his own sense of inadequacy displayed itself through his voice. He avoided opportunities to speak publicly, attributing his tight throat to "nerve gas" during World War I. His tight throat showed up whenever he was asked to accept a responsible position in his newly found groups.

After visit to woman at senior citizen office  
Got copy of bylaws of the InterClub Council. In her office there was a guy named Joe who is one of the heads of the outfit. Also his wife was there. Had voice trouble and probably made poor impression.

Don't like to call when having voice trouble, that I could never tell when it was going to let out some unintelligible gurgle and they might think I was drunk. She said that she knew I wasn't. I replied of course and that was the reason I called her first before hospital. She insisted that I see a doc about the voice. I told her I had done that many times many yrs. ago. That I had been bothered with this for 53 years -- ever since I got out of the Army. Also that I had tried and given up many years ago getting any compensation on it. That it had practically ruined my career. As to seeing a doctor, I remarked that all they could think of was "Nerves." She indicated that it might be but I gave her to understand in no uncertain language that it was not nerves. It is not-- repeat "NOT" nerves.

Robert also had an ongoing relationship with members of the editorial staff of the local newspaper. Earlier, he had written letters to the editor, criticizing the John Birch Society, and he continued writing on other issues when not occupied caring for women. Robert commented that the staff seemed glad to see him and usually gave him "the time of day."

12-18-1972 Went to newspaper and saw Charley Pearson. Certainly got the glad hand. Told him about the recent letters after he remarked that he had noticed that I had a letter printed recently. He said that the thing he liked about my letters was that they usually stirred up something. I remarked that it looked as if it had this time. He said he hoped that now that I had more time I would send in more letters.

During this period, Robert reinstated a relationship with a politically liberal woman with whom he associated during a letter campaign against the John Birch Society. P.M., now president of the League of Women Voters, was running for political office when Robert contacted her. Robert enlisted P.M.'s support against urban renewal and other senior citizen issues. In previous years he had noted that she often ignored him, but this changed. P.M. was interested in his ideas and gave him much positive feedback.

Called P.M. Got good response. Told her about E. and that she swung quite a bit of weight out there and might round up a few votes for her. She asked me why she had never heard from me for so long and I replied that I couldn't talk about half or 2/3 of the time because of getting gassed in the first war. She replied that she had an uncle who had gotten the same thing. At the close she told me to take care of myself.

The downtown circuit. Busing was a particular concern because Robert had no car, and needed transportation to the suburbs for senior citizen meetings and to see his girlfriend. The impact of car ownership during the 1950s spawned suburban shopping centers, increased highway construction, and reduced the need for public transit. As Teaford (1986) reports, "between 1945 and 1965 transit patronage dropped 64%, from 23 billion passengers to 8 billion passengers, and public transit's share of all the

passenger-miles logged in urban America plummeted from 35 percent to 5 percent" (p. 110). The few who did not own cars were the poorest, but were asked to increase the amount they paid to support the downtown bus. Robert spent considerable time fighting these raise hikes on behalf of senior citizens who no longer drove.

Urban renewal was another issue of interest as the downtown was the one stable home Robert had maintained throughout his sobriety. He watched as apartment buildings near him were boarded up and then destroyed.

Told her that I was in a stew about buildings being torn down around here. She asked me how much rent I paid and I told her. Then she asked me how much it cost me to live and I told her about \$130 a month. She said I must not be as good a manager as she was. I told her that every time I had ever thought that I had it made, things had blown up, and that I couldn't help but feel that it was going to happen this time. She gave me hell as usual for not having faith.

Robert visited the Urban Renewal office to talk over their future plans and received a "Don't worry" message:

After visiting Urban Renewal Office  
 Asked to see someone who could give info about the Adm Center. Young man came out. Expressed disapproval of UR and he defended it. I asked him if he had ever read the Federal Bulldozer? He replied that he had. Then he told about their excellent relocation service. Said that many if not most of the people relocated in the past were very happy and were better off than they were before. What kind of shit is this???. Can see how it could be in some cases. He said that there wasn't any doubt that they could find something for me -- of course, I might have to pay 10 or 15 more in rent. Sure . . . The SOBs. Asked about my area of town and when it would be dozed. He said should be prepared for it within 2 years. One thing he kept repeating was "that I should keep an open mind about this."

Robert again wrote letters to the editor, called persons who had sent other editorials to exchange ideas, and

attended governmental meetings to express his views about the importance of downtown housing. Robert's concerns about the effects of the destruction of cheap housing foreshadowed the homeless crisis of the 1980s and 1990s. In the article, Kozol speaks on Homeless (1988), the writer suggested that a significant cause of growing homelessness was the lack of affordable housing in a population trapped by poverty.

Robert moved to a rooming house across the street, because he believed the first one would be torn down. His girlfriend encouraged the move because the new apartment had a bathroom. Robert felt extremely vulnerable with his landlords and feared doing anything that might cause him to lose his housing.

Made major blooper today and might have gotten off to bad start at new location. Plugged the refrigerator in but completely forgot that they can be turned off inside with the thermostat button. Reported at office that it wasn't working. In about 15 min. Z man came up and discovered that it wasn't turned on. (?????!!!!). Am now possibly labeled a senile boob or something in Z. office. The mental blockage which caused this was the fact that am used to hearing motor start on plugging in.

In 1971, Robert's second apartment building was scheduled for destruction. He received \$350 from the Urban Renewal office to relocate. Robert moved up to a two room apartment and expressed pride in his ability to move all of his belongings, primarily papers.

Bought Woolworth eyeglasses day before yesterday. They were #18 and cost \$1.49. Sent address changes to US News, Time, New Republic. In moving, 74 trips to new apt. were made. At least 60 of these were carrying 40 lbs. in suitcases. The suitcases weighted ab. 5 lbs. each. This left a payload of 30 lbs. There was between 1200 and 2000 lbs. of papers, magazines and books. (??????Unbelievable!!!)

During the 1950s, planners urged destruction of aged buildings to reduce the problems of the downtown and restore the central business district (Teaford, 1986). It was not until the late 1960s that urban renewal was seen as a problem rather than solution, and by that time Robert had moved three times in 4 years because of building destruction.

Robert felt at ease in the downtown until the period of racial tension during the 1960s. With the heat of summer, violence from young city dwellers increased. The nation's cities were in a crisis (Teaford, 1986). Robert wrote for the first time of being afraid to live there. He reacted not by moving, but by buying a gun. Robert's editorials became increasingly negative toward blacks and hillbillies as he saw his homebase deteriorating.

Talked to CT about negro situation and what they might do. He seemed totally unconcerned. He advised moving if I was afraid of what might happen in this part of town. There it is again, the same old crappy attitude -- get away from it -- run but never do anything to prevent it. One of his cheap skid-row employees was there and he expressed anti-negro feelings freely. Went to hock shop and bought gun.

Most of the senior citizen members lived in the suburbs or senior citizen housing, but Robert continued to prefer his downtown room. The downtown provided contact with several unofficial support persons whose work permitted them to share Robert's perspective (Goffman, 1963). Robert had frequent interactions with a downtown lawyer who listened to his ideas and seemed to "agree with him." The downtown lawyer, W., had a practice which consisted primarily of the

poor in Center City. W. served as a listening post, on a weekly basis, for Robert's stories of failures and exclusion.

First talked about the VN WAR--something came up--don't remember what it was--about which he said that he had been wondering. My remarks about it, he said, answered his question. He agreed completely with me on the VN situation.

Saw W. Usual conversations. While waiting for elevator he said that he never made a statement that he couldn't back up and that he knew that I didn't either. As usually he asked me to come back.

Went to see W. I told him that the 3 things I was interested in that the city commission was concerned with were -- Bus, housing for people displaced by UR, and raising the income and asset limitations and eligibility for public housing.

Robert noted and was hurt the times W. seemed in a hurry and did not want to talk. He thought of W. as a friend, but knew the relationship wasn't reciprocal.

Met W. in lobby. Started to talk to him but he just said Hi and then went on out. There it is again. This guy agrees with me on most controversial things and is congenial in many ways but I have never been invited to his home--like the filipino--I don't know his wife.

Robert found another unofficial support person in the downtown area in N., a clinical psychologist and professor. N. asked Robert to speak to his class about alcoholism and then suggested that he put his experience into book form. Robert continued to call him several times a year with a specific problem.

Called P. on phone from E. apt. He recognized me at once even before I asked him if he did (????!!!) He asked about what I was doing etc. Also about what I had called him about last September. I told him that at that time I was expecting some trouble in connection with F. but that it never developed. Said that this was long gone and forgotten. Then he remarked that he hadn't seen any letters in the paper from me lately.

. . . He mentioned the fact that we hadn't met for a long time and I said that it was hard for me to get around. That I hadn't ever gotten a car yet. Then he replied that I had better stay away from that. (?????Now what is this--did he misunderstand what I said????!!!) As usual, after 3-4 minutes I could see that he wanted to get away. He said he had something to do. While the conv was in progress he left the phone and went out, saying that he had left a hose running. Once he remarked that I was good for 20 or 30 years yet. (??Wonder if he thinks I am a lot younger than I am????)

Age and health. During this period, Robert looked back over his life and took pride in his health and longevity. Robert monitored his health daily, giving detailed accountings of his sexual activity, vital signs, elimination patterns, and diet.

Robert became increasingly concerned about changes he associated with aging and noted "dysfunction of the thinking process." He was hard on himself and frustrated when he made a small mistake.

Every time I have taken this stuff to the newspaper office, have gotten all fucked up in trying to find something. One trouble is the old familiar one of having a feeling of being on limited time. In this case however--unlike the D. instance--the block and resulting goof wasn't apparent to anyone.

Robert fell down two steps at a church meeting, blamed it on his dime store glasses, and asked his friend to "keep the whole thing quiet." He wrote down memory lapses and felt that the several times he tripped on stairs were results of age. Many days Robert talked about feeling droopy and noted that "it must not show" when others told him how good he looked.

Insomnia continued to be a major problem. Robert tried numerous remedies, including 8 cups of coffee or a few Thorazine left over from F.

In health diary

Not sleeping well due to noise upstairs. Coffee at 8 a.m. got higher than usual. Caused blowoff in re MM. Talked too much. Still felt ok at 1 no stomach distress. Was alert and turned on all day. Never got a bit sleepy. So high in am that got reckless in talking to Jackson. Ins. The experience with Jackson Sat. morning should be another reminder of the danger of doing any controversial business while on coffee high. This took place an hour after the initial high. Of course there was the psychological factor. A psychological turn-on.

Robert's daily records indicated stomach distress. This distress was probably related to high coffee intake, frequent aspirin for sleep, and an unusual diet.

Woke up at 1:00 a.m. No stomach symptoms then or for an hr. Had very slight gnawing at 2:00 a.m. Had none at 3:00 a.m. Took aspirin at 3:00 a.m. Woke up at 7:30 a.m. Had no stomach symptoms then. Took coffee at 7:30 a.m. No trouble yet.

Urinary incontinence was a problem for several months. This led to a Trans-urethral Resection (TUR) for an enlarged prostate in May, 1968. Robert was especially concerned about the effect of his prostate surgery on sexual ability and his circulation around the downtown area. After the TUR, he documented continued dribbling and frequency. Robert was extremely frustrated at not being able to travel anywhere that did not have a bathroom close by. Downtown buildings were closed on week-ends, so he felt "a prisoner in his room on Saturday and Sunday." Robert talked about "being out of circulation for over 6 months because of the



surgery." His immobility brought anger and negative expectations for the future.

5-16-1967 Letter to son

I got your card the day I went to the hospital. I noted the remarks at the bottom of the card. No doubt they were well-intended, but they show that you, like most other people, completely misunderstand what is bugging me and others like me. So, I want to say emphatically that it is NOT and I repeat NOT the sorry past that is bothering me. It is the lousy present and the prospectively lousier future -- the very thing you say I should start living for. And this didn't come about because of me thinking it would. It is the result of a real situation, not a mental attitude, as the current popular American philosophy would have you believe. I have been thinking for a year or more that I would write you and unload but have hesitated to do so for reasons which will probably be evident to you if and when I do. When I get done expressing my opinions of certain things, institutions, and people in the blistering terms which I think the occasion calls for, there is an even chance that you won't want anything more to do with me--in fact it might make you nervous to have me in the same town.

Robert's worries about the effects of the surgery on his sexual performance led to daily masturbatory activities which he called "tests of performance." He commented on the quality of his sexual experiences in his writings on the "Case of E.," as well as in his health diaries.

1-18-1972 After an evening with E.

Woke up ab. 4:45 a.m. after sleeping from 12:30 to 4:45. Felt good with no deadness or stomach dis. Got up and took coffee. Got higher than for a long time. However, the high lasted only for about an hour after the first coffee jolt (????)

There was no life what ever in pric. Wouldn't come either dry or wet. No interest at all. (The effect where there was wild interest after a night with E. seems to have been a one shot affair. It happened after the first time only. Tried it wet as usual but for nearly 30 min. nothing would get it up. Then suddenly on shifting images, it came up very big and stiff and went off.

Came up to maximum stiffness and size. Never bigger when 20 years old. This proves there is nothing the matter with it physically. This after coming only 10 hours previously.

Robert's urinary dribbling continued for over 6 months causing several trips to the VA Hospital for check-ups. His physician did not seem to understand how disabling the problem was, and reassured Robert that it would eventually stop. Each time Robert was told that this was normal with no suggestions for coping with it. He took action himself, wrote a national magazine to obtain information on increasing urinary capacity, and practiced the technique faithfully.

Robert worried primarily about health problems which interfered with his lifestyle. He checked his feet and legs daily and visited a podiatrist regularly. However, he indicated that his sore gums and rotting teeth were simply an "annoyance."

Got to talking to P. about teeth and I told him there was nothing the matter with mine -- just periodontal disease. He said he had that too and that like decayed teeth would cause systemic reactions, as it had him. I asked him what the symptoms were and he said he was tired and dizzy. (????????????!!!!) (wonder if that is what is causing the staggers with me????)

In health diaries.

Although two more front teeth appear about to drop out, there is no pillow drool and no stink. Blood from brushing seems to be coming from just one place..lower front left.

Robert finally went to the dentist to have two teeth pulled, but refused to follow his advice. Ultimately, his periodontal disease caused a severe sepsis and resulted in several weeks of hospitalization. After this trip, Robert

continued to complain of a sore jaw and finally changed his diet to food he did not have to chew.

Got teeth pulled. Face felt puckered all PM. This might have had something to do with the feverish feeling in head. The ones pulled were the snag on left upper front and the one called chief offender on upper left back. Doc noted condition of teeth and said I should get them all out as soon as possible since there was a lot of infection there. (?????) He asked me how my general health was. And had I had any heart attacks. I told him that health was quite good and that I had had no trouble that I could think of.

Noted in health record

Every morning . . . 4 tablespoons wheat germ with catsup and mayonaise 1 cup of tomato juice-canned about 12 oz around noon . . . 1 teas cod liver oil with about a spoonful of liverwort and half spoon of mayonaise. Mid afternoon 6 oz frozen orange juice dish of skimmed powder with 2 teaspoons cocoa and spoon of vanilla. Around 8 p.m. 8 oz raw ground chuck with mayonaise and catsup. In small hrs. 3 tablespoons wheat germ with mayonaise. Around 8 p.m. 8 oz trim cottage chees with catsup and mayonaise.

Relationship with a suburban woman. Even though Robert was active around the downtown and in Senior Citizen groups, he was restless without a woman to occupy him. Robert's first attempt, after F., was not successful because of several problems.

Visiting C. in her apartment:

While talking she told me about how she had gone out with some other guy in a car and had gotten a whiff of his breath. It was foul. I asked her if it was from whiskey and she said it was not--that it was just rotten and that she would rather smell whiskey.(?????)

Soon after getting there and while eating she told me that I would be a good looking man if it wasn't for my teeth..Said that I should have them jerked out immediately. (???????)

I gave her a general outline of my history with emphasis on the unfavorable features. All about going broke during the depression and then going for the bottle. Also told her about F. and her antics. I laid it to the fact that she was not right in the head.

About 4 pm she again said she had to wash and I said I had better get on back down where I came from. She led me out to the door and as we went I remarked that she had not lost all her charm and sex appeal. She said that the next man she had was going to need to drive a car. I had told her over the phone that I had stopped driving because of sciatica, but didn't give any dates. then she up and declared that if I had my teeth fixed, she believed she could marry me (?????!!!!!!!).

Robert paid little attention to the messages about his teeth and breath, and attributed his rejection once again to economic failure.

It begins to look as if it was the same old lousy go-round. Am dropped like a poison snake when they find that I'm a poor boy. As evidence, not the surprise and dismay at hearing that I didn't have any phone. Also her saying that we couldn't go anywhere if I didn't drive. Also her waning enthusiasm for seeing me.

Robert's first attempt failed because the woman could not stand his smell. He believed she had dropped him because he was poor with no car.

Robert's second attempt was more successful as he found a woman who sensed the inadequacy beneath his anger, built his self-esteem, and recommended hydrogen peroxide for his halitosis. Robert began attending Senior Citizen meetings and was introduced to E., a woman who needed some help with a suit against the owners of her apartment complex. She invited him to dinner, stating, a "man like you should have some fun." Robert noted that she was more interested in him than the rent case and "gave me a lot of shit about what a good looking man I was."

After telling her a lot of things that I didn't like to do and some that I liked, she decided that she and I would be incompatible. I brought it up about how in this country a man was judged by what he had not what he was. She said that this didn't apply to her. (Oh NO, It never does. The same old shit!!!) Then she

told about some guy who evidently was a poor boy and how he had told her practically the same thing I had. She said she had assured him that this wasn't so. Yeah--have heard this old stuff before--that's what they all say.

Even though she initially believed they would not get along, she wrote 'love letters' and continued inviting Robert to dinner. He was not too interested in her and talked negatively about her physical attractiveness to other members of the club.

She brought out wine and asked if I wanted a cocktail. I refused. Evidently she keeps drinks around. However she said she never took a drink herself. She was somewhat of a disappointment on looks. Not a bad form--a 50 yr. old one--but a 75 yr. old face. She made no tumble to me. She wasn't so prissy about her language however. She indicated that she would like to have me out there once a week. Called her again later. She still thinks I am a real smart guy.

Robert's increased self-esteem had made him more sensitive to others' feelings. He noted concern about his communication patterns in the diary.

Talked to E. about 10. a.m. Told her I was about half asleep the night I was out there. She said I certainly didn't look like it. Then I remarked about that visits that I could think of a lot worse things than spending the evening with her. (????!!!!How did that sound.)

Robert entered most relationships expecting something to go wrong and it was no different with E. After each confrontation, he noted, "Here it goes again" or "I was waiting for this to go sour."

#### The Possibilities

The relationship with E. provided Robert an opportunity to interact with a more stable woman, dissimilar from other women he had known since giving up alcohol. E. had a history of relationships with alcoholic men and had health

problems which needed care. E. also had a home and income of her own. E. did not approve of Robert's downtown apartment and refused to go there because "I don't want to see how you live - it would really bothers me." Robert told her his "poor boy story" emphasizing the role of his divorce and losing the farm in his alcoholism rather than vice versa.

Sexuality as a focus. E. invited Robert to her home for frequent dinners and began negotiating the pattern of their relationship. She indicated that she liked sex, but didn't want a man staying over night.

"She didn't want paid for sex, she abhorred the idea of taking money like a tramp. Of course, however, I could bring her gifts such as perfume and candy."

Robert thought she was the "commercial type" for many months, changing his mind only when she said she wanted affection after intercourse. Accounts of their sexual activities took precedence in the first year of the diary. He convinced her that he needed intercourse daily. Impotence was a frequent problem for him, but E. was patient and willing to keep trying as long as he needed. Their sexual relationship was repetitive and ritualized with little expression of intimacy. Demos (1986) noted that sexual activity often decreases after middle age with some men beginning compulsive activity to fend off the underlying fear of loss of potency.

Robert attempted to control the emotional involvement of this intimate relationship by interacting with his penis as if it were a separate, unrelated object. Controlling his

sexual impulses may have been related to protecting his autonomy (Shapiro, 1965). The individual who doubts himself is afraid of passive surrender to any impulse.

Robert's diaries indicated that masturbation was a test of duration and strength, while intercourse was a job to do well. His preoccupation with sexual success was indicative of his culture's interest in sexual performance as a vital aspect of self-esteem (Demos, 1986).

About 7:30 p.m. she got real hot and amorous. She said she hesitated to go to bed with me then and thought we had better wait until next time. However she got hotter and hotter. She told me that she had never before gone to bed with a man on the 3rd date. (What kind of crap is this???) Said also that she didn't have but little hair around her gash and also that she was small in the opening -- that most men hurt her the first time. I replied that we wouldn't have any trouble that way because mine was small too. This seemed to please her. She told me that I didn't know what I was taking on, that she could come 15 times and that she was about the most passionate thing I had ever seen. (??????) However had the usual trouble. She said she was a little shy too. Laid in bed with her and wooled her around. But no luck. However, she did come several times. (?????) She said that when I had told her that I had had a prostate operation, she figured I wouldn't be any good because she had thought this finished it for a man. She remarked that I was a pretty good lover. Said that most men couldn't wait to get it in and didn't want to play around any before hand.

She said that she didn't believe in letting a man stay all-night with her or staying with one all night. That she had a lot of moral principle and that she was deeply religious. (????? Well!! Well!! there it is again!!!!!!). This not staying all night is a new one. She also insisted that when she had an affair with a man, she didn't play around with anyone else until it was over.

She said that I was a good lover.

E. called sex, "their play time, saying she didn't like to have me go home without having come." E. recognized

Robert's need for control and treated intercourse as if it were required for his well-being. E. built Robert's self-esteem by repeatedly telling him what a wonderful lover he was. On days when Robert's attempts at sex were unsuccessful, she sent extra food home with him.

Robert wrote that E's daughter-in-law once said that "E. had hooked Robert with food," but E. responded that "it was sex." Robert did not stay overnight until her health deteriorated and then did so only 3 nights a week because, "that is all the longer I can keep you hidden." E. had difficulty with her neighbors and children's opinions about her relationship with Robert.

W. hadn't been there but a short time until E. told her that I stayed at her place all night. She told me before she came that she was going to tell her. E. said that we are both too old for sex. W. made a kind of smirk at this and I said, No comment. Later the subject came up again and E. said that some people, specifically the old neighbor gals, thought that we were living together. W. again just smiled and I said So What? W. seemed to agree.

While nourishing Robert with sex, E. also assured him that he was the most intelligent man she had ever met. His poverty meant nothing to her. Her acceptance began to alleviate his original shame from failing to live up to his and his family's expectations. Robert began to believe her.

Middle class social activities. E., like F. before her, kept Robert's days busy with activities, but this time with a middle class orientation. He met one of F.'s former clients on the street and told him, "I now have another old gal out in the suburbs who is keeping me occupied." They



went to senior citizen luncheons, attended church meetings, and visited neighbors and friends.

Talking with man in E.'s neighborhood. Told him getting to be a regular visitor out in his neighborhood. He replied that was what he had noticed. Then he asked my why didn't I come out to the Tuesday night club. I replied that it was on account of them doing nothing but play cards. Then I expressed my opinion of card playing in very forceful terms. This might have been a mistake. He might have taken it to indicate that I didn't think much of anyone who played cards. I also mentioned the cost of getting out there.

Robert continued to be overly sensitive to his mistakes. Robert felt "bawled out" when friends commented on something he had done, and worried that he might be causing trouble for E.'s family.

After a telephone call  
She has been saying that we will have to eat Thanksgiving dinner by ourselves since none of the rest of the family will have the mob. This is the first time that they haven't had a big family gathering.???? Now what is this? could I have anything to do with it???? (Another indication straw in the wind??????).

E. tried to incorporate Robert's children in his life by sending letters and encouraging them to call and write him. She wrote a letter to them saying that Robert had remarked "that because of their calling, it had been the best Father's day I had had in 20 years." He replied "(?????????!!!!!!! Phooey!!!)." Robert received a letter from his son telling him that he was "glad he had someone to turn to." Robert could not accept that his children could care for him and brought out the failure argument once again.

Then he went on to explain why he couldn't come out and see me this summer. Yeah -- That so!!! Later she and I had an argument on the subject of me being a "failure." She remarked that she thought just as much of the garbage collector etc. as she did of people with money. Where have I heard that before?

Robert and E. approached money from a totally different perspective, with E. disapproving of his saving habits, calling it "Damn Foolishness!" She thought his idea of a future collapse was ridiculous.

She seemed in a foul mood. Again blew her stack when I mentioned moving across the street. Said that was a very bum address and that I deserved something better. I griped about the heat and she said that it being so hot I might better not come out tomorrow. Finally said that I could do as I pleased about it. She gave me hell for being so tight assed with money.

Robert continued to worry about his pension. He now feared that E. might let the government know about his savings.

Took \$500.00 to the bank dep. box. Asked the gal bout how immune these boxes were to the prying of public officials. She said that no-one, but no-one could get into them even with a court order unless the owner was dead. I asked her if then it was true that one could put as much money as he wanted to in one of them and that no one else could know about it. She replied that this was so. I told her that I wasn't expecting to have someone get a judgment against me but that I was asking on behalf of someone else.

A changed life story. Robert began believing E.'s praise and changed his previous "poor boy stories" to ones which were untrue, but more positive. He changed his life story to give people a more acceptable picture of him. Robert talked less frequently about being a dead duck and didn't want others to know about his alcoholism.

After dinner at E.'s  
 Later we were talking about how E.'s grandson could get rid of 25.00 a day. I told about how I had gotten rid of 10.00 a night and had bought drinks for no one but myself. At this E. up and told her granddaughter about my former alcoholic habits. She warned V. not to say anything about it to anyone else. (????!!!!!!!Shit!!!). E. told her that the cause of it was losing my dad's 920 acre farm and wife leaving me. She seemed to be impressed by the 920 acres.

Robert also changed several other facts about his life. He altered his stories about the number of years he attended college, his type of work, and his reason for not owning a car.

Told her that I attended KU and almost graduated from Cornell. She was apparently impressed.

Was talking to manager of the Lewis St. apts. Told him about how and why I stopped driving. Said it was leg trouble. Indicated that it was left leg. Then said that sometimes it the leg refused to work when I went to push the clutch in. He then remarked that he had an automatic clutch which didn't have to be pushed in. (I never thought of that) I replied that when I stopped driving, they didn't have many automatic clutches. Then I went on to say that I had had trouble with the brake also. This don't add up right either. The brake is pushed in with the right feet. Might have established a credibility gap.

Robert was aware that he was telling near lies. He justified it because he knew he was lying.

Note from the paper  
 The first real sign of senescence is not failing memory, but false memory--when one begins to reconstruct the past in accordance with fancy more than with facts. That don't apply to me. Sometimes reconstruct the past for others with a considerable amount of fancy, but I know what I am doing. Don't believe it myself.

In addition to changing his life story, Robert listened to some of E.'s concerns about his spending habits. He became freer and bought a tape recorder to listen to music, a used typewriter, and a file cabinet.

Robert's changing life stories demonstrated the effect of his previous years of pessimism and gloominess about his self definition and presentation to others. Taylor (1989) suggested that while others believe a depressed person sees the world negatively, in reality they probably have more accurate views of themselves and others than normal people. Taylor found that the depressed person may not have a negative bias in processing information, but a lack of positive bias that shelters others. Once there was someone who cared for and respected him, Robert became willing to share a more positive bias with others and himself. Ibsen (cited in Holtan, 1970), suggested long ago that everyone needs to tell themselves lies in order to survive.

E.'s son and daughter-in-law encouraged a marriage, telling Robert how wonderful he was and how good for their mother. Robert was suspicious of their positive remarks, as was E., who said they seemed "more attentive to him than to her." Robert and E. both made it clear that they weren't going to get married.

Passed some house trailers and R. remarked that this was what E. and I needed. Later we passed a care home and E. remarked that she and I might have to go to one together someday. What goes on here -- is this outfit trying to hook me for the old gal. First her granddaughter in Calif says I'm good for her Grandma and now this.

Disagreement with relatives. As E. and Robert's relationship continued, the messages from the son and daughter-in law began to change. They increasingly questioned how much money Robert was contributing and what people would think about the nature of their relationship.

Then she sprung the Whammie. She said that the grandkids had been complaining that every time they came to her place, they had to wait until I got my pants on before coming in. (Now how do you like that) Thought somethig suspicious was going on. The way granddaughter has been asking me if E. and I are behaving ourselves. Also son asking E. something over the phone several days ago and E. telling him that we were too old. Also there is something suspicious about the change in granddaughter's coolness a month or two ago and her recent very friendly ways.

E.'s daughter told her it didn't matter to her and R. because she knew that we were too old for anything like that. (Shit) But that the kids didn't know this. They thought their grandma had wings and she didn't want them to think otherwise.

E. said that from now on I would have to stay dressed. I remarked that if the company got the contract for the new bomber, things would go so high priced that I would have to leave town. He immediately shot back that in that case, I ought to move in with E. and split the expense. (????????!!!!!!!!!!!!). There it goes again. He thanked me profusely for finding out about the dog laws for him.

E.'s periods of illness increased in frequency. Her daughter-in-law wondered if Robert's demands for sex were contributing to her frequent illnesses.

I remarked once that perhaps the reason why D. had did what he did was because he thought that I was insisting on screwing and that this was causing or at least aggravating her trouble. She agreed that this might be a possibility. That Alma had thought that it had probably caused her Thrombosis that she had in 1968. Never hear this before.

### The Choice

The years 1971 to 1972 were full of turmoil for Robert as E. spent most of the time in the hospital or nursing home. E.'s move to the nursing home meant more than the loss of her presence. Robert interpreted it as loss of the first home he had had in over 30 years.

I told her it would be ok by me for me to look after her except for one thing. I said I certainly wouldn't want to get set up for this and then have her break down again within 30 days or so and have to break up housekeeping again. Then I told her that breaking up her last home had been quite a jerk for me. Soon after that her son called and she told him that I would be willing to live with her and even get married, but that all I was concerned about was having to break it up again soon after getting settled. Told him that I had said that her place had been the only real home I had had in 25 years and that it was hard on me to break it up and tht I didn't want to go through that again. What the hell!!!!

After her discharge, their relationship focus changed from sex to illness.

Hasn't felt like screwing. Keeps saying that she hopes to be able to soon. Went to see A at drug store. I asked her what she thought about E. and she was non-committal. I said things which indicated that I wasn't too optimistic about her. Then I told her that I thought there was a jinx on me in regard to gal friends. That E. was the third one who had gotten sick on me. She said, Poor Robert. I told her that what didn't look so good about E. was the way the docs would find something that would help her but it didn't last long. I said that was bad--that I had seen that kind of thing before.

E.'s illness forced many changes in their relationship, with decreased sex an important one. She worried that Robert would not stay with her, but he assured her he would. Robert wrote that he was concerned because she did not want sex as much. In previous years, he would have been certain that this was the end and would have considered no alternative explanations.

She told me in view of her condition, it would be ok for me to date other women. Also that don't have to come out each day if don't want to. This could indicate several things. 1. She wants to take this opportunity to get rid of me. 2. It is another manifestation of her unselfishness. She said that when she got well she was going to give me a bad time--meaning that she was going to screw me until worn down.

She came to bed with me in am. Tried it again but NO GO. She soon got tired--said we had plenty of time tonight and tomorrow. Tried it again in am but the same thing happened. I got disgusted and she could see it. She insists that it is because she is afraid to do anything. It is quite certain now that she either is getting tired of me or she is undergoing a natural loss of sex feeling as result of age or else she really is afraid to go at it like she used to. Funny thing about it is that she wanted it more and was willing to go more right after getting out of hospital. She still is anxious to stuff the feed to me however -- in fact seems worse than ever on this.

Relations with health care personnel. Robert documented conflicted interactions with health care personnel during all of E.'s hospitalizations. He was an advocate for E. and didn't hesitate to speak out when he thought she wasn't being treated well.

Some nurses won't give E. her pain medicine, say she is not trying to help her self. I remarked that it seemed to me that it all depended on whether E. had any chance whatever of coming out of it. That if she didn't then I couldn't see any reason for denying her anything that would make her comfortable. Little or no comment. I spoke disparagingly about the nerve-pill obsession of not only E. but of everyone else in this country.

Their informal relationship caused problems for health care workers. Nurses and doctors were often unwilling to give Robert information about her care requirements even though he was her primary care-giver.

On arrival at hospital to get E. out. The nurse asked me first off if I was a relative. I replied that I wasn't just a friend. Then she asked if there were any relatives nearby. YEAH There it goes again.

Doctor comes into room to talk about change in E. medicine. Talks to the women in the room. Say I am the one who should be told. This brought silence from Doc. When he finished writing the prescr. he handed them to me. After he had gone I remarked that doc didn't like me. E. immediately took exception to this and asked me how I knew. I said it was hate at first sight--that there was such a thing. While doc was writing I kept indicating by various grimaces and

gestures that I didn't approve of doc. I had told her before he came in that there was silly hospital and medical rule that only relatives even tho they hadn't been near the patient for years--were entitled to any info about the patient or to see them if in intensive care. When E. jumped me up about how I knew that doc didn't like me I cited the fact of some others who didn't like me but didn't mention any names. I told Louise I could tell her some things that would make her ears pop.

Robert was usually worried about getting in trouble with the staff. E. insisted that he eat part of her food at the hospital, but Robert was always concerned that he would be seen. He assumed that the staff would be upset about this, and was proven correct.

As usual, E. insisted that I eat part of her feed. I was taking a bite of some of it when one of the green dressed gals came in and caught it. She said "Caught you right in the act didn't I." That so. They don't like for visitors to eat the patient's feed. Have been trying to tell E. that for a long time but she won't believe it.

Robert continued eating it, but hid the tray under the bed when staff came into the room. He then worried that he still had some food on his face.

The care-giver role. E. needed increasingly complex physical care, requiring Robert to stay with her every night. He did almost all of the housework and cooking, and regulated all of her treatments and medications.

While getting her pills out this AM spilled about half or a third of them on the dirty floor. Picked them up and said nothing to her about it. (?????!!!!) Number spilled was somewhere between 20 and 30.

I again expressed irritation about how I had to fly around to get work done here before leaving. She again remarked that it it was too much for me, I could just stay home and she would get along somehow. There it goes again!!!!



Robert provided care which was nurturant and more typically thought of as feminine. Demos (1986) suggested that this shift away from an active striving orientation was not untypical of men after middle age. There begins a psychological convergence or crossover of male and female roles. Robert received a great deal of respect from others for performing this role, and with the exception of short daily visits downtown provided constant care and companionship.

E. still talked of marriage and worried that Robert might jilt her because she was ill. She expressed her feelings openly, while saying that she knew it was impossible for him to love or "be crazy about someone." Robert told her he would not marry "unless he would lose his pension if he didn't."

Laying on couch in evening she said that she loved me-- she really did. I replied that I had formed a strong attachment to her. That I was really worried and upset when she went to the hospital the last time and that I was as sad as she said I looked on Monday 3-30 when I came out.

Robert needed to remain in control of his emotions and refused to give in to her requests. This type of control is often related to the capacity for competency and the ability to hold on and let go (Shapiro, 1965). This retentive mode often includes time, money, and affection (Erikson, 1950). Only if competency is well-established can an individual spontaneously give in to another's wishes without feeling humiliated. Robert had to hold on to his own place, humble

and "disgusting" though it was, in order to prevent feeling dominated.

Increased dissension. Family dissension increased, and Robert expected the worst. E.'s son flared in anger at Robert several times, "You old fart, I've had to put up with you for a long time now and I'm getting fed up with it." Unlike previous crises, Robert verbalized his concerns and listened to someone else's perspective.

Robert perceived the criticism as a failure which then precipitated a return to shame and humiliation (Shapiro, 1965). Robert became tense and irritated, directing his rage at E.'s alcoholic son. The pressure to marry and conflict with her son increased, ending only with her last hospitalization.

Robert seemed more aware of his feelings during this last phase of E.'s illness and wrote that "even though they had known each other for only three years, it seemed like 30." E. told him that "he saw the dark side of things." Robert agreed and told her that in the beginning he had told her that his personality was "No Fucking Good." He wrote about his feelings in his health journal.

High good--would have been spectacular if not for E. situation. At 9:15 there was a strange feeling--a kind of cheerless zip. Not entirely cheerless however--was able to listen to music and wasn't near as down in dumps as when first got up.

The final blow-up with E.'s family occurred a short time before her death. Her son told Robert to get out of the house and E. tried to intervene by saying that her son was jealous because she had built Robert up too much. After

the fight, Robert's diaries indicate his rejection and reversion to thinking patterns he used before he began the relationship with E.

E. reacted that he was drunk. I began the line that it was connected with the fact that people didn't have any respect for a guy like me. She still didn't dig this-- just as she always has not. I said that was the main reason why I had never re-married. Then she said that one of the main reasons why she had never remarried was that she could never find anyone that her son liked.

Looks very much as if he did it only to persons he holds in contempt. I would bet a million to a sack of peanuts that if I drove around in a big late model car and lived in a \$250 a month apt. he wouldn't have done it.

Robert began calling people to tell them about the arguments and "wondering what he had done to deserve this?" E.'s brother told Robert the son never was any good and everyone else thought he should be "flushed down the toilet a long time ago." Robert believed that E.'s son was upset that "they had been screwing and this was behind all of his anger." Robert also had some concern that this might have increased her problems.

I asked Ethel if she could think of any reason why E.'s family should turn against me and she replied it might be the fact that we were practically living together. I replied that I didn't think that was it because long ago both D. and A. indicated that they did not disapprove. On the contrary they indicated they thought it would be a good idea.

Told Ethel about me coming to Center City to join AA.

Robert was told that E.'s son and daughter-in-law were alcoholics, but did not attribute their behavior to this. He believed there was something wrong with him.

E. entered the hospital for the last time in November, 1972. Robert relations with the medical staff and recognition of his feelings were much different this time:

I said that I was E.'s best friend and although I wasn't a relative exactly, I had taken care of her and had been around her more in the past 3 years than all her relatives put together. That being the case, I thought I had a right to know about her. No comment or objections.

Emotional reactions again prove the strong attachment to E. in spite of all trouble and inconvenience. High got some better on hearing improvement in E. (Psycholift)

Robert had refused to surrender to E.'s wishes to marry and held on to his autonomy through considerable pressure to change. He felt the impact of his decision only upon her death. She died in the night, and Robert was not called because he wasn't listed as a family member on the chart.

Still acts apathetic and is unresponsive to me petting her. However she repeated again that she didn't know what she would do without me. She was restless again and wanted me to call the nurses constantly. Don't seem to be able to get comfortable in bed.

I left at 5:50 p.m.

Arr hosp. at 3:40 p.m. Went to her room but noticed that she was not there and some youngish woman was there????? Went to the nurses station and asked one of them. She reported that E. had "expired" this morning (????!!!!!!!!!!!!!!!!!!!!!!!!!!!!) She went on to say that she had an easy death--no pain. I asked if she had been conscious to the last and they said she had been. They said that the doctor had been there -- that they had called him.

Went down to phone booth and called mortuary -- where the nurses told me she was. They said the funeral arrangements had not been made yet -- that they were waiting for the son and wife to come in tomorrow AM and make them.

Went out early and got all my stuff from E.'s apt. Record of calls rest of day rather fuzzy. Called the mortuary noon and they said the services were to be at 10:00 a.m. Saturday 11-4.

Called the church. Had trouble finding the Rev. who is to preach the sermon. The told me they had been trying to find her son (E.'s) but couldn't. That son was putting their house up for sale. Now what is this??? Said they were having open house today. (Well I'll be goddamned.) I finally got the preacher and told him I would like to bring out that E. was a completely unselfish person -- that her greatest pleasure and satisfaction was in doing things for others. He asked me if she had any favorite bible verses and I told him I didn't know of any special ones. I told him about the verse she always sent in death sympathy cards and which I was always typing for her. Told him I would have it to him in the morning.

Arrived at mortuary at 9:40 a.m. The attendants were already gathering. Many of Gold Star Mothers were there and all expressed great sympathy. As we went in to the services I told friends that it was E.'s wish that I sit with the family. They seemed to think it ok.

I remarked that although E. and I were not married, we were as devoted to each other as if we were. She like everyone else who mentioned the subject -- gave me great credit for staying with E. to the end.

Robert kept a careful record of his emotional reactions to E.'s death and summarized them in his health diary.

Sl 11:30 to 1:30 a.m. 4 to 7:30 am. Coffee at 8am High var. Spect at times. Faded to med at 10am. Recovery with song mood at 11am. Trem Z at 11:15 to 11:40. Walk 1 and one half miles fast. Some staggers but controllable. Very good in library. No record whether sl in PM or not. No record rest of day--End of E. (!!!!!!!)

High noted. Would have been spectacular if not for mental depression. Took coffee with about 1/3 of usual water. In ab. 2 hrs. took teaspoon of salt. This was to reduce urinal formation. No bad effects from it. Except thirsty after 11.

Noticed again psycho-lift phenomenon. No matter how short the previous nights sleep, if there is something to stir me up, it seems to cause great improvement.

Visiting W. Told him about E death. He expressed sympathy and sorrow

E. dumps began again at. 3p.m.  
Continues to note E. dumps for about 2 weeks.

11-12 Phenomena noted recently.

1. The better physical condition since the going of E.
2. The pendulum swings or roller coaster effect of E. dumps. This is not exactly a new thing. Noticed this effect 60 years ago with the gal dumps.
3. The stimulating effect of the enraged feeling, brought on either by something happening or by the fluctuating feelings mentioned above.
4. Notice the cold weather more. Temperatures that a few years ago would not have been at all uncomfortably cold now are.

### The Results

After E.'s death, Robert once again had a great deal of time on his hands. He retraced all of their shared paths, going back to the store in her neighborhood, making the rounds of all of the Senior Citizen clubs, and calling women acquaintances to talk. These visits were not satisfying and left him feeling that much of what E. had told him about his positive qualities were not appreciated by anyone else.

The grief period. The loss of a significant other who had given him acceptance brought guilt as well as profound loneliness. He called the hospital for reassurance from one of E.'s nurses.

I told her that what bothered me was that the delay in getting her to the hosp might have been bad--that she might have lived if she had gotten there sooner. She doubted very much that this made any difference. Said I wasn't justified in feeling that I had been wrong on this.

I told her that E. didn't want to go if it could have been avoided on account of her new benefit period coming up in 2 days. I said that although she had thrown up nearly as bad on several occasions as she did that night, this was the worst. That on the other

occasions she had recovered without going to hosp. (this may not be quite accurate -- the night of 10-14 was considerably worse than any heave period previously.

Return to shame. Robert's loneliness also brought on a return to his pessimistic and perhaps realistic life stories. Robert's wound was once again open, leaving him vulnerable to his own sense of shame.

Called L. Told her about how E.'s son had their house for sale. Also told them about how Ethel had done. I said that I thought that at least half of the trouble was from the fact that they had me figured for a poverty stricken bum and that being the case I didn't show them the proper deference. I said that this was characteristic of the American people, that if a man lived downtown in a bum address without a car - the car was the first thing they looked at -- and not even a phone, they figured him as nothing. That in this lousy country, a man could have the etc. etc. be Einstein etc. but if for any reason whatever, he hadn't made it financially, he was considered a bum. She did not disagree.

Saw W. After a few of the usual politico economic observations I gave him the "Poor boy no respect line." He agreed with me all the way.

Called L. Gave her the works on my situation, AA and everything. She admitted once that I was right but stuttered on it considerably. Sure!!! I told her among other things that I would be accused of being an intellectual snob and that maybe I was. That the overwhelming majority of poor people were ignorant. She said something about some of them being.

Told her about the book I wrote about AA and about P. She had the same old idea about AA that nearly everyone does. I told her it was vastly overrated and overblown. That I would not do it again if I had to do it over again since I was just as much of a social outcast as I was when guzzling the brew. She again mentioned me going to see the son.

Then she gave me the old crap about how I would find someone nice (????? I suppose that rules out her!!!!).

At end she again told me to keep on calling her--that she enjoyed talking to me. She kept telling me that I had nothing to regret as to E. That I had done very

good by her. Said she had told some people about it. Said she was willing to help me if there was anyway possible. I told her that if all the old gals who had looked me over with interest and then dropped me like a poison snake were laid end to end they would reach to middle city.

Also told her that my son and daughter were ultra conservative slobs who looked away down on people like me. That was the reason I wasn't in any hurry to go see them.

At the conclusion of the turning point, Robert's changed expectations had permitted acceptance into a group which gave him increased self respect. He had, for a short time, found a home and someone whose care changed not only his present, but for a short time his past, and ultimately improved his future. Robert had survived another period of emotional upheaval and E. had enlarged his opportunities. Robert remained angry, but put his energy into political meetings, a liberal church group, and renewed contact with his son and daughter.

#### Summary

This analysis of Robert's recovery from alcoholism over three crisis periods illustrates the interactions between his early unrealistic expectations for success, his obsessive-compulsive psychological makeup, and the meaning of his alcoholism. The analysis also includes the historical and social conditions which influenced his choices in each turning point.

Each turning point represented a period when Robert attempted to regain what he had lost. He attempted to regain his health and relieve his shame by finding a new comparison group in AA. Robert then entered a work



environment which highlighted his differences, but managed to stay with it for 4 years. Robert's negative expectations were fulfilled when he was fired, but he had saved enough money to hold him until he received a pension. He then changed his expectations and found respect through the attention of a woman and a group to which he had legitimate title. This respect enabled him to let go of some of his rage. A post-script to this analysis indicated that after E.'s death, Robert entered into diverse social interactions and eventually moved out of the downtown to senior citizen housing. Only in his 80s was Robert able to reflect back on his life and indicate that what he had felt all along had been shame and sadness.

Dec. 19, 1977. At the conclusion of a letter to his son and daughter. Robert wrote:

I know I haven't given you much attention over the past years but that was because we live in two entirely different worlds and that makes it hard for us to communicate. We haven't written lately but I answered your last letter but you didn't answer mine. The last I heard from you was the birthday card last April. I was impressed with the sentiment expressed on it and wondered if it was what you really thought of me. I am ashamed that I did not answer you then.

I know I have made a lot of mistakes in my time and did a lot of things I shouldn't have done, for which I am very sorry. I would like to see all of you again before I go away but don't think I could manage the trip. I would like to see your mother and tell her how sorry I am that I treated her the way I did. I don't see how she stood it as long as she did.

I am no good at expressing emotions but that doesn't mean I don't have them. I have always admired you and was proud of you even if I didn't say so.

I am not financially broke by quite a ways. Have almost \$20,000. Since I don't know what is going to happen to me I have no idea how much will be left. I may have to use it all. If however anything is left I would like for you to have it. What's going to happen to me probably is I will have to spend it all for a care home then go on welfare. That is unless I die from an operation or decide to end it all at once.

This may be quite a shock to you. Or Will it? Let me hear from you soon.

Affectionately

Though Robert continued to point out the deficiencies of AA for the poor and single man, AA members claimed him as one of their successes. A note at his funeral read:

Over 30 years ago, Robert recovered from an illness by which thousands of persons, all over the world, are deprived of the full enjoyment of a normal life.

He was helped in this recovery by a fellowship of men and women dedicated to helping themselves, and others, emerge from the slavery imposed by that illness.

The growth of that fellowship (then in its comparative infancy in this city) depended on the success of those who had chosen to live in accordance with its program and its philosophy.

The many hundreds of members in that fellowship today are a living testimonial to its success and to the dedication of those whose strength of character made it possible.

Therefore, it was by being helped that Robert helped others, and the old timers of that Center City fellowship wish to note his passing with respect and with a tribute to the desire and determination with which he, by his example, contributed to the success of a great movement.

## CHAPTER V

### Discussion

There has been little research on the subjective life experience of homeless alcoholics and none was found on homeless alcoholics who remained sober for a long period of time. The purpose of this research was to understand the meaning and characteristics of a homeless alcoholic's recovery experience. This was achieved by interpreting three turning points in diaries written by Robert, a homeless recovering alcoholic.

#### The Meaning of Recovery from Alcoholism

The meaning of the recovery experience was rooted in Robert's early sense of failure and the feeling that he had not lived up to his own or other's expectations. Robert was not able to face these feelings and coped by drinking excessively. His drinking only made his loneliness and shame worse leading to rage at anyone who was successful. Once Robert stopped drinking, he attempted to climb back on the "right path" and become "somebody" again. He tried to do this by regaining symbols of success rather than peace with himself.

#### Rooted in Failure

Robert lost the family farm during the Great Depression when many others were facing similar losses. His profound

reaction to this loss and the "betrayal" by his uncle were seen from the perspective of one who believed he was (and was expected to be) better than others. Robert had few coping strategies for failure, and turned to alcohol. His psychological makeup was obsessive-compulsive, which led to his rigidity in thinking and acting, a desperate need to stay in control, pressure to be right, and hypersensitivity to criticism. Shapiro (1965) suggested that the obsessive-compulsive and paranoid neurotic styles both involve a distortion of "will," leading to tense and deliberate attempts to control all aspects of the self. The obsessive-compulsive style is characterized by doubt and dogma, combinations seen frequently in Robert's diaries. Robert had little interest in the whole truth, avoided new information, and expounded on the correctness of his views. When stressed, he exhibited increased suspiciousness and resistance to passive surrender more typical of aspects of a paranoid style.

Loss heaped upon loss as Robert's wife divorced him, he lost contact with his children, and he was ostracized by the rest of his family. The pain of this original failure continued through each turning point.

#### Shame Expressed as Rage

Robert and his family defined success as doing something worthy of respect. His response to his early inability to fulfill this was to internalize and repress his sadness and shame. Robert surrendered his ability to honestly appraise his own misdoings, for to do so would have

exposed his weakness. Robert did not search for realistic social reasons for his failure, but turned his anger outward toward the uncle he believed violated him. Robert's repeated anger at the American economic system covered his unacknowledged fear that he was the cause of his own misery.

Anger was Robert's predominant emotion throughout each turning point. He was uncomfortable with this anger, and attempted to control it by avoiding even minor confrontations and disagreements. His control manifested itself in irritability which others responded to negatively. This further increased Robert's fearfulness and negative expectations.

#### Regaining Symbols of Success

Robert brought his fearfulness and rage to each turning point, choosing to overcome his failure by changing his context rather than himself. Health, money, and respect, as symbols of success, promised hope for a future closer to the one he had dreamed.

His first turning point involved regaining health and finding a context which explained his drinking. His heavy drinking had contributed to "sciatica" which interfered with his ability to work. Robert stopped drinking because of fear of ending up on skid-row. His mother, a female friend, and another homeless alcoholic provided the hope that life could be better. Alcoholics Anonymous provided the context for a changed self definition. Robert accepted the disease model as an explanation for his drinking, but did not accept the need to change his way of thinking. He continued to

believe that he could direct his destiny through his intellect. He left the turning point sober with an increased sense that giving up alcohol wasn't going to eliminate his loneliness and poverty.

The second turning point found Robert working hard to regain financial success by obtaining a factory job. He defined this turning point by developing a metaphor in which he compared himself and others like him to a "dead duck." According to Robert, they were all victims of economic disability and would never be able to prove that they were the equal of other men. If one was single and poor at middle age, others would know there had been an earlier problem and would always be watching for a mistake. Unlike other alcoholics, Robert had given up drinking and considered himself wounded rather than dead. Robert believed his situation was as miserable as if he had continued drinking. His metaphor of the "dead duck" provided a visual image of his sense of powerlessness. The wounded duck was doomed to stay on the ground watching as the others flew toward their destination.

Robert's efforts to control his anger led to tenseness and misinterpretation of others' cues. These behaviors irritated and alienated other workers and led to a crisis which eventually ended with termination. Robert left the turning point with another failure, but had enough savings to stay off the streets.

Robert entered the third turning point, regaining respect as a senior citizen. His poverty was more

acceptable now, as many others in his group were on pensions. Robert found a group who respected his intellect and provided opportunities to express his anger in constructive ways. He found a woman who tolerated his need for control. Robert began believing her description of his good qualities and started telling more positive stories about himself. Once Robert felt more secure, he was also able to admit some of his failings.

During this period, Robert controlled his tension with increased sexual activity. He held on to his autonomy by refusing to marry or give up his room in the downtown area. After the death of his friend, Robert returned to defining himself as a "poor boy" and "a dead duck." He left the period with a political outlet for his anger, a growing savings account from his pension, and the knowledge that for a while he had had a home.

#### The Characteristics of Recovery From Alcoholism

Robert's primary relationship for 20 years of early and middle adult life was with alcohol. Robert's belief that he was stigmatized by his poverty and alcoholic history stayed with him all his life. So did the social, political, economic, and interpersonal consequences of his 20-year absence from the expected trajectory of a white middle-class male.

#### The Security of Downtown

Robert was 52 years old, with no material resources, when he stopped drinking and started the climb back. His poverty forced him to live in cheap, downtown, single room

occupancy hotels so that he could be close to stores and bus lines. The downtown provided companionship with other SRO residents, several accepting professionals, and the library. The downtown was also an area where Robert could feel superior to those who were still drinking and in worse situations.

The downtown had a negative impact in its effect on others with whom Robert interacted. It was an obvious symbol of his low status and his failure to achieve the expected place of a 52-year-old male. The SRO made his single status clear in a time period of American history focused on the family. Robert's housing made him suspect with his co-workers and made him feel less adequate than others in the suburban senior citizen groups.

Robert stayed downtown because life there was predictable and controllable. It was also cheap and his goal was not to be comfortable, but to save in case of another depression.

Staying in control. Robert's years of drinking kept him out of mainstream society for important years of adult development. Robert started drinking in his early twenties and missed learning to relate to others as a responsible adult. For 20 years after he stopped drinking, Robert limited his social contacts to persons who had some relationship to alcohol or professionals who had experience with the poor. Social conversations often involved sharing one's personal history and he had little he wanted to reveal.



Robert's efforts to control his emotions created a competitive relationship between his mind and body. His inability to cooperate with himself extended to relations with co-workers. Robert competed with everyone and everything to "stay on top."

Robert's age and single status continued to plague him at work as it did in the original AA group. His drinking had kept him out of a normal employment trajectory, so he was an older man working with much younger men. Robert was embarrassed by this and continually sensitive about being told what to do. He hated being controlled by someone younger than himself. With his disdain for taking orders from younger men, Robert should have been delighted with any offer of responsibility. When a responsible position was offered him, however, he refused, finding any type of excuse that would work. Robert's management of the farm and his family had failed, and he was afraid to take on anything else.

Robert continued feeling different until he found a group of persons of his own age, who respected his opinions. He established his credibility by circulating with a woman from the suburbs. Robert's anger was tolerated as the members of the group could share his concerns about inadequate housing, bus routes, and pensions.

Health is relative. Robert stopped drinking because of health concerns. Throughout life, Robert believed health was the only subjective aspect of himself he could define with pride. Robert's poverty contributed to his spartan

diet and considerable walking which he believed made him more fit than rich men his age. He used lay definitions to evaluate his heart and sexual functions as good, so he believed he was in excellent health.

Robert gave priority to staying healthy in areas required for daily life, and ignored those things considered non-essential. Robert monitored important areas such as his feet, penis, and bowel and bladder functions regularly.

Being healthy did not have anything to do with non-priority areas such as his teeth, sleep patterns, or stomach. These areas were not required to maintain control in his life, so he paid little attention to their care. Robert's teeth were more a nuisance than problem. Halitosis, though, was a major problem for those with whom he interacted. Robert stubbornly refused to listen to comments about his breath.

Robert trusted current lay treatments rather than professionals when he had a problem. His interactions with the health and welfare system required many hours of waiting, disrespectful treatment, inadequate education, and failure to listen to his perceptions. Robert expected this and attributed it to his poverty.

Robert's poor and single status contributed to his own feelings of inadequacy and embarrassment when he cared for E. He had no "official" right to have information and experienced continual frustration trying to provide care for her.

### Reflections

The research questions have been answered from the interpretation of Robert's life history. This interpretation attempted to stay close to Robert's subjective account with the addition of social, psychological, and historical support when necessary to understand him. During the analysis, the researcher reflected on her own beliefs about Robert's recovery experience by noting them in a personal memo. These reflections are summarized here:

1. Robert defined alcoholism as a disease, but the label did not provide a metaphor for life change. His period with Alcoholics Anonymous added little to his understanding of the personal and social factors which contributed to his drinking and their continuing influence on his life without alcohol.

2. Robert defined the cause of his "disease" as lack of emotional control. His attempts to control his feelings and actions created a competitive personal and social atmosphere. This competitiveness directed all of his future coping strategies, usually with negative results.

3. Robert needed to acknowledge his shame and guilt for avoiding life's responsibilities and failing his family in order to let go of anger and find a more balanced life.

4. Robert's loneliness and alienation made the truth about himself painful to bear. Locating his problems externally may have been the only way to survive his profound sense of failure, yet this focus also prevented his ability to transcend.

5. Lay and professional persons who were accepting and non-judgmental provided an atmosphere which helped him overcome some of his shame. This allowed for increased self-esteem and decreased anxiety.

6. The characteristics of Robert's recovery could be labeled a Rip Van Winkle effect. Robert reentered society without the usual age-related developmental and interactional experiences. Robert had few life skills for cooperative interactions. These missing experiences needed to be accounted for during the re-entry process.

7. The consequences of Robert's alcoholism made recovery difficult. The effects of the loss of family and all economic resources, along with the stigma of alcoholism, continued throughout his life time.

8. Robert recovered his health upon stopping drinking. However, many of his unhealthy self-care practices, developed over the years of alcoholism, continued. The resulting conditions caused significant interactional difficulties.

#### The Conceptual Framework in Relation to the Findings

The analysis of Robert's diary was framed within symbolic interactionism blended with concepts from existentialism and the nursing perspective of Watson (Denzin, 1978; Mead, 1934; Sartre, 1963bg; Watson, 1985, 1988; & VanKaam, 1983). Researchers within the symbolic interactionist tradition provided the support for a diary as valid material for a research study (Bogdan & Taylor, 1975; Denzin, 1989a; Plummer, 1983). This perspective highlighted

the importance of understanding subjective experience, and encouraged the development of thick description containing a historical contextual analysis. The influence of others and the historical context on Robert's self-definition would not have been explored in a narrative based solely on his subjective perceptions (Denzin, 1989b).

Existentialism directed the analysis toward emotions, crisis, and time. The role of time in a life was extremely important for the diaries as Robert's past and his fear of the future influenced much of his daily problem solving. Sartre's (1963b) concept of the project was difficult to use, but aided the analysis as Robert's decisions were viewed in the light of early expectations from himself, his family, and society. The researcher felt, though, that attempting to identify one life direction for an individual was simplistic and denied the very complexity that Sartre encouraged.

VanKaam's (1983) existential themes of the unity of subject and his world and the ability to make choices were supported. Robert viewed himself negatively and his world became a reflection of this view. His crisis periods often resulted from his lack of willingness to assume responsibility for his choices.

The turning points were identified using VanKaam's (1983) description of the process involved in crisis and transition. The stages in the diary were not as linear and separate as VanKaam's definition, and appeared, instead, to revolve as a spiral. In addition, Robert's passivity made

it difficult to identify the beginning of a crisis period. Others might have sensed and noted a crisis much earlier than Robert, who simply waited for the inevitable to happen.

Watson's (1985, 1988) nursing focus allowed the identification of areas related to health. Her definition of illness as subjective turmoil and incongruence between self as perceived and experienced fit much of Robert's life. This definition directed the analysis toward areas in his life which were not congruent. This led to the discovery of his use of ritualized work, health, and sexual behaviors to control his tension and anxiety. Though Robert believed he was healthy, Watson's theory would suggest that he was ill. Robert did not display increased diversity or freedom and had little self-reverence. Though Watson views self-care as an expression of increased health, Robert did demonstrate self care according to his perception of health.

#### Review of the Research in Relation to the Findings

The literature reviewed for this study was limited to studies of individuals who had experienced recovery from alcoholism over a 20-year period. The review also included literature related to the subjective experience of recovery, and studies of the daily lives and recovery experiences of homeless alcoholics.

The one study of recovery over a 20-year period (Vaillant, 1983) indicated that abstinence rather than pre-morbid factors was the most important factor in an improved life. The findings of this study both support and challenge Vaillant. While Robert's life improved significantly with

sobriety, his early failure and the consequences of his years of alcoholism prevented full recovery. His shame over failure was more supportive of Wiseman's (1981) study which found that abstinence was often not a return to normal living. Wiseman hypothesized that this was due to guilt from the times of drinking. While Wiseman's study was for a shorter period of time and involved married alcoholics, much of Robert's behavior would have fallen into the description of the narrow range of behavior exhibited by the abstinent men. Robert's account of his abstinence agreed with findings (Cohen & Sokolovsky, 1983; Vaillant, 1983) that medical consequences and willpower were two of the most important factors in abstinence. Wiseman's (1981) study found also that fear of the effects of drinking on health was a significant reason for abstaining.

Robert demonstrated several substitute dependencies similar to the men in Vaillant's (1983) study. A follow-up study (Vaillant et al., 1987) indicated that alcoholics who remained sober needed to maintain control by changing beliefs about themselves and alcohol, maintaining hope, and becoming involved in several healing strategies. Robert maintained control by changing his beliefs about alcohol, but not about himself. He retained hope that he could improve his status, but he did not involve himself in alternative healing strategies.

The two phenomenological nursing studies and this study agreed on the struggle involved in maintaining sobriety. Robert's life history supported findings by Herban (1986)

that the present was framed by the past of drinking. Unlike the participants in Herban's study, Robert did not find the environment of Alcoholics Anonymous to be supportive and nurturing.

The socialization process of AA was the primary context for Denzin's (1987b) interactional study of the recovering alcoholic self. He noted that studies had not been done on the subjective experience of persons recovering outside of AA. The findings from the analysis of Robert's experience offer an opportunity to reflect on the similarities and differences of the two types of experience.

Denzin's (1987b) theses of recovery: temporality of self, relational structure of self, emotionality of self, bad faith, and surrender are an accurate depiction of the areas of difficulty identified in Robert's recovery experience. Denzin contends that persons in AA learn to recover by rebuilding each of these areas without the use of alcohol. Robert stopped attending AA meetings after 3 years, but continued an casual association with members for several years after. He found the disease metaphor of alcohol helpful in the early stages, but did not believe AA's spiritual focus or emphasis on correcting "wrong thinking."

Denzin's (1987b) study would suggest that staying with AA might have helped Robert reconstruct his patterns of thinking. Therefore, Robert's difficulties with the AA structure, as described by Denzin, are important to explore. Denzin suggests that it is the forming of relationships



within the AA social structure which transforms the individual's identity. These relationships become a significant other and provide a point of view for the new member. Robert had difficulty forming relationships because of his sensitivity to singleness and poverty. His sensitivity made sense in the cultural atmosphere of his time.

The AA group permits the individual to reflect on and distance him/herself from the past. This reflection is done in an emotional, androgynous manner which encourages giving up much of Anglo-Saxon culture's notion of male control and logic. Robert, already emasculated by failure and poverty, could not identify with those who wanted to surrender their power.

Denzin's (1987b) findings indicate that Alcoholics Anonymous discourages feelings of guilt and shame, suggesting that the member should not feel accountable for past actions taken when actively alcoholic. This stance did not help Robert, as the consequences of his drinking were a constant reminder of his past.

The findings of this study supported, in large part, the findings of studies of skid-row alcoholics (Bogue, 1963; Cohen & Sokolovsky, 1989; Wiseman, 1979). Of particular interest were suggestions that the health problems were similar. Robert, like men in the other studies, had disorders of the digestive system and disastrous dental conditions. It is interesting that Robert, like subjects in other studies, rated his health as excellent though

objective ratings would not have agreed. Robert's level of education was higher than the typical older homeless man in Cohen and Sokolovsky's study, but his continued contact with family members and relationships with women were similar.

The findings of this study related to the Rip Van Winkle effect are similar to Wiseman's (1979) theory of social margin. Wiseman described the difficulty homeless men had returning to normal society and attributed it to the fact that they had built up no margin for error. Social margin is built up by positive actions for others and building a good reputation. Robert's reentry difficulties, however, stemmed initially from his discomfort with himself rather than lack of acceptance from others.

#### Life History Design in Relation to the Findings

The life history design provided an excellent framework for understanding the subjective experience of an individual. The subject's explanations were not prompted by an interviewer, were written in the same time frame as they were happening, and included his perceptions of most of his interactions. There was, however, no opportunity to clarify and expand areas of confusion since he was no longer living.

The challenge in this study was determining how much interpretation to do of the primary narrative. This was complicated by difficulty determining what was interpretation and what was simply re-telling his story.

The attempt to situate the study contextually and historically was an extremely important part of understanding Robert's life. Much of his paranoia had a

realistic base as the historical-social meaning was attached. The complexity of his life was only revealed when the interactions between his early life, his psychological makeup, his interactions with others, and his historical-social context were integrated.

The dense interpretation of a life is emotionally draining, as well as exhilarating. The researcher entered the study with a tendency to label Robert's writings as those of a person with a paranoid personality. The interpretation process involved a deliberate attempt to suspend this judgment, in belief that applying a label serves little purpose for understanding a person's life. The researcher maintained frequent contact with a sociologist, a clinical psychologist, and her own sons to discuss Robert's words, modulate bias, and gain fresh perspective. These discussions led to an understanding of Robert. Similar to Sartre's (1977) view of Flaubert (1977): "I would not want to spend much time with him, but" . . . I can regard him as a man" (Sartre, p. 119).

The life history method also provided an opportunity to broaden the researcher's perspective of human science research. The method encourages the integration of literature, historical documents, personal documents, philosophy, and social science theories as legitimate data. It was difficult at times to leave the literature and return to the study.

There were several difficulties specific to the analysis of this diary. Some will question the value of a

study of one subject. The researcher hopes that the study has enough breadth and depth to suggest the complexity of persons, and the need for longitudinal narratives.

The interpretation of the diary was often frustrating and confusing, since life history literature offers few orderly descriptions of methods of interpretation. Most of these are for studies of more than one subject, so the researcher had to combine methodologies from several sources. The diary provided more than enough data for an understanding of recovery from alcoholism and it shed light on treatments and populations still present.

#### Implications

The intent of the study was to present Robert's story as a means for sensitizing professionals caring for homeless alcoholics. The findings from a study of one homeless recovering alcoholic man should not be extended to other homeless alcoholics or recovering alcoholics, but the study does illustrate the importance of considering the totality of a person when providing care. This totality not only includes the present, but must incorporate the past and future.

Nurse educators and practitioners may find in Robert's story information useful for assessment and intervention with these clients. For example, halitosis caused significant problems for Robert, yet this problem was not discussed with him by any of the professionals he contacted. Nursing students may want to read the story to understand the difficulty of recovery from alcoholism and homelessness.

The health care system presently supports Alcoholics Anonymous as the best method for recovery. Robert's story questions the assumption that this will work for everyone. His life suggests that educators and practitioners should design interventions which consider the triggering events, the experiences missed during the alcoholic period, and the consequences of alcoholism in order to rehabilitate individuals such as Robert.

Health policy makers need to develop flexible and comprehensive methods for treating homeless alcoholics. An important initiative should be supporting the integration of traditional health care with self-help groups such as AA. Too often there is conflict between these two groups, resulting in fragmented care (NIAAA, 1988).

In addition to treatment strategies, health policy makers might support increased funding for public health nursing with a specialization in alcohol and other drug abuse. Public health nurses are the original case managers and offer the potential for coordinating care between treatment facilities and communities (NIAAA, 1991).

Robert's story reinforces much of the literature which suggests that low-cost housing and employment, as well as sobriety, will help keep the homeless off the streets (Harrington, 1984). In addition to housing and employment, health policy should be structured to provide follow-up services for maintenance of sobriety in homeless alcoholics. These should include mental health, vocational, educational, legal, housing, and welfare services. Robert never regained

a home, but his single room occupancy room offered protection and shelter. His jobs and social security provided enough money to live meagerly and save for the future. Robert might have been helped by mental health counseling and vocational rehabilitation.

The life history method holds a great deal of promise for nursing research. It provides data grounded in the totality of individuals' subjective experience, as well as in the environmental context believed to be a part of the domain of nursing.

#### Recommendations

Recommendations from this study include:

1. Complete an analysis of the remainder of Robert's diary, combine with this study, and prepare in book form.
2. Use this study to develop theoretical questions for a grounded study of recovery from alcoholism in homeless alcoholics.
3. Develop a qualitative design to explore recovering alcoholics' experience of missed time or "The Rip Van Winkle Effect."
4. Conduct a naturalistic inquiry of the role of sponsors in Alcoholics Anonymous.
5. Conduct a naturalistic inquiry of how health care workers deal with client body odors.
6. Do an interpretive hermaneutic analysis of life turning points in order to compare the methods.

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**APPENDIX A**  
**Chronological History**

## Chronological History

- 1895 Born in East.
- 1900 Moved with family to Midwest farm.
- 1915 Attended university near home; studied chemical engineering; stayed 1 full year.
- 1916 Developed typhoid fever in October; missed whole semester and first 3 months of Semester II. Enlisted for service in WWI.
- 1917 Enlisted in army for 22 months with 1 year in France.
- 1919 Attended eastern university. Developed diphtheria in first semester, left school for 8 weeks' recuperation. Met future wife.
- 1921 Returned to farm to help father.
- 1922 Married. Lived on farm in Midwest.
- 1923 Worked in Post Office in Midwest.
- 1924 Daughter born.
- 1925 Returned to East to work on Railroad. Laid off.
- 1927 Returned to farm to help father.
- 1929 Father died. Took over farm after father's death.
- 1930 Uncle refused to lend money for farm as originally promised. Wrecked car. Began making home brew and drinking four bottles at a time.
- 1931 Began serious drinking (morning drinking). Bank loan again rejected. Stormy session with banker uncle. Stopped drinking in November.
- 1932 Resumed drinking whiskey. Scared about leg feelings. In July drank large quantities of alcohol; got sick and scared. Climbed on "water wagon." Fell off wagon one month later.
- 1933 Involved in much group drinking with friends. In world events, New Deal began in March. Got "tight" much of time. Heard about impending loss of loan. Considered renting farm; felt that "gone as far as I can with it."
- 1934 Farm sold while in bed. Stayed "tight" for week. Returned to wife's home to live and work for wife's father. Continued drinking. Wife "raised hell."
- 1935 Still getting drunk. Heard another man tell a friend that "not worth a damn, won't work, will never have a thing." Daughter heard at school that family came here expecting to live off father-in-law. Pudge (son) born. Went on big "tight" next day and left home. Drank every Saturday night. Invited to get out of house. Sold car.
- 1936 Worked some, but questionable quality. Continued trying to get jobs. Quit booze occasionally.
- 1937 Lived in town away from family. Still drinking every weekend. Many layoffs, no jobs. Got tight Christmas and failed to come out to see wife.
- 1938 Went to visit brother while "tight." Still broke and working some for father-in-law. Almost had "blow off," asked to leave.

- 1939 Now "tight" on gin. Dead broke. "Get hell" from daughter for not doing anything. Fell out with daughter. Left family and returned to home town.
- 1940 No notes found.
- 1941 Received notice of divorce. Talked to family dentist about finding lawyer who advised that it was no use. Worked at odd jobs. "Blow off" frequently. Asked to leave bars because of fights. Continually tight." Wrote wife "put up or shut up" letter. Argued with mother.
- 1942 No notes written by Robert until 1947. Original letters from mother indicate that he worked at construction off and on, lived on the streets or in one-room hotels, and continued to drink heavily. "Sciatica" worse.
- 1947 Joined AA.
- 1948 Actively involved with AA. Worked part-time construction. Lived in skid-row hotel.
- 1949 Began dating woman member of AA.
- 1950 Worked full-time for construction company. Company closed. Began corresponding with daughter. Observed 3-year anniversary in AA.
- 1951 Began full-time carpenter job in shipping department. Lived in single-room occupancy hotel. Began keeping work-related diaries.
- 1952 Involved in strained relationships at work. Insomnia began. No longer attended or supported AA.
- 1953 Terminated and reinstated in Shipping Department.
- 1954 Second termination attempted; moved to a section not prepared to work in; terminated permanently on third attempt.
- 1955 Relationship with psychologist began. Lost another job because of temper. Laid off from third job. Began keeping diaries on rooming-house residents.
- 1956 Fired from last job. Began seeking means of support from pension. Made decision: cannot work again.
- 1957 Involved with other rooming-house residents. Began sexual relationship with one. Began buying wine for friends.
- 1958 Went to VA hospital for examination for disability. Received visit from son for first time. Committed alcoholic female friend to state hospital.
- 1959 VA disability pension granted. Concerned about rooming-house being sold. Visited son and daughter. Maintained frequent positive contact with mother. Dropped membership in Americans for Democratic Action because only member in Center City.
- 1960 Took over for manager of rooming-house to rent room. Received social security pension. Moved to another rooming-house after previous one sold.
- 1961 Attended veterans' meetings. Became aware of senior citizens' clubs in paper. Visited mother in nursing home weekly. Mother died.



- 1962 Attended political and senior citizens' meetings. Became aware of John Birch Society. Began relationship with Widow Jones.
- 1963 Took 47-day trip east. Relationship with daughter became negative. Began active letter-writing to Center City paper. Widow Jones began prostituting and required much time.
- 1964 Widow Jones required great deal of time and care. Other activities curtailed.
- 1965 Bought an electric typewriter. Increased contact with social agencies because of Widow Jones' needs.
- 1966 Began planning for prostate surgery. Widow Jones admitted to care home.
- 1967 Became aware of problems with teeth and gums. Widow Jones in hospital, care home and finally committed to State Hospital. Began relationship with Evelyn, a woman active in housing affairs. Had TUR. Problems with control of urination began.
- 1968 Continued relationship with Evelyn who became ill and entered hospital. Became her caretaker. Began saving money in case pension was cut; had enough to live on for 3 years. Worried about possibility of riots in downtown area; bought a gun. Concerned about sexual functioning. Changed story about life.
- 1969 Spent much time at Evelyn's home. Attended fewer senior citizens' activities because of Evelyn's illnesses. Decreased focus on sexual activity in health diary. Increased stomach distress. Continued losing teeth.
- 1970 Lived with Evelyn most of the time, but kept room at the rooming-house. Evelyn ill most of the time; Evelyn and family talking about marriage. Sporadic sleep pattern received priority emphasis in health diary. Evelyn went to a care home. Bought tape recorder and file cabinet from savings money.
- 1971 Offered to stay with Evelyn after hospitalization. Continued writing letters to the editor. Discovered Evelyn's son was an alcoholic as was her husband. Relations with Evelyn's son disrupted.
- 1972 Evelyn continued in and out of hospital, in ICU several times and died in November. Called Evelyn's friends after her death to talk about the cause of death and angrily about his treatment by son. Moved to another apartment because of urban renewal. Noted a better physical condition after death of Evelyn: diet less varied, but felt healthier on it. Began talking about how much of a social outcast he was regardless of not drinking.
- 1973 Found new woman in rooming house; began spending most of time with her. Insomnia remained primary problem. Continued using the story of his "dead duck" condition. Viewed self as strongly heterosexual when woman suggested he associate more with men.

- 1974 Maintained on-again, off-again relationship with Suzette. Worried about losing pension and decrease in bus routes proposed by City Council. Left toe became sore; suspected gout. Gums continued hurting; teeth continued to fall out.
- 1975 Visited downtown lawyer monthly until lawyer's death in May. Met AA. member who asked why he didn't come to meetings. Gave him "the works", or part of it; told him rather soured on AA.
- 1976 Attended frequent meetings at Turnip Club, a liberal discussion group. Attended Unitarian Church with couple he met at Turnip Club. Much trouble with frequency of urination. Foot pain kept him from sleeping; became septic; went to VA Hospital for septic arthritis; source of infection found to be gums from few remaining teeth.
- 1977 Attended frequent meetings on senior citizens' housing and bus fare increases. Gout finally diagnosed. Noticed weight loss of 20 pounds.
- 1978 Interested in Senior Citizen Housing; called to put name on list. Began reporting falls, often in conjunction with taking sleeping medicine. Doctor suggested he has cancer on the lip.
- 1979 Attended Turnip club when able. Moved to high-rise Senior Citizen Housing. Avoided appointment for surgery on lip. Lost contact with friends in downtown area and at Turnip Club.
- 1980 More difficulty walking at fast clip; chest ached after attempting to run for bus. Noted "mental gear slips" in forgetfulness. Fell down flight of stairs at downtown building. Worried that Suzette had another man. Died in July while walking to get a bottle of catsup from the store during a heat wave of 110 degrees. Cause of death: heart attack.

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UNIVERSITY OF ALABAMA AT BIRMINGHAM  
DISSERTATION APPROVAL FORM

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Major Subject Community Mental Health Nursing

Title of Dissertation The Meaning and Characteristics of a Homeless  
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Date 9/8/92