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**PROMOTION OF TRANSACTIONS DURING ANIMAL
ASSISTED, GROUP THERAPY WITH INDIVIDUALS WHO ARE
RECOVERING FROM CHEMICAL ADDICTIONS**

By

Teri Campbell-Begg

**A thesis
submitted to the Faculty of D'Youville College
School of Health and Human Services
in partial fulfillment of the requirements
for the degree of**

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Abstract

This research describes the influence of animal assisted therapy on a group of individuals recovering from chemical addiction. King's theory of goal attainment provided a framework. Six to eight individuals responded to questions, outlined by a semistructured discussion guide, related to their recovery in the presence of a dog. The presence of the dog resulted in altered barriers to communication between the nurse and clients, which in turn resulted in enhanced transactions. The transactions allowed the participants to assimilate information and improve their feelings of self-esteem. The improved self-image allowed the volunteers a greater understanding of their recovery process.

Acknowledgment

I wish to acknowledge my father for his lessons of the understanding and unconditional love that animals provide humans. His guiding hand in the caring for and love of animals has brought a wealth of meaning to my life. He taught me to recognize the treasure that animals can provide. Animals' unconditional love is intangible and something that we as humans may not acknowledge or seek from other people. This unconditional love has been granted me by Nietzsche, and again I thank my father for his lessons which helped me recognize Nietzsche's role in my life.

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CHAPTER I

INTRODUCTION

Throughout history, animals have served in many roles to improve the well being of people. Animals have provided protection, companionship, work, sport, and other benefits. Many researchers (Beck & Katcher , 1983; Chinner, 1991; Corson, Corson & Gwynne, 1975; Cusack, 1983; Levinson, 1972) have postulated that interactions between a human and an animal may have an important influence on people's sense of well being and physical health.

Imogene King (1981) proposed that interactions promote transactions, which can lead to goal attainment. King stated that the individuals' perceptions of each other during their initial meeting influence their future encounters and finally may facilitate goal attainment. In this process, the presence of a pet may moderate the individuals' responses and encourage their transactions.

Over one hundred years ago, Florence Nightingale (1860/1946) believed that the presence of an animal is an excellent means to positively influence the sick. Nightingale wrote, "A small pet animal is often an excellent companion for the sick, for long chronic cases especially. If he can feed and clean the animal himself,

he ought always to be encouraged to do so." (p. 103).

Meanwhile, relapse prevention is a major consideration when helping individuals develop their goals for the maintenance of sobriety from chemical abuse. In view of this reality, Gorski (1990) believed that relapse and recovery are part of a mutual process. Gorski felt that a relapse is the result of sobriety symptoms that lead to renewed use of substances. Therefore, the goal of treatment is abstinence plus enhanced health. This goal includes addressing the person's need to feel empowered in order to control factors that lead to relapse. The use of a pet can positively influence health and increase the sense of well being as people pursue the process of attaining their goal of recovering from a chemical addictions.

Statement of Purpose

The purpose of this qualitative, descriptive study was to describe the influence of animal assisted therapy on the goal attainment of a group of individuals who were recovering from chemical addictions.

Conceptual Framework

The conceptual framework, which formed the base for this study, was Imogene King's (1971, 1981, 1988, 1989, 1990a, 1990b, 1992, 1994, 1995, 1996, 1997, 1998) goal attainment theory of nursing. Specifically, the implementation of animal assisted therapy with a group of individuals, who were recovering from substance abuse, was examined within the context of this framework.

In 1981, King described her theory as a general systems theory which was dynamic and contained interacting systems. Three distinct levels of functioning, the personal system, interpersonal system, and the social system, were identified.

According to King (1981), nursing involved observable behaviors found in the health care system. The goal of nursing "is to help individuals maintain their health so they can function in their roles" (King, pp. 3-4). Nursing was depicted as an interpersonal "process of action, reaction, interaction" (King, p. 2) that leads to transactions.

Human beings were referred to as open systems because human beings constantly interact within their environment. These personal systems were characterized by King (1981) as unique individuals. Humans beings were further viewed as action orientated, controlling, perceiving, purposeful, sentient, rational, social, spiritual, and time-oriented beings (King, 1992).

Health was viewed as "dynamic life experiences of a human being, which implies continuous adjustment to stressors in the internal and external environment through optimum use of one's resources to achieve potential for daily living." (King, 1981, p. 5). Illness was seen as resulting from an interference with this process (King, 1990a). Within the facilitation of health, cognizance and sensitivity to the issues of human consequence and changes within the environmental structure must be maintained. (King, 1994).

King (1994) felt for nursing to exercise its skill to advance the quality of life for individuals, groups, and societies, nursing must be concerned with the health of the personal, interpersonal, and social systems. To influence any system, nurses must understand and perceive the system as it sees itself. Since health is a factor that influences role function and self care, nurses must understand that these concepts are internalized by each individual so effective communication may occur. Effective communication in turn influences on a person's process of organizing, interpreting, and transforming information from sense data and memory.

When discussing the environment, King (1990b) referred to both the internal and external aspects of this all encompassing entity system. King said that the, "environment is a function of balance between internal and external interaction." (King, p. 127) King believed that humans were constantly interacting with their environment to maintain their health. Variations in individuals' life and health were influenced by their interactions with their environment.

The three types of interacting systems within King's (1981) conceptual framework are the personal system, social system, and interpersonal system. Hence, the focus of King's framework is individuals interacting with other persons within social systems and the environment.

Personal Systems

King (1989) viewed the concepts of body image, growth and

development, learning, perception, space, and, time as being necessary for nurses' understanding of personal systems. Individuals were categorized as personal systems.

A major premise of King's (1981) framework is that humans perceive the world in a unique manner, while experiencing transactions with others and the environment. Perceiving is an essential part of living. King believes that transactions develop in situations in which the perceiver and the perceived confront each other and result in each individual being changed through this process. "Perception is each human being's representation of reality" (King, p. 20). Individuals' perceptions vary, based on their past experiences.

King (1981) concluded that people's lives are not composed of isolated experiences. Instead, every event has meaning and is related to the whole. Thus, all attempts to conceptualize the world are dependent on each person's perceptions.

Perception is the major concept of the personal system since the person's perceptions influence all other behaviors and all other concepts are related to it (King, 1981). Perception is an unlimited process that is experienced by all people. Perceptions affect transactions and influence the individuals' interactions. As a result, this process influences persons' behaviors, provides an understanding of their experiences, and symbolizes their comprehension of their existence.

King (1981) did not directly define learning. However, King correlated

perceptions with learning by explaining “all persons perceive other individuals and objects in the environment, and these experiences provide information about the world. For example, a person learns about a tree when he verifies his perception of the characteristics of a tree.” (p. 22)

Growth and development were delineated as "cellular, molecular, and behavioral changes in human beings" (King, 1981, p. 30). This process allow individuals' movement towards the fulfillment of their potential capacity and ultimately to self actualization.

Time was specified as a sequence of events moving onward to the future (King, 1981). Time is the "duration between the occurrence of one event and another event" (p. 44) Time implies past, present, and future.

Space was identified "as existing in all directions" (King, 1981, p. 37). A "physical area called territory" (King, p. 38), which has boundaries, marks each person's personal space. Perceptions of space further influence people's behaviors.

King (1981) described body image as "a person's perceptions of his own body, others' reactions to his appearance, and is a result of others' reactions to self" (p. 33). Individuals' perceived body image influences their behavior.

Self referred to what aids individuals to “maintain some balance in their lives” (King, 1981, p. 26). Self encompasses the total of peoples' lives, including their “ideas, attitudes, values and commitments” (King, p. 27).

Interpersonal Systems

Interpersonal systems are formed by human beings interacting (King, 1981). “Two individuals interacting are called dyads, three individuals are called triads, and four or more are considered small or large group” (King, p. 59). The intricacy of the interactions within an interpersonal system expands as the number of people in the system rises. The concepts within interpersonal systems addressed by King included communication, interaction, interpersonal relations, role, stress, and transaction.

King (1981) defined communication as a process where information between persons’ and their environment or two people is exchanged. This process occurs when two individuals come together, perceive each other, and formulate judgments based on their perceptions. This process then may lead to goal attainment. The method whereby information is shared may be verbal or nonverbal.

King (1981) characterized a transaction as “observable behaviors of human beings interacting with their environment” (p. 147). Transactions are made so people may exchange their values regarding their unique circumstances. This process involves “bargaining, negotiating, and social exchange” (King, p. 147). In this process, people identify similarities in their perspectives in order to formulate achievable goals.

According to King (1981), interactions are the mechanism for establishing human relationships. Interactions are influenced by the individuals' perceptions and may involve verbal and nonverbal communication. An important aspect of nonverbal communication is touch. Other aspects of nonverbal behavior identified by King (1981) are distance, posture, facial expression, physical appearance, and body movements.

Role was defined as "a set of behaviors expected when a person is occupying a position in a social system" (King, 1981, p. 93). Role conflict and role confusion create stress and lead to complications in goal attainment.

King (1981) specified stress as "a dynamic state whereby a human being interacts with the environment to maintain balance for growth, development, and performance", (p. 98). Experiencing prolonged stress may lead to decreases in individuals' perceptual field, ability to interact, and the achievement of their goals.

Social Systems

A social system is an "organized boundary system of social roles, behaviors, and practices developed to maintain values and the mechanisms to regulate the practices and rules" (King, 1981, p. 115). Examples of social systems are schools, religious groups, and health care organizations. King identified the following concepts as being inherent within social systems: organization, authority, power, ~~status~~, control, and decision making.

Organization was defined as a structure that orders, positions, and delegates activities to achieve personal and organizational goals (King, 1981).

Status is the position of a person in an organization.

Control is integral to having the power and authority to influence others. Authority was described as an active reciprocal process between people in which their perceptions and values influence the definition, validation, and acceptance of the individuals in positions within the organization who have the power to sway others.

King (1981) believed that power is the persons' capacity to use resources in organizations to achieve their goals. In a social system, one or more people utilize power to influence others. The amount of power held by individuals is determined by their resources. Power is a social force that organizes and maintains society to achieve goals.

King (1981) stated that decision making is necessary for goal attainment and that nursing care requires decisions about goals. When nurses engage in mutual goal setting with clients, they assist them in making decisions. This process requires the nurses to bring information and knowledge to the situation and share this with the client. When clients participate in decision making, there is a decrease in their resistance.

Application of King's Theory

King's (1971, 1981, 1988, 1989, 1990a, 1990b, 1992, 1994, 1995, 1996, 1997, 1998) framework provided the structure of this research. Within this framework, persons who were recovering from substance abuse, were defined as open systems. These individuals were viewed as interacting with interpersonal systems, social systems, and the environment which had fostered the different facets of their addiction. Meanwhile, these individuals had developed perceptions concerning addiction, sobriety, recovering, and relapse. Further family members, communities, peer groups, and addiction treatment centers had interacted with these individuals and influenced their perceptions of addictions.

A major principal of King's (1981) theory is that individuals and a nurse form an interpersonal system within a health care organization. Within their relationship, the nurse aims to help the persons promote or maintain their health. Hence, the health care organization utilized for this thesis was an addiction treatment program, where the individuals were pursuing recovering and trying to prevent a relapse.

Significance and Justification

Relapse is a serious issue in the treatment of chemical addiction (Gorski, 1990, Innis, 1997). Statistics revealed that the overall rate of improvement among individuals who have been treated for alcoholism, varies from 20% to 80%

depending on the type of treatment and the criteria used to evaluate improvement (Innis, 1997). The literature suggested that treatment methods were effective for a high percentage of people entering treatment for the first time (Hoffman & Harrison, 1986). However, the current treatment modalities have not been effective to meet the challenge of individuals who are prone to relapse (Gorski, 1990). These findings suggested the need to develop an alternative form of therapy for chemical addiction.

King (1981) believed that health includes the ability to control stressors in the personal, interpersonal and social systems. Meanwhile, studies have consistently indicated that the introduction of an animal into the environment of individuals is positively related to health (Allen, Blascovich, Tomka & Kelsey, 1991; Beck, Friedman, Kathcher & Lynch, 1983; Blenner, 1991; Cole & Gawlinski, 1995; Mugford & M'Comisky, 1975).

During the review of literature, a research study on the effects of pet therapy with a group of individuals who are recovering from chemical addiction was not found. However, past studies utilizing animal assisted therapy with individuals with a variety of health disorders showed the effectiveness of this modality. Hence, this study explored the influence of pet therapy with a group of individuals who were recovering from substance abuse.

Assumptions

This study was based on the following assumptions:

1. Pets increase social interactions (Beck, Friedman, Kathcher & Lynch, 1983).
2. Pets reduce anxiety in people (Allen, Blascovich, Tomka & Kelsey, 1991).
3. People care about pets.
4. Goal attainment will result in the maintenance of sobriety in people recovering from a chemical addiction (King, 1990b).
5. Individuals are action oriented, controlling, perceiving, purposeful, rational, reacting, sentient, social, spiritual, and time oriented beings.
6. "Perceptions of nurse and client influence the interaction process" (King, 1981, p. 143).
7. "Health professionals have a responsibility to share information that helps individuals make informed decisions about their health care." (King, 1981, p. 143)

Research Question

This qualitative descriptive study addressed these research questions:

1. What factors within their personal systems do members perceive affecting their recovering from chemical addictions?

2. What factors within their interpersonal system do members perceive affecting their recovering from chemical addiction?

3. What factors within their social systems do members perceive affecting their recovery from addictions?

4. What were the members' perception of the influence of the animal assisted therapy on their ability to cope with these factors as they recovered from chemical addiction?

Definition of Terms

The terms which were important for this research were defined. Theoretical and operational definitions were given for each item.

Ability--The theoretical definition of ability was the capacity of being able; or having sufficient power (Webster's Universal College Dictionary, 1997). The operational definition of ability was the members' perceptions of their capacity of being able to prevent a relapse of their chemical addiction (Gorski, 1990).

Animal assisted therapy--The theoretical definition of animal assisted therapy was the use of companion animals to improve peoples' physical, emotional, and social health (Chinner, 1991). The operational definition was the use of a German Shepherd dog who interacted with members participating in group therapy for treatment of chemical addiction.

Chemical addiction--The theoretical definition of chemical addiction was a

maladaptive pattern of substance use as demonstrated by one of the following: (a) continued use despite information of having recurrent social, occupational, psychological, or physical problems that occur or increase by the use of substances; (b) repeated use in circumstances that are physically hazardous; (c) some symptoms have lasted for at least one month, or have occurred frequently in the last year; (d) never met the criteria for Psychoactive Substance Dependence for this substance (American Psychiatric Association, 1987, pp. 169-170).

The operational definition of chemical addiction was an individual who is being treated in a program for chemical addiction.

Cope--The theoretical definition of cope was to face and deal with responsibilities or problems calmly or adequately (Webster's Universal College Dictionary, 1997). The operational definition of cope was the ability to maintain sobriety.

Describe--The theoretical definition of describe was to present in words (Webster's Universal College Dictionary, 1997). The operational definition of describe was the group members' verbal account of their perceptions.

Factor--The theoretical definition of factor was a condition, element, detail, or circumstance which has a bearing on the outcome of a process (Webster's Universal College Dictionary, 1997). The operational definition of

factor was the group members' perceptions of the positive or negative conditions, elements, details, or circumstances which they believe have a bearing on their recovering from a chemical addiction.

Goal Attainment--The theoretical definition of goal attainment was the process of at least "2 people . . . [who] come together in a health care organization to help and to be helped to maintain a state of health that permits functioning in roles" (King, 1981, p. 142). The operational definition of goal attainment was the process of at least six people with health problems due to chemical addictions and a community health nurse participating in animal assisted group therapy to promote the health and recovering of the members.

Group Therapy--The theoretical definition of group therapy was the utilization of the group process to promoted the members' "psychological understanding of self by revealing and clarifying the motivations, fears, and irrational ideas hidden behind dysfunctional behaviors" (Elder, 1990, p. 155). The operational definition of group therapy was utilizing animal-assisted therapy during meetings of at least 6 individuals who are recovering from chemical addiction to help the members plan to prevent relapse.

Influence--The theoretical definition of influence was the ability to alter or produce an affect upon the thoughts or behavior of others (Webster's Universal College Dictionary, 1997). The operational definition of influence was the group

members' perceptions of factors that will alter or produce an effect on their ability to maintain recovering.

Interpersonal Systems--The theoretical definition of interpersonal system is two or more individuals interacting (King, 1981). A group is an example of an interpersonal system. The concepts that identify interpersonal systems are: communication, interaction, stress, role, and transaction. The operational definition of interpersonal system was the factors related to these concepts that group members identified as they answered questions 4, 5, 6, 10, 11, and 13 on the semi-structured discussion guide (Appendix A) during the animal assisted group therapy meetings.

Members--The theoretical definition of members was individuals belonging to or forming an organization or group (Webster's Universal College Dictionary, 1997). The operational definition of members was the individuals who are being treated for a chemical addiction and volunteered to belong to the group.

Perceive--The theoretical definition of perceive was to process information and give meaning to the present situation (King, 1981). The operational definition of perceive was the group members giving meaning to their process of recovering from chemical addiction.

Perception--The theoretical definition of perception was the "process of organizing, interpreting, and transforming information from sense data and

memory. It is a process of human transactions with environment. It gives meaning to one's experience, represents one's image of reality, and influences one's behavior" (King, 1981, p. 24). The operational definition of perception was feelings, attitudes, thoughts, beliefs, emotions, and ideals expressed by the members during animal assisted therapy as they discussed the factors they believe will influence their recovering.

Personal System--The theoretical definition of personal system was an individual (King, 1981). King's (1992) identified the concepts of body image, growth and development, learning, perception, self, and space to be significant within the personal system. The operational definition of personal system was the factors related to these concepts that the members identified as they answered questions 1, 2, 3, 10, 11, 12, and 13 on the semi-structured discussion guide. (Appendix A).

Relapse--The theoretical definition of relapse was the process of becoming dysfunctional in sobriety related to abstinence based symptoms that lead to either renewed alcohol or drug use, physical or emotional disintegration or suicide (Gorski, 1990). The operational definition was the use of mood altering chemicals by individuals who are addicted after a period of abstinence from having used them (Gorski, 1990).

Recovering--The theoretical definition of recovering was the lifelong

process of gaining and then maintaining control over the use of addicting substances, including episodes of relapse (Allen, 1996, p. 199). The operational definition of recovering was the process of abstaining from the use of addicting substances on a day to day basis.

Social Systems--The theoretical definition of social system was “an organized system of social roles, behavior, and practices developed to maintain practices and the mechanism to regulate the practices and rules” (King, 1984, p. 114). King identified the concepts of authority, control, decision making, organization, power, and status to be significant within a social system. The operational definition of social system was the factors related to these concepts that the members identified as they answered questions 7, 8, 9, 10, 11, 12 and 13 on the semi-structured discussion guide (Appendix A) during the animal assisted group therapy meetings.

Limitations

A numbers of limitations affected this research study. First, the size of the sample for this study was small. Second, the amount of time involved with the group was relatively brief or limited. Three, the researcher facilitated the group and also analyzed the data. Therefore, the results of this study should not be generalized to other groups using animal assisted therapy. Thus, the researcher’s biases may have influenced these processes.

Summary

This qualitative descriptive research study aimed to describe the influence of animal assisted therapy on the goal attainment of a group of individuals who were recovering from chemical addiction. This chapter discussed King's (1971, 1981, 1988, 1989, 1990a, 1990b, 1992, 1994, 1995, 1996, 1997, 1998) theory, which guided this research. This chapter also included the significance and justification, definitions of terms relevant to the study, assumptions and limitations.

A summary of published information relevant to the research is contained in Chapter II. This review includes the application of King's (1981) theory of nursing, animal assisted therapy, substance abuse, empowerment, and qualitative research.

Chapter III, contains information regarding the collection and treatment of data for this thesis. The means of protecting the rights of the study's participants are presented.

Chapter IV, contains a discussion of the analysis of the data collected. The participant's responses to the questions on the semistructured discussion guide are noted.

Chapter V, presents the study's conclusions. Then the implications of the findings for nursing practice, nursing management, and nursing education and recommendations for further research are identified.

CHAPTER II

REVIEW OF THE LITERATURE

The review of literature included the application of King's (1981, 1988, 1989, 1990, 1992, 1994, 1995, 1996, 1997, 1998) conceptual framework in nursing, animal assisted therapy, treatment of chemical addictions, group therapy, and empowerment. Literature from nursing and related fields, including addictions, medicine, and psychology, was reviewed.

Application of King's Conceptual Framework

The review of literature demonstrated that King's (1981) framework for nursing practice and education has been applied in various settings. Ackerman, Clanton, Jones, Mariner, Moody, Perlich, Price, and Pruinski, (1994) stated that King's theory (1981) focused on the planning and implementation phases of nursing. Through the nurse patient dyad, both individuals interact, devise mutually agreed on goals, explore, conceive means to achieve goals, transact, and attain goals.

Woods (1994) applied King's (1981) theory when working with a group of geriatric patients who had on going health problems. Body image, stress,

interpersonal relationships, and power were addressed in the nursing interventions. Woods further emphasized that mutual sharing, listening, and communicating helped the members reach an understanding of their perceived views so that their goals were reached.

Dean (1997) incorporated concepts of King's (1981) theory of nursing when presenting a model of shared control as a secondary prevention strategy with an elderly individual who abused alcohol. Agreement between the nurse and client regarding expected behaviors facilitated the client's movement towards goal attainment. Based on King's (1981) proposition that "if nurses with special knowledge and skills communicate appropriate information to clients, mutual goal setting and goal attainment will occur" (p. 149), both the patient and nurse agreed to gather and present information to each other. The objective of this was to have the patient and nurse teach each other agreeable goals. Dean found that by combining knowledge of addiction with King's nursing model, she was able to help the person reduce the problems that had occurred with alcoholism, and this reality improved the quality of the client's life.

Sieloff (1995) stated that a system needs to be maintained to function successfully. This process is accomplished through openness of communication and self regulation. The truth of this statement was evident when King's (1981) nursing model was applied, since no beneficial outcome for either client or nurse is

accomplished without mutual communication, and transactions.

Froman (1995) tested King's theory (1981) by examining the assumption that the greater the congruency between clients' and nurses' perceptions of a illness situation, the greater the degree of goal attainment. The results verified that clients' perceptions of nurse's understanding of them can influence the individual's level of satisfaction of care. This conclusion supported the importance of perceptions and transactions in the nurse-client encounters as outlined by King (1981).

In a critique of King's (1981) theory, Carter and Dufour (1994) noted that effective practice necessitates that interactions between client and nurse must take place "within the patient's cultural reality" (p. 129). This notion mandates the need for accuracy in perceptual exchange and understand of meanings as the client understands them. This concept provides a stable and justified foundation for the utilization of King's theory in qualitative research. The authors emphasized that this theory, however, does not give the answers, only the framework from which to examine and summarize findings.

Literature on Animal Assisted Therapy

A literature review revealed a considerable number of journal articles on animal assisted therapy have been published during the past 20 years. This process showed that animal assisted therapy programs have been extremely varied, numerous and differ regarding how human problems have been approached. In this

section, the data concerning animal assisted therapy have been examined in two categories. These categories were nursing literature on animal assisted therapy, and literature from related fields on animal assisted therapy.

Nursing Literature on Animal Assisted Therapy

The recent focus on animal assisted therapy has been on the influence of this approach on an elderly population (Francis, 1991), and the potential health benefits of animals (Cole & Gawlinski, 1994). Gammonly & Yates (1991) also advocated that more scientific studies have to be done on pet therapy to better understand its therapeutic role. For this paper, it was significant to identify that no articles on the influence of animal assisted therapy with persons who are chemically addicted were found in the literature review.

Another study by Baun, Getting, and Bergstrom (1991) investigated the physiological effect of petting a dog with whom a bond had been established as opposed to a nonbonded dog. The results showed significant lowering of individuals' blood pressure while petting their own dog.

Baun, Bergstrom, Langston, and Thoma (1983) conducted a study using subjects with hypertension. The two protocols utilized were: (a) quiet petting of a dog with whom a companion bond had been formed, and (b) quiet petting of an unknown dog. Skin temperature, blood pressure, and heart rate were measured. The results indicated that mean peripheral skin temperature increased 2.60 degrees

in the group of subjects who petted a bonded dog and just 1.40 degrees in the group of people who petted a nonbonded dog. The mean systolic and diastolic blood pressures decreased (6.4 mmHg and 6.0 mmHg.) for the group petting the bonded dog. For the group petting the nonbonded dog, the mean systolic blood pressure and the mean diastolic pressures decreased (3.6 mmHg. and 4.2 mmHg.). The findings suggested there are significant differences in systolic or diastolic blood pressures and heart rates between people when petting bonded or nonbonded dogs. The decrease in both systolic and diastolic blood pressures that occurred as an individual petted a bonded dog produced a relaxation effect parallel to that of quiet reading. No significant difference in heart rate was demonstrated between the two protocols. The author concluded that petting a bonded dog created even greater relaxation than petting a nonbonded dog..

Blenner (1991) studied the effects of animal assisted therapy on couples who had problems of infertility and had experienced personal losses. Animals were introduced to help break the cycle of depression experienced by the clients. The couples reported that the companion animals had served three major interrelated therapeutic functions. These functions were replacing loss, healing emotions, and connecting to the outside world. Blenner recognized that animal assisted therapy conveyed unconditional acceptance, which helped the couples deal with their feelings of being socially unacceptable or stigmatized due to infertility.

Cole and Gawlinski (1995) described the use of animal assisted therapy in an acute care setting. The program consisted of a volunteer and a dog who visited each patient for approximately 20 minutes. During the total of 120 visits, patients were observed to respond to the dogs with smiles and relaxed posture. Most patients opted to have the dogs on their bed, using a clean sheet as a barrier. The patients' decreased levels of stress were clearly observed by changes in their posture and their quiet contented expressions. In a questionnaire, all patients described the dog visits as helping them feel more happy, more calm, or less lonely. On the basis of the results of the patients' satisfaction survey and the enthusiastic responses from the patients, families, and staff, the research-based program was expanded.

Jorgenson (1997) concluded in her study of the therapeutic use of companion animals in health care that animal assisted therapy combines both the physical and emotional components of health. This study provided evidence that linked the physiologic benefits to the psychological effects of animal companionship on patient care.

Fila (1991) studied the motivating effect of animal assisted therapy on a client in a state of hopelessness. The project showed that in carefully assessed situations, the animal assisted therapy facilitated a patient's ability to create the positive state of hope and contributed to the healing relationship. Fila believed that

the conclusions strongly supported the need for animal therapy to be established within health care settings. Finally the author argued that more research needs to be done on how animals fit into the caring model.

Francis (1991) found measurable beneficial psychosocial results when puppies were introduced to patients with chronic psychiatric problems. Weekly animal visitation to persons in an adult home was established. The variables examined were health concept, life satisfaction, psychological well being, social competence, social interest, psychosocial function, and a decrease in depression. The analysis revealed significant alterations in all variables. Francis felt the power of the puppies created energy and the ability to affect changes in the patients.

Darling (1997) utilized Watson's (1996) theory of human caring to explore the relationship of five individuals living with a chronic illness and their dog. This study's findings highlighted the importance of the caring relationship between these five adults and their dog. This relationship had grown from one of companionship to a strong, bond of love. As this relationship had grown, the five adults' abilities to live with their chronic illness had been enhanced. Listening to the five participants' stories and descriptions of their life with their pet showed the sense of harmony that had been established within their relationships with their dog. Moreover, the five participants demonstrated cues of disharmony as they discussed their concerns over the effects of their illness on their ability to care for

and maintain their relationship with their dog. The importance of nurses acknowledging the importance of their dog to the sense of harmony or health experienced by the five participants was also noted. Hence, the individuals believed that nurses should understand and facilitate their relationship with their dog as a means of caring for them.

Literature from Related Fields on Animal Assisted Therapy

The review of literature from related fields showed that animal assisted therapy was utilized in a wide range of settings. This review demonstrated that this approach promotes health (Friedman, Katcher, Lynch & Thomas, 1980, Friedman, Katcher, Thomas, Lynch & Messant, 1983, Levinson, 1972), reduces stress (Allen et al., 1991), and social interactions (Corson, Corson, & Gwynne, 1975).

Levinson (1972), a psychologist, was the first to report in detail the therapeutic benefits of contacts with pets for children and adults in both inpatient and outpatient settings. Levinson described the use of pets for: children in residential treatment centers; individuals experiencing an emotional disturbance; patients in hospitals for somatic disorders; students in training schools for those with a physical handicap; and people with an auditory, visual, or mental impairments. His work consisted mainly of detailed case studies from which basic principles were established. No quantitative data were collected. Levinson showed that pets can function as transient objects so that children can form a relationship

first with a pet, then a therapist, and then other people. Pets were used for cuddling, affection, and unconditional acceptance.

Corson et al. (1975) evaluated the role of pets in a hospital setting. Thirty patients, who had been withdrawn, self-centered, and uncommunicative, were studied. Twenty-eight of these individuals accepted a pet as a component of their token system. The authors observed that the animals served as catalysts to social interaction. Corson et al. believed the interaction between the pets and people created a widening circle of warmth and approval. This circle also improved the patients' relationships with therapists, other staff, and other patients. Corson et al. suggested that the pets served to initiate a catalytic reaction which influenced coping and social interaction. Thus, the patients related positively to the pet through nonverbal and tactile interaction, leading to strengthened verbal interactions, wholesome emotional expressions and warmth.

McCulloch (1981a) studied the coping ability of 31 clients who owned a pet and who were being treated for a medical illness and depression on an out-patient basis. The analysis of the clients' responses to a true and false questionnaire revealed two distinct groups. These groups were those who had emotionally bonded with their pet and those who had related to a pet who belonged to someone else in their family. In spite of this distinction, the clients' responses of appreciating the pet's affection were similar. The pets helped the clients cope with

loneliness and isolation, promoted a sense of play, and helped maintain humor and laughter. From this study, standards were suggested for the use of assigning pets for outpatients.

The effects of pets in encouraging a positive affective state have been mentioned previously by Corson et al. (1975). Pets' ability to help individuals fulfill their need for affiliation or connection, which is the need to be in close proximity to other living things, was illustrated by several investigators (Beck et al., 1983; McCulloch, 1981a; Mugford & M'Comisky, 1975). Authors Mugford and M'Comisky (1975) explained that a pet can increase a person's level of independence, physically and economically, as noted with seeing eye dogs.

Cusack (1988) stated that the most frequently cited qualities that pets provided humans were unlimited sources of love, affection, and companionship. This author explained that individuals noted that their relationships with humans were fulfilling, but were also subject to whims and moods of daily life. Pets, however, were always loving and consistently willing to accept affection. "Intimacy is characterized by touching and talking" (Cusack, 1988). Cusack (1988) further identified that when people talked to their dogs they lowered their voices and their body language was open.

Chinner (1991) conducted an exploratory study on the viability and efficacy of an animal-facilitated therapy project within a hospice of terminally ill patients

and their caregivers. A pretest, posttest, and follow up phases were developed to explore the effect of this type of therapy. The most noted benefits of the dog's presence were those of having relaxing or comforting effects on the humans. The findings also suggested that attitudes between staff members and clients were more open and relaxed.

Garrity, Johnson, Marx, and Stallones (1989) and Goldmeier (1986) suggested that animal companions may help to decrease feelings of loneliness for certain individuals. For example, older pet owners have displayed lower scores on depression and lonely dissatisfaction and increased social interaction than have nonowners.

Corson et al. (1975), Levinson, (1972), Mugford and M'Comisky (1975) studied the ability of a pet to facilitate interaction. The term bonding catalyst was used to describe how a pet facilitated a person's interactions with other patients, residents, and staff in geriatric institutions.

Mugford (1980) found a dynamic increase in unsolicited friendly contacts when he was in the company a dog. To his survey question of, 'Do pets make friends for you?' over 50% of the respondents agreed. Also, Mugford polled if dogs gave an outlet for playfulness. Fifty-one percent of the respondents agreed completely and 29% agreed with some reservations. Mugford believed that play was a significant activity, especially since sex of the dog, sex of the owners and

region walked did not affect the frequency of playfulness.

Smith (1983) investigated the role of a pet in facilitating social interactions between other people and their owners. The study showed that even walking a dog in a new locality increased the likelihood of contact between a stranger and the subjects. People were much friendlier and were more likely to interact if a dog was present. Smith reported a game, such as fetch or tag, occurred in many of the observed walks. Nevertheless, Smith explained that it was not possible to say exactly what it was about the dog that was appealing as a social lubricant.

Lockwood (1983) studied the effects of the presence of an animal on the perception of people and social interaction. The data indicated that people associated with animals were perceived to be friendlier, happier, bolder, and less tense. Also the study found that people associated with an animal were considered less dangerous and less of a threat. The perception that people with a pet were wealthier was also valid. Lockwood postulated that people form positive preliminary social judgments about people with animals. However, these impressions were based on superficial appearances only. Thus, the appearance of animal with people provided powerful links to positive interaction with other people.

Katcher (1986) stated that the intimacy that a dog or a cat offers goes beyond that provided by the Rogerian analyst. This intimacy includes people

caressing their animal when talking to it, with the dialogue being an alternation or superimposition of the touch and talk. Katcher noted intimacy between humans requires a prior understanding, and an appropriate place for expression. Intimacy with an animal, however, can be achieved instantly and expressed at any time. Katcher found that people, who had been asked to pet strange but friendly dogs, achieved the intimacy style of dialogue.

Katcher's (1986) developed a preliminary definition of intimacy based on the observations of people petting the dogs. This definition was

(1) the person directs his or her gaze at the dog and attempts (sometimes to control the head) to make eye contact; (2) the dog is stroked and talked to simultaneously or alternately; (3) the person's voice becomes softer and the pattern of the speech changes, to fewer words per minute and to complete the dialogue, the person touches the animal or with some other nonverbal signal solicits the reply of the dog; (4) blood pressure is lower when the person talks to and touches the dog; (5) there is a change in facial expression which could be described as a loss of tension; (6) even when no touch is being made, the dog continually orients towards the person and the person towards the dog (Katcher, pp. 523-524).

Beck and Katcher (1983) suggested that the majority of literature associated with human pet affiliation has been composed of descriptive studies

with no prescribed research design controls. Only a few studies of the therapeutic value of pets have been scientifically based. However, the few controlled studies that had been published as of 1983 demonstrated that a pet had neither no impact nor produced noteworthy therapeutic gains.

However, subsequently to Beck and Katcher's (1983) study, Allen et al. (1991) measured the autonomic responses to stress in adult women. The results indicated that the autonomic reactivity was reduced in the presence of a companion. Pets were found to have a greater ability to decrease the physiologic reactivity than that of a friend. The researcher noted the need to further study human-pet interactions, social support and stress facilitation.

Friedmann et al. (1980) studied the survivor rates of patients who had been hospitalized in a cardiac care unit with a diagnosis of myocardial infarction or angina pectoris to identify the factors that affected their well being. Friedman et al. found the strongest predictor of survival was pet ownership. Eleven of the 39 patients who did not own pets died within one year, whereas only 3 of the 53 pet owners died. Other factors in relation to coronary patients were then explored. After the results had been analyzed, the authors had assumed that the coronary patients with only dogs had lived longer. However, the examination of the data revealed this not to be true. In reality, all types of pets had the same effect as dogs did. The next assumption explored was whether pet owners had less severe

coronary artery disease than that of non pet owners. The analysis of the patients' medical files revealed that the pet owners had the same severity of heart disease as the non pet owners. Thus, owning a pet was found to be the strongest prediction of peoples' survival of heart disease. Friedmann et al. (1980) believed that their findings confirmed that the interdependence of social factors in the determination of health status should be considered when planning treatment. These authors noted that the phenomenon of pet ownership and the plausible significance of pets as a source of companionship deserve more attention. In view of the findings, Friedman et al. advocated that the therapeutic use of pets for individuals with coronary heart disease should be further considered. Beck et al. (1983) likewise found that the presence of a dog resulted in lower blood pressures in children engaged in a stress related activity.

Goldberg and Ory (1983) found that an older person attached to a pet reported greater happiness and lower depression. Kidd and Zasloff (1994) studied the relationship between pet ownership and loneliness. These authors identified that women living by themselves were significantly more lonely than those who lived with a pet.

Treatment of Chemical Addictions

The literature review addressed materials on the treatment of health problems related to addictions. These materials included literature from nursing

and related fields.

Nursing Literature on Treatment of Chemical Addictions

Bennett and Woolf (1991) noted that the abuse of mood altering chemicals has existed for centuries, and that presently this problem is a major social and health problem. Handley and Sullivan (1993) advocated that nurses must address the issue of substance abuse due to the extensive prevalence of this problem..

Yet a review of the nursing literature revealed that research on this topic by nurses has begun only in the last ten years (Handley & Sullivan, 1993). In view of this, research by nurses on the care of individuals with health problems due to alcohol and drug abuse is still in the early states of development.

Bennett and Woolf (1991) stated that the best approach to treatment of addictions is a biopsychosocial perspective, based on current research findings and sound clinical judgment. These authors believed that a therapist may function without a clear approach to a particular therapy by using a eclectic approach. Bennett and Woolf argued that research has demonstrated that the use of eclectic approaches in treating substance abuse is the most helpful for all clients because no one approach is right for all clients. Bennett and Woolf explained that cognitive therapy tries to alter self defeating beliefs and that make life without the addiction difficult. Individuals who are chemically addicted, are made aware of their beliefs and shown how to test them through regular homework.

Chandler (1995) outlined another approach to treatment through solution focused therapy. This format attempted to develop potential resources of the clients, while decreasing the emphasis of the negative symptoms of disease. By developing the individuals' existing potential resources, Chandler believed that their movement towards recovery and health would ensue.

Wing (1994) utilized participant observation to identify four stages of recovery, including denial. Wing then directed her attention to the basic social problem of ineffective use related to denial. Discharged patients were interviewed to learn their phases of denial. Five states of denial were identified. These states included reacting to the critical event, role disaffiliation, ambiguous anticipation, peer affiliation, and acceptance. Wing believed that nurses have the ability to instill hope in clients, while assisting them through the different stages of denial. Also, nurses' attitudes, such as acceptance, understanding, and promoting mutual trust, may promote the process of transcending denial.

Cloud and Granfield (1994) interviewed 46 self-healers who had maintained sobriety by abandoning their drug using group and searching for non using groups. Thus, the respondents built new lives by cultivating their social ties with emotionally meaningful drug free groups. For the most part, the respondents had transcended the addict identity and retained a self concept that was congruent with their social roles. This group of self healers expressed considerable hostility to

the concept of powerlessness. These individuals viewed themselves as being strong willed people who had been anything but powerless. These findings did not necessarily disparage various treatment programs, but instead suggested less intensive approaches may be successful for certain people.

Feigenbaum (1996) concluded that education of nurses was required to overcome their negative preconceived perceptions of patients who were chemical substance abusers. Based on King's (1981) theory, the findings illustrated that the majority of student nurses' preconceived perceptions were altered when they interacted with patients who were in treatment for chemical substance abuse. Feigenbaum suggested that nurses' perceptions of their clients who were chemical substance abusers would influence their interactions with them.

Anderson and Snow (1998) investigated the influence of being addicted to a specific relationship, prior incidences of interpersonal violence, and the extent of relapse while recovering from chemical dependency of 45 adult women. The study's findings emphasized the need for women being assessed for cues of relationship addiction and of risk of danger when entering treatment for an addiction. The role of rage or violence within the addiction process, especially as a trigger to relapse, was further noted.

Innis (1997) explained that "it is nurses who are increasingly the health professionals most closely and consistently involved in the treatment of alcoholism"

(p. 164). The reality that both lapses and relapses are part of the recovering process was noted. Further, the lack of a firm, consistent definition of a relapse was cited. Innis explained that a relapse may refer to “one drink, becoming intoxicated, and drinking over a period of days or months” (p. 164). This author specified that most of the research exploring relapses have utilized the quantitative approach. The recommendation for qualitative research on this topic was addressed and based on the need to explore the unique needs of individuals pursuing sobriety.

Literature from Related Fields on Treatment of Chemical Addictions

Gorski (1990) viewed chemical dependence as a biopsychosocial chronic disease that has a tendency to relapse. Gorski believed that a physical consequence of chemical dependence is brain dysfunction. This dysfunction interferes with the individuals' ability to think clearly, manage their feelings and emotions, and regulate behavior, especially under stress. People with a chemical addiction often have developed self defeating personalities that interfere with their treatment.

Gorski 's (1990) primary recovery program has the following four goals. These goals included “(a) the recognition of chemical dependency, (b) the recognition for the need for abstinence, (c) development of ongoing recovery to maintain sobriety, and (d) the diagnosis and treatment of other problems or conditions that interfere with recovery” (Gorski, p. 127).

In order to maintain abstinence, the recovery process has many components (Gorski, 1990). These components include the following aspects. First during early recovery, clients must develop an in-depth understanding of their chemical dependence and the recovery process. Second, the individuals must learn to interrupt chemically dependent thinking, manage feelings and emotions, and interrupt self defeating drug seeking behaviors without mood altering chemicals. Third, the clients must learn to repair the damage to their lifestyle and develop healthy lifestyles. Fourth, the clients must resolve core psychological issues that create pain and discomfort during sobriety.

Many drug programs make use of behavioral and cognitive treatments (Grinspoon, 1995). This approach regards drug abuse as a behavior that is encouraged by certain ways of thinking or learned through conditioned response. If this pattern is changed, the abusive habit can be modified or unlearned. An increasingly popular program called relapse prevention uses these techniques.

Numerous techniques are used in the behavioral cognitive approach (Grinspoon, 1995). One technique is to help the individuals learn to identify and record triggers that cause the use of chemicals. Triggers included the situations, feelings, sensations, social pressure, bad feelings, conflicts with others, or the lure of good times. Then, the persons were taught general coping strategies to deal with these triggers and shown how to achieve pleasure or a feeling of

accomplishment without using chemicals.

Sisney (1995) researched the relationship between depression and social support in nurses recovering from chemical dependency. Social support was believed to be significantly related to depression. The findings suggested that the provision of social support mediates depression in nurses. The sample in this research was small. Therefore, additional research should be done to explore further the relationships between social support and depression.

The National Institute on Drug Abuse, (1991) reported that 6% of the population were using some type of illicit drug. Meanwhile, 25% of all hospitalized patients had problems related to alcohol abuse.

Group Therapy

A literature review of group therapy was conducted. Group therapy was looked at in terms of literature from the perspective of nursing and also from related fields.

Nursing Literature on Group Therapy

Bennett (1995) began a self help group for individuals who were addicted and homeless. As the group progressed, an openness between the members emerged. The individuals revealed their life stories pertaining to their families and their addiction, while expressing the feeling of acceptance. The members stated that the group was one place where they had been treated in a nonjudgmental

manner. The facilitators also shared their positive feeling about the changes they had observed in the members' behaviors. As a result of the therapy, the group participants exhibited hope by asserting their desire to make life style changes.

Literature from Related Fields on Group Therapy

Kinross (1998) summarized the preliminary findings of a study conducted at the Addiction Research Foundation (ARF) by Sobell and Sobell, by stating group therapy is more cost-effective than individual counseling and just as successful in helping problem drinkers change their behavior. Grinspoon (1995) noted that various forms of group treatment are the treatment of choice. Group therapy may be based on psychodynamic, cognitive, behavioral, or other approaches. A leader establishes rules, screens, prepares members for admission, educates the clients about drugs, and tries to ensure that the discussion remains open, relevant, and mutually respectful.

Groups have been effective in treating chemical addiction because the personal relationships within the group create a social life independent of the use of substances (Elder, 1990). Friendship bonds each group member without being exploitive. As a result, the members realize that they are not alone, while feeling less despair and less shame. At the same time, by watching others, the members are able to clarify their distorted ideas and sustain their resolution to give up using chemicals. Elder maintained that group therapy empowers the members, confronts

denial, provides greater self knowledge, and develops internal personal control.

Dagg and Evans (1997) believed the observation of the dynamics within group situations enabled the facilitators to grasp a better understanding of a patient's whole personality, not just the behavior that the patient was displaying. These authors also cited that facilitating group sessions helped the therapist develop better listening skills, while remaining detached from the client's problems.

Nursing Literature on Empowerment

The review of nursing literature demonstrated that the subject of empowerment is a relatively new concept within the field. The concept embraced the idea of providing information and support for patients, thereby granting them control over their own health.

Fleury (1991) examined the empowering potential of a group of individuals who were attempting to sustain a program of cardiac risk modification. Fleury found that the empowering process facilitated the emergence of new and positive health programs. The theory of empowerment facilitated change by a sense of enhanced control.

Miller (1992) described strategies to enhance empowerment. These strategies include: client education, assessment of and emphasis on each person's uniqueness, emphasis on personal strengths, setting realistic goals, behavioral and environment modification, removal of obstacles that decrease control, and the

facilitation of the verbalization of feelings.

Calladine (1996) lead a group that aimed to empower nurses to understand and handle their own work related stresses. The premise of the group was that if nurses understood and processed their own stress, they could apply this knowledge and better assist their clients. The clients would then apply the knowledge to change their behavior to achieve an ideal model of wellness. Therefore, by having managed their own stresses, the nurses were empowered through the goal attainment of their own improved health. This process also resulted in greater self-esteem and increased motivation.

Nursing Literature on Qualitative Research

Munhall (1995) believed that qualitative research should be judged by reasonableness; truth, familiarity, and possibility. Thus, the data must be meticulously explored and described or the findings will not be congruent with connected underpinnings. As well, research should give direction to practice further research.

An efficient method of data collection for qualitative research has been participation in group meetings. Beck (1993) explained that collecting data during meetings of groups, “combines the elements of ethnographic and survey research” (p. 74). The advantages of this format were that it produces rich, descriptive data of a small group of people in a economical manner in a relatively short period of

time.

Faugier and Sargeant (1997) outlined some of the difficulties in sampling hard to reach populations. Sampling issues, problems of bias, overcoming problems of social visibility, and ethical issues were discussed. The sampling issues included mapping plans to reach a target population which tends to be invisible to the general population. Bias included those of the general society with respect to the subject being researched and also those of the researcher.

Summary .

The literature review indicated that many studies involving King's (1981) theory of nursing, animal assisted therapy, substance abuse, group therapy, and empowerment have been done. Some of these studies explored these ideas alone or combined of two or three of the elements, such as substance abuse, group therapy and empowerment. However, no study that had examined animal assisted therapy with a group of individuals who are being treated for a chemical addiction was found. Hence, this review gave rise to the desirability of this study to tie these elements together in qualitative study. Chapter III outlines the processes of data collection and analysis utilized in this study.

CHAPTER III

PROCEDURES

This chapter of the study presents the procedures utilized in this study. Descriptions of the data collection method, the means of human rights protection, and the procedure for the analysis of data follow.

Setting

An addiction treatment center that serves southern Ontario was used to obtain the sample for this study. Admission to the center occurred as the clients volunteered or were mandated by the law, their employer or family to attend this center for the treatment of substance abuse. After the research had been granted full approval by the Institutional Review Board of D'Youville College (Appendix B), permission was obtained from the treatment center's director to utilize this facility to conduct the study. The group sessions were held in a meeting room at the center. This location provided a conducive atmosphere for the sessions.

Sample

The total population of the addiction treatment center was approximately 200 clients. These clients were treated in both inpatients and outpatients programs.

The sample for the study included a minimum of six individuals. Initially, eight individuals were recruited. Beginning the group with eight members allowed for a maximum of two individuals to withdraw from the group if they had desired, and still maintain the minimum number. The sample size was believed to be sufficient to produce enough data to answer the research questions (Drew, 1989).

The number of people in this sample was limited so that the researcher could address the unique experiences of the persons participating in the study (Kuzel, 1992). Morse (1994) explained that determining the number of people that is needed to collect data to achieve the goals of a research endeavor can be viewed as “an educated guess as to what figures seem reasonable” (p. 149). Drew (1989) cited that the “number of interviews done in a study is less important than the extent to which the phenomenon is explored in each interview” (p. 431).

The sample for this research was selected by the method of purposeful selection (Streubert & Carpenter, 1995). According to Morse (1994), “the sample is selected according to the informant’s knowledge of the research topic” (p. 129). The criterion of having lived through or experienced the focus of the research is the primary one for selecting a person to participate in the research. This method differs from that of representative sampling, where people are included in the sample according to their being characteristic of the general population.

Hence, the criteria for selecting participants for the sample was that the

person: (a) was attending inpatient or outpatient treatment for substance abuse, (b) was 18 years of age or older, (c) viewed the presence of a dog as non-threatening, (d) did not experience any health problems in the presence of a dog, and (e) volunteered for the study. In line with this method, after having received full approval from the Institutional Review Board of D'Youville College (Appendix B), and verbal permission from the agency, the sample was selected from the individuals who met the criteria and who volunteered to participate in this research study.

An invitation (Appendix C) to participate in this study was given to the center's clients by a counselor of the treatment center. This action was accomplished when the announcements were given before lunch as part of the daily routine of the clients. The invitation explained the purpose of the research, and listed the criteria for sample selection. Instructions to meet the researcher if a person was interested in receiving more information about the study were included.

When a person contacted the researcher, the details of study were given (Appendix D). The process of informed consent (Appendix E) was explained. When a person expressed an interest in participating in the group, the individual was invited to the initial meeting.

At the beginning of the first meeting of the group members and the

researcher, the process of informed consent was reviewed and the researcher answered the participants' questions about the research. The first eight individuals who met the criteria for sample selection, including signing the informed consent form, became the initial sample for the research.

Data Collection Methods

The data for this study were collected by audiotaping the group therapy discussions. Aspects of the group were observed by the researcher for the purpose of recording and analyzing the happenings. The reasons for choosing this method were that the members' interactions, attitudes, emotions, and behavior could best be examined as they had occurred (Babbie, 1995). Finally, the group's interaction resulted in the generation of numerous ideas, issues, and solutions. The audiotaping allowed the researcher to observe and then analyze the content of the members' verbally expressed perceptions.

Group Sessions

Beck (1993) explained that collecting data during meetings of groups "combines the elements of ethnographic and survey research" (p. 74). This approach involved the researcher developing a set of questions for the group to address, and then using the questions to guide the discussion. The advantages of this format were that it produces rich, descriptive data of a small group of people in a economical manner in a relatively short period of time (Beck et al., 1993;

Carey & Smith, 1992; Dilorio, Hockenberry-Eaton, Maibach, & Rivero, 1994; McDaniel & Bach, 1994). Further, the participants tended to enjoy the therapeutic and social benefits of the meetings. The primary disadvantage of focus groups was the reality that some people may have hesitated to speak in a group setting.

Semistructured Discussion Guide

Dilorio et al. (1994) outlined the need for an established set of questions to be developed by the researcher prior to the group meetings. The purpose of the guide was to “direct group discussions, stimulate conversation about the research topic, as well as to make certain all desired information is covered” (p. 176).

Barriball and While (1994) advocated the use of a semi-structured format. Using this method means that the researcher asks each specifically planned question, while being able to ask others questions as well. The additional questions were utilized to clarify and amplify the members’ comments.

In line with this recommendation, the researcher developed a set of questions (Appendix A) based on the purpose of the research, King’s (1971, 1981, 1988, 1989, 1990a, 1990b, 1992, 1994, 1995, 1996, 1997, 1998) framework and the research questions. Table 1 correlates the discussion questions on the guide with the research questions. The discussion guide was further developed with the input of three faculty members with expertise in interviewing and qualitative

Table 1

Correlation of Research Questions to Semistructured Discussion Guide

Questions

Research Questions

1. What factors within their personal systems do members perceive affecting their recovering from chemical addictions?

Discussion Guide Questions

1. What factors in your own situation do you perceive will positively influence your recovering from your addiction?
2. What factors in your own situation do you perceive will negatively influence your recovering from your addiction?
3. How do you plan to control these factors?
10. Which of the factors that we have discussed during the past three meetings do you perceive will most positively influence your recovery?
11. How do you plan on capitalizing on these influences?
12. Which of the factors that we have discussed during the past three meetings do you perceive will most negatively influence your recovery?
13. How do you plan on controlling these influences?

(table continues)

(table continued)

Research Questions

2. What factors within their interpersonal systems do members perceive affecting their recovering from chemical addiction?

3. What factors within their social systems do members perceive affecting their recovery from addictions?

Discussion Guide Questions

4. How do you perceive your family members and friends will positively influence your recovering from your addiction?

5. How do you perceive your family members and friends will negatively influence your recovering from your addiction?

6. How do you plan to control these factors?

10. Which of the factors that we have discussed during the past three meetings do you perceive will most positively influence your recovery?

11. How do you plan on capitalizing on these influences?

12. Which of the factors that we have discussed during the past three meetings do you perceive will most negatively influence your recovery?

13. How do you plan on controlling these influences?

7. What factors in the greater society, such as your work setting, media (watching television), etc. do you perceive will positively influence your recovering from your addiction?

(table continues)

(table continued)

Research Questions

4. What were the members perception of the influence of the animal assisted therapy on their ability to cope with these factors as they recover from chemical addiction?

Discussion Guide Questions

8. What factors in the greater society, such as your work setting, media (watching television), etc. do you perceive will negatively influence your recovering from your addiction?
9. How do you plan to control these factors?
10. Which of the factors that we have discussed during the past three meetings do you perceive will most positively influence your recovery?
11. How do you plan on capitalizing on these influences?
12. Which of the factors that we have discussed during the past three meetings do you perceive will most negatively influence your recovery?
13. How do you plan on controlling these influences?
14. How have the group meetings influenced your plans?
15. How has the presence of Nietzsche influenced your interactions during the group?

research. After the proposal had been fully approved by the Institutional Review Board of D'Youville College, (Appendix B), a pilot test of the guide was completed. The pilot test was done with a volunteer who had been recovering from an addiction for at least 1 year. Following the pilot test, the participant was asked to evaluate the questions on the guide, and to make suggestions for rewording or adding questions. Then, a transcript of the meeting was made and analyzed to determine if the data gathered during the session could be utilized to answer the research questions.

The pilot test demonstrated that the questions of the semi-structured discussion guide generated data that could indeed be utilized to answer the research questions. Only slight changes in the wording of questions concerning the concept of greater society were required. The volunteer had noted feeling confused about what greater society meant. Therefore, descriptive words for that phrase were incorporated into the questions to address this concept.

Plan for Group Therapy

The semistructured guide was utilized during a series of four audiotaped sessions of group therapy aimed at helping the members prevent a relapse of their chemical addiction (Gorski, 1990). The participants discussed their perceptions of the factors which they perceived might influence their ability to maintain abstinence. The members gave feedback to each other about their perceptions. The

members were further encouraged to practice verbal and social skills; and problem solving methods which might help them to cope with life after discharge.

A German shepherd dog, (pictured in Appendix F) named Neitzche, plus his toys, was present during the four sessions. The dog weighed 100 pounds and was always ready to play ball. A red ball and a yellow ball were at his side at all times. Neitzche had been screened by the American Kennel Club and had achieved a Canine Good Citizen Certificate (Appendix G). The dog was in excellent health (Appendix H).

Human Rights and Protection

The protection of the rights of the participants in this study was of utmost importance to the researcher (Pranulis, 1996). The following format was followed in order to protect the participants' rights. After the proposal had been defended, the research was submitted to the D'Youville College Institutional Review Board for review. Full approval (Appendix B) was granted.

Hutchinson, Wilson, and Wilson (1994) explained that "catharsis, self acknowledgment, sense of purpose, self awareness, empowerment, healing, and providing a voice for the disenfranchised" (p. 161) are the unanticipated gains accrued by individuals who participate in qualitative research. In this study, the researcher believed that the participants benefited from participating by gaining an understanding of the factors that may trigger a relapse during sobriety.

Participation in the study did not influence their treatment at the center and there was no penalty of loss of benefits based on their decision to volunteer or not volunteer for the study.

The researcher had no role or affiliation with the setting that was used for the recruitment of the sample for this study. This reality meant that no coercion was used by the researcher to urge participants to volunteer for this research.

The confidentiality of the individuals' participation in the thesis was guaranteed by their names not being cited on the audiotapes, the transcripts, or within the thesis. Instead, each person has been referred to by a code, which only the researcher knows.

Cowles (1988) emphasized the duty nurses may confront when impressionable topics are emphasized during research interviews. The timing of the discussions was viewed as being especially important. This perspective involves the researcher being totally engaged in this process, as well as providing sufficient time for the actual interview. Cowles noted that the length of the time for the interview must include time to establish rapport and trust between the participants and the nurse. Based on Cowles's directions, the researcher scheduled the length of the group meetings for 90 minutes.

The researcher found that the group sessions did not cause the participants to experience any physical or psychological discomfort. These discussions were

essentially an opportunity for the participants to identify their plan for relapse prevention. However, in the extremely, unlikely event that a participant had become upset during a group session, the researcher would have relied on the skill and knowledge that she has gained in 26 years as a registered nurse, with 3 years of experience as a support group facilitator for individuals with Parkinson's. Due to these experiences, the researcher had acquired the skill in helping individuals verbalize their thoughts and feelings about their experiences, and to offer support to people who were feeling upset.

Drew (1989) identified that the researcher should be aware of the feelings and reactions experienced by participants during research sessions. The difficulty of this process, especially for the beginning researcher, was noted. Based on Cowles' (1988) and Drew's recommendations, the researcher observed the participants' responses throughout the discussions. When a person seemed to be experiencing discomfort, the researcher validated her perception with the individual. At these times, the researcher gave the volunteer the choice of stopping the audiotaping, and leaving the meeting. The person's right to withdraw from the sample was noted. The researcher accommodated the participant's decision regarding whether or not the interview was ended. In the unlikely event that a participant had become severely upset and the researcher was unable to help the person calm down, the researcher would have referred them to the staff at the

treatment center.

When a participant chose to withdraw from the study after the individual had already participated in audiotaped meetings, the person was given the option of whether or not to have his comments deleted from the audiotapes. The person was further given the opportunity to read the transcripts of these sessions to be sure that all of his comments had been removed should he have chosen to have his comments erased from the audiotapes. The two individuals, who chose to drop out after the third research group session, opted to allow their comments to remain on tape and be included in the research. Therefore, there was just one session which only had six participants.

The participants were fully informed of the purpose and procedures used in this study. When the participants signed the informed consent form, they were given the opportunity to note if they wished to receive a summary of the thesis and to write their address so this would be mailed to them. Further, a copy of the thesis has been reserved for the library of the treatment center so that persons interested in the results of the research may easily obtain them.

The participants' data, when not in use by the researcher, have been secured in a safe place, locked storage room, in the researcher's home. The data will be retained for six years. Then, the transcripts will be destroyed and audiotapes will be erased.

Treatment of Data

Carey and Smith (1994) and Dilorio et al. (1994) highlighted the challenges presented when analyzing the qualitative data gathered from group discussions. The need to analyze the data from both an individual and group perspective was highlighted. Thus, initially the data for each participant were analyzed, and then the themes derived from this process for each person were compared with those of the other members. Then, the data were analyzed in terms of the group as a whole. This process included exploring the interactions among the participants, the dog, and the effects they had on each other within the meeting. Carey and Smith encouraged the researcher to consider “Is the participant’s contribution in accord with or in contrast to the majority opinion?” (p. 125).

Dilorio et al. (1994) discussed that the process of analyzing the data from the group’s sessions begins when the researcher reads the transcript while listening to the audiotape of the meetings. As this process proceeded, the researcher noted the themes inherent within the data. “A theme can be derived from a word, phrase, sentence, or paragraph which expresses one idea” (Dilorio et al., p. 180). Segments of the discussion which reflect the same theme are then grouped together (Berg, 1995). As per Table 1, the themes derived from the participants’ responses to questions on the discussion guide were utilized to answer specific research questions.

Beck (1993) believed the criteria of credibility, fittingness, and auditability should be utilized as standards for qualitative research. Credibility in qualitative research measures how vivid and faithful the description of the phenomenon are. To ensure credibility, the research cited quotations from the participants' comments to illustrate the themes derived from the analysis of the data. Fittingness refers to the audience being able to identify the findings in their own experiences and when findings fit in to a context outside the study situations. To promote fittingness, all the themes were discovered from the analysis of the data. Then these themes were interpreted in terms of their own meanings. Next these findings were related to the principles of King's (1971, 1981, 1988, 1989, 1990a, 1990b, 1992, 1994, 1995, 1996, 1997, 1998) theory. This process was followed to avoid fitting themes into being congruent with King's ideas. Auditability refers to the ability of another investigator being able to follow the decision trail. To achieve this criteria, the researcher explicitly stated the decisions at every stage of data analysis.

Summary

This chapter presented the procedures utilized in this research. The setting, sample, data collection methods, means of human rights protection, and mode of treatment of the data are outlined.

CHAPTER IV

RESULTS

Chapter IV provides a description of the sample. A discussion of the results of the analysis of data collected during the group sessions is presented.

Description of Sample

The sample was initially composed of eight individuals who were living in residence at a facility for recovery from addictive substances after having gone through detoxification. Due to two group members leaving the facility prior to completing the program, the number of participants in the sample dropped to six individuals in the last group session. The group members were males who ranged from 18 to 65 years of age. The men represented a variety of social and economic backgrounds.

Results of the Analysis of the Data

The data for this study were gathered during four meetings of a group of males who were participating in a short term inpatient program for treatment of an addiction. A German Shepherd dog (Appendix F) attended these sessions. The dog was free to approach the group members with his toys in anticipation of a

initiating a game of fetch. During the course of the meetings of this group, the researcher posed a series of 15 questions. The eight participants' responses to these questions formed the data that were analyzed to formulate the answers for the study's four research questions.

Results of Process of Data Analysis

The results of the process of the analysis of the data are presented in this section. The themes derived from the members' responses to each of the 15 questions on the semistructured discussions guide are presented and illustrated with quotations from their comments.

What Factors In Your Situation Do You Perceive Will Positively Influence Your Recovering From Your Addiction?

The analysis of the eight members' responses to the first question on the discussions guide produced 12 themes. These themes were desiring to be a good parent, sense of determination, work, educational accomplishments, sense of maturity, being hopeful, recognizing effects of drinking alcohol on using other substances, retirement, reliance on a power greater than self, setting additional goals to achieve, focusing on the present, and feeling well while recovering.

Desiring to be a good parent. Three of the eight group members felt that the desire to be a good parent was a positive influence on recovery. These statements illustrate this theme.

The first person commented, "I want to be a great father. You know what I mean. There are definitely things I want to do, be a good father."

A second individual shared, "You know I want my children."

The third group member stated, "I see the kids Saturday. I am not supposed to drink 12 hours before I see the kids or during the time with the kids."

Sense of determination. Three of the eight group members felt that their determination to stay sober was a positive factor in their recovery. These statements illustrate this theme.

The first individual noted,

I use to go to any extreme to get my bottle. I don't care if I had to kick heads, bite you, beat you I do not care. I did not care if the place was closed up I would go in and rob the place. I wait for it to get dark and that is what I did. And so, if I could put that much energy in to my recovery.

The second person stated, "That is it. I know that you will be lucky if you get two sober people that stay sober. I will be one of them."

The third member commented,

Because when I smoke pot, I do not drink but that does not mean I am going to smoke pot. You know what, if I did that, it would be a fucking cop out for me. I have nothing to rely on. I have nothing but my sobriety to

rely on. I do not have nothing to run to alter my mind. I am doing this fucking straight up.

Work. Two of the eight group members felt that the security of their job was a positive influence on their recovery. These statements show this theme.

One individual stated, “Right now I still have got my job. I have a good job. It will be easier for me to get back to things like that because I do not have to worry financially as well.”

A second person expressed, “I have a job in the summer.”

Educational accomplishments. Two of the eight group members identified school as a positive influence for their recovery. These comments demonstrate this theme.

One member said, “You see I went through adult education and they had Word Perfect, 123 Lotus and I got my grade 12 doing that. I am on leave of absence right now . . . but I am still doing the education.”

Another participant commented, “I have my OAC [Ontario Academic Credit]. Oh yes, I was going to . . . [a specific college]. I wrote the exams and I was hung over and I was 15 minutes late and I am at the top 6%.”

Sense of maturity. Two of the eight group members illustrated that maturity was a positive influence on their recovery. These statements show this theme.

One person said, “Now that I am getting older, I felt that, I have, I do not need that any more and, I have been there done that.”

A second group member shared, “When you get 30 that is what really hurts, cause you are not quite as good . . . but having left all that and having done as well as I could do there, I have everything in place for all my people.”

Being hopeful. Two of the eight group members felt that hope had a positive influence on their recovery. These quotations illustrate this theme.

One member responded, “One of the words he said earlier was really important. That is hope. You know, if you do not have any hope you are screwed. You have to have some hope and I do. I have a lot of hope.”

The second individual shared, “You know I have, that I am very positive. I have hope. You guys can tell I’m into this, but I am not too into this where I am biting off more than I can chew.”

Recognizing effects of drinking alcohol on using other substances. Two of the eight group members recognized that the effect that drinking alcohol played in the use of other substances. This theme is illustrated by these comments.

One group member explained, “Anything for me is totally out of the question because each one is a trigger for me. I can not do anything. Alcohol is a trigger for drugs for me. You know what I mean.”

The second person stated,

But that does not mean I am going to keep drinking. I think we should leave here with a total abstinence in our mind, if it goes for one or the other, maybe that will happen down the line. But it is a state of mind, it is a mentality that one thing leads to another.

Retirement. One group member identified retirement as having been a factor in his recovery. This person commented,

Well in my case, I'm in a very unique position, I just relieved a big pile of stress because I left a job that was very stressful. I retired and I have a pension that just started the same time as when I left work, so I have a tremendous sense of relief.

Reliance on a power greater than self. One of the eight group members felt that being able to be helped by a power greater than himself was positive influence on his recovery. This participant explained,

Well I am a spiritual person. I am not a religious person. I do not like structure religion, but I like spiritual because I believe that the creator has made the earth and has put it here for our use. But we have to be careful with how we use. . . . I believe in mother earth, grow and nurturer growing natural. I believe that there is a being greater than myself. I guess that is the step 2 in AA, and there is a power greater than we are. Human beings are to sure live a proper life. We need to do that. Therefore, in my opinion,

there is power greater than we are and we need to talk to this power. I talk to this power and I ask for help every morning, and I give thanks at night no matter what time of the day, that I got through that day somehow.

Setting additional goals to achieve. One of the eight group members identified setting additional goals as having a positive influence on recovery. This person commented, "I have some goals. It wasn't like I just have to be sober."

Focusing on the present. One of the eight group members felt that living in the present was a positive influence on his recover. This individual shared, "Try not to live in the past because you just hurt if you do, and do not look to far in the future. But it is a good plan, but I have to live in the present."

Feeling well while recovering. One of the eight group members identified the benefit of his feeling of well while recovering as having been an influence in his recovery. This member stated, "Actually this is the longest time that I have ever been sober. I have not used anything and I feel good. I really feel good."

What Factors In Your Situation Do You Perceive Negatively Influence Your Recovering From Your Addiction?

The analysis of the eight members' responses to the question demonstrated 21 themes. These themes were being dependent on alcohol and/or other drugs; low self esteem; experiencing peer pressure; geographic mobility; work; desiring to continue drinking alcohol and/or using specific substances; boredom; problems in

relationships; need for control; desire to be involved in sports; desire to meet people; fear of being sentenced to jail; living in a specific place; having money; boredom of routine; primarily relying on self; desire to change; anger; loneliness; unsuccessful search for religious truths; and lifestyle.

Being dependent on alcohol and/or other drugs. Six of the eight group members identified their being dependent on alcohol and/or other drugs as having a negative influence on their recovery. These comments demonstrate this theme.

One participant stated,

With my problems I couldn't keep any of those jobs that I wanted. That could have been my careers. . . . I would lay down in the car and I would remember. . . . That is cause you will be hitting on the bar tenders."

A second group member expressed,

We might not want to do that, but we knew we were going to do that. You reach a certain point where I got to do this and that. Even if you do not say it, I think we plan every time we are going to use it. We plan ahead of time. Well it is your friend because it always works. . . . This whole attitude [that we can still use addictive substances and control our use of them] scares me, I do not know why they even come here.

A third individual said,

That is all that would have been, a dream. . . . Then maybe, you are not as bad as you think you are. Because I know me, and if a, I had no dreams or goals that alcohol didn't crush. I am bad user, a bad user. Whether it is just kind of there . . . it never let me down. That is right, a Hiram Walker never let me down. It brought me down and took me down. . . . Do not take this personally because I could say the me thing, that anything I have ever done is 90% alcohol. You are right because I do drugs, LSD, what ever and I drink, but I have to drink first. . . . Okay if you did crack directly after drinking. That is me. Every drug I have ever done to--okay if you never took a shot of beer in you life chances are that you might not have tried drugs. But all that is a direct result from drinking. My drug use is the result of drinking. Look at # 8 he is not a druggo. . . . I did crack for awhile. It was from alcohol. . . . When you kept drinking. did you keep doing crack? . . . Yes I smoke pot or crack before, but drinking is the main thing.

A fourth person stated,

I have been out of school since I was . . . [a certain age]. I was too busy getting drunk and going to class. I can't say I dropped out after. I lost a lot of things. I was working and it interfered with my free time. Instead of working I would drink. The longest I quit was 2 months. Like I just fell off, it has been 12 days since I got drunk and it lasted. My problem is I am

heavy drinker. I used to have black outs from drinking, like I could go to my friends house, take my bike there, but then at the end of the night when I left, as soon as I walked out of the door, I would forget everything. Then the next morning, I would think how did I get home? . . . I would wonder how I got home and I would check my bike. . . . I have been drinking for so long I have lost a lot of things. I dropped out of school, I still have not graduated high school. . . . I remember drinking whiskey and I went to get up and I busted his table. That is how I knew there was a problem. I did not remember, I just seen the table.

The fifth individual said, “The first time I did cocaine I was not drinking, I snorted it. I was not drinking. I am just a, I will do anything to get high.”

The sixth participant shared, “Some has to do with my habits. I have had a drinking problem and I have had a crack problem, but my drinking problem never got me in trouble. The crack is what really got me in to trouble, all the trouble I have had.”

Low self esteem. Five of the eight members showed the theme of thinking and feeling that “they were not good enough” was a negative influence on their recovering. These quotations show this theme.

One group member stated,

For me, my problem is that I am hard on my self and I think #3 is like that too. I am very hard on myself and maybe it might not be, but for me that will be hard. It depends on the individual. It really does. Like for #4, he can sit there because he is used to it because of his father, for him it might be, but for me it would be hard.

Another person stated,

For years, I've looked after everyone else and not myself. I looked after everybody else's needs. I did not look after my own. . . . My case is pretty weird because I have done all things in my life and never given myself credit for it.

A third individual shared, "Do you have to speak? I get really nervous. I am not good in situations like that."

A fourth participant stated,

Yes, I think we are all. But we are our worst enemies. . . . We can say it, but we don't believe it. I can't believe it. . . . Say sure, but you are a good pool player, think about it . . . big deal what does that say? . . . What is that old saying if you do not like yourself no one else will like you.

A fifth person remarked,

I am getting older and I can't do a lot of the things I used to do before. I can see them out there. I just wanted to play, but when you get to be 30,

that is what happens. You lose the step and you're not quite as good. For me, that really hurt.

Experiencing Peer Pressure. Five of the eight members sighted the theme of feeling peer pressure as having been a negative affect on their recovery. These quotations illustrate this theme.

One member stated,

Once you get to know people the more you end up staying. You are back into doing 24 to 36 beers and all of a sudden other people bring out other things. There you go, I'm back into hallucinogenic, smoking dope, pick me up. It is not really a trigger it is just a social activity.

Another person said,

Everyone I know uses and they would not leave me alone. So I can not go back to school. If I go back to school, I know I will be pressured to do drugs. . . . If I go back to school, stuff like that, I do not know what is going to happen there. I know everybody at all the schools pretty much. . . . I know that my mind is screwed up and I can't go back to school.

A third participant stated, "It was just the people I grew up with. I have to go back to finishing off things [resolve issues], until I continue to move on again that is my main focus."

A fourth individual said, “If I hang around them I know that I will drink. I can’t because I am going to drink. . . . How can I be around him if I am going to drink, like, if he called me up I would not drink.”

The fifth person commented, “Well every one I know uses.”

Geographic mobility. Four of the eight group members identified geographic mobility as being a negative influence on their recovery. These quotations emphasize this theme.

One member commented, “I have moved around a lot so my life has become very unstable dynamically.”

A second person shared, “Me I have been traveling around for . . . [specific number] years.”

A third individual stated, “I have been traveling for . . . [specific number] years.”

A fourth participant said, “Like, I went to a small town, and for 2 and half years I drank.”

Work. Four of the eight group members identified work has having a negative influence on their recovery. These quotations support this theme.

One individual stated, “My job, I can be drunk at work and still function.”

Another person shared, “With my trade it goes hand in hand drinking in bars.”

A third individual said, "I can't do it every day I work either."

A fourth participant reflected,

They are going to have a successful road there, and I hope the greed does not get them, and that is bothering me, because they are going to be rich, so the greed takes over. So I should really, I guess, I am really worried a lot about that. . . . Reward for picking up your pay check. [Worry that the result of his success will effect others in a negative manor.]

Desiring to continue drinking alcohol and/or using specific substances.

Four of the eight group members identified the desire to continue drinking alcohol and/or using specific substances as being a negative influence on his recovery.

These statements illustrate this theme.

One individual stated,

No, I do not want to do them I just have all these problems right now. I am just not ready to quit drinking. . . . I am going to try not to drink. . . . I can drink every day and not do crack, I proved that in the small town. . . . The first time I tried cocaine I was not drinking. I snorted it. I was not drinking."

A second person shared,

You got to realize something, I quit crack cocaine 1 year ago and you can't take all your things away at once. I went for two and half years and still

drinking and I drank a little bit heavy after that. Not everybody is like you. Not everybody has to stop. Everybody is an individual. . . . I try anything. . . . I quit crack on my own and I kick guys out of my house for doing crack. . . . I might smoke pot.

A third group member said,

I knew that there was a problem because my binges were getting closer together. . . . I mean as soon as you do that you will go back to the other. . . . You see the dangers and you still say that you are going to do them. I mean as soon as you do that [use another substance] you will go back to the other.

A fourth individual mentioned, “ I will still probably drink when I get out, I won't do crack.”

Boredom. Three of the eight group members showed the theme of boredom having been a negative influence on their recovery. These quotations illustrated this theme.

One person commented, “See you look up on that board and see one word and it says boredom. I need someone to take my free time away. That is my worst enemy”.

A second said, “He would have to do something about free time. That is when he drinks”.

Another participant, “I can’t just sit around or I am gone. I am drinking that is my worst enemy. . . . Yes, boredom is a problem. . . . Even if I drink, I will be bored but I will be happy.”

Problems in relationships. Three of the eight members cited problems in relationships as having a negative influence on their recovery. These quotation emphasize this theme.

One of the participants stated,

My second problem was my relationship started to break up. Those were always triggers for me to go out and use. It happened when my first marriage broke up and when my second wife split up. . . . I got a lot of things. I know what I want, and I know what I wanted to do. But when things get tough, that is it, back to the bottle. . . . I have had some really tough relationships, and the relationship I am in right now, I don’t know where it is going to be. There are a lot of variables that could go one way or another. I know how I want it to work out, but I feel that I am powerless to get it—guilt. . . . These are real big stress factors on me. It sort of takes over my mind some times, sometimes when I am in class, my mind wonders off these things instead of what they are talking about and what to do about it. . . . I let go and start again keep going one way with out letting go, without burning my bridges behind me, I always wanted to

hold on to something and come back there just in case. That would my base or my rebound. I was not venturesome where I would just drop everything and go. I have done that so many times and I just couldn't let go.

Another person said,

My house was always clean and my children are. My children have never even had a diaper rash. That is one worry I do not have. My children are taken care of very well. Some of her decisions are way off the wall. She got married when she was very young and she does not have like experiences. She has always been sheltered. She does not have life experiences to make decisions by her self. That gets me pissed off and she takes it upon herself to make decisions, because she thinks that she knows what is best. I might not kill her but she would be in the hospital and I would be in jail. She gets me that stressed. She is 90% of my stress. Maybe it has been a trigger. I know because the heaviest drinking I have done has been in the last 6 months. . . . Yes, I have been going in and out for . . . [specific number of years] years but the first time was when I was . . . [specific number of years] years old now I'm . . . [specific number of years] years old but it didn't mean nothing. I was going to meetings in the last for 6 months, when my wife left but I was going under the influence because I thought I

could get her back and that was the way I thought 6 months ago. I would have done anything to get her back, and it was just a lie in my mind. That is why I still wear my wedding ring. In my mind, I am still married even though I am separated. I will never be able to get her back, with her there was too much damage done. We both do not want that, but I can't let go. It kills me because I have guilt, embarrassment, humiliation. I feel that I have to make something up to her. You know what I mean, I don't. I have a hard time. I don't want to let go. I would like her to come up to me and say I am proud of you, I forgive you. If I let her go, she might never see. She is good, that is why I am having trouble letting go, almost here. A third individual noted, "Some has to do with my relationships."

Need for control. Three of the eight group members illustrated the theme that the need for control as being a negative influence on their recovering. These statements illustrate this theme.

One person stated,

But you still do not want to loose that control, because it is hard to give it up. And I know that I am like that and I know that I am a control freak. Me, when I loose control it is all over then. I think that is the end. . . . You know what my wife says, that is exactly it, my wife said that from the time I met her, I think that has to do with the way I feel, because she took my

kids I lost control. I lost control. You know what I mean, before I was it in my house—I was God. I know it. I'm not saying it is right, but in my family my father is God. . . . When I talked to my wife, I talk like that. I wouldn't let her work because I said that I didn't want anyone watching my kids. But in a way I didn't want her to work because I did not want her to go out. I wanted her to stay home and watch the kids. . . . That is what she said, and it makes a lot of sense to me now. You know, and that is one of my fears in quitting drinking is loss of control. When I was drunk, you know people listened to me.

Another volunteer commented,

If you like, or the way I see it, # was a control freak for everybody around him and it was hard to take it, like he is saying, I am number one and I am feeling the same way, but I let him and I will tell him about it later. I feel I am the same way. . . . I will succeed over all and I do not agree with him . . . but he does want to have absolute control over everybody's life, and that is not going to happen, and the more you try to control everybody, the worst things happen for you, that is what I see in his path .

A third person said, "No, it is control. I hate giving up control. I want to drive the bus, when you drive the bus, it goes all over the road."

Desire to be involved in sports. Two of the eight group members perceived that the desire to be involved in sports influenced their recovery in a negative manor. These statements illustrate this theme.

One participant shared, “ I did sports all my life. I never wanted to grow up. That is why I got into trouble, I just wanted to play.”

The other individual stated,

It was always something I could share with my buddies. . . . I have always done sports and I have been very active, and all of a sudden at 10 or 11 and playing hockey and the next thing you know you are taking out a 12 pack and a ounce, but you are still playing hockey, you are still playing baseball, you are still playing soccer.

Desire to meet people. Two of the eight group members perceived the desire to meet people as being a negative influence on their recovery. These quotations illustrate this theme.

One individual noted, “Where do I go to meet people; me I am a social butterfly and that is basically it.”

A second person stated, “Like, I need to get to socialize, I can not sit around and talk to everybody. I had to drink.”

Fear of being sentenced to jail. Two of the eight group members discussed the fear of being sentenced to jail as being a negative influence recovery.

One group member shared,

Let me tell you that everybody slips, everybody falls you know, not everybody but the majority of the people. . . . I know, but the way I look at this is, if I do it that is it, it will definitely be over because of where I am at, I know that if I was about to go out and get drunk, I know two things for sure--my wife would be dead and I will be in jail that is a fact, I know that 100%.

A second individual commented, "I have been in jail all my life. . . . If I was going to jail, I would not want to drink at all."

Living in a specific place. Two of the eight group members identified that living in a specific place would have a negative influence on their recovery. These quotes illustrate this theme.

One of the group members stated,

If I am back in . . . [specific city], that is what I am scared of . . . if I go to unnamed city, I will do crack. . . . When I was in a small town I was getting into fights. I could not stay there. I was starting to get towards jail from alcohol, which I have not done in six years. But in the big city, that is where I did coke, but I left there and I could be there now.

The second person shared, “I’m going out there to small town and will drink. . . . I am afraid that when I go out there, I know that I am going to drink and because . . . I did crack to be with the crowd.”

Having money. Two of the eight group members perceived that having money had a negative influence on their recovery. These statements illustrate this theme.

One individual commented,

Oh, they do not pay me on Thursday because they know that I ain’t coming back . . . for me, cause Friday is pay day. Friday, I am drunk for sure.

Saturday I am still hung over, but I am a coaster. So I might get up and drink a couple of shots. But if I have the money I will go, but usually my money is spent. Or I do side jobs a lot of the time and I will trade for booze. I say okay just grab me some beer or buy me a bottle.

A second person stated, “I worked every time I needed money. If I needed money, I would work somewhere and then when I got money I would quit.”

Boredom of routine. Two of the eight group members perceived that the boredom of their routine had a negative influence on their recovery. These quotations illustrate this theme.

One individual shared,

Well, it is because we are use to going to school Monday to Friday and most jobs are like that, the same routine. I have had the same routine since school. . . . So I coast and then Friday night bang, and on Monday to Thursday I am okay. . . . Monday is okay.

A second group member stated,

All though using does not have to be a specific day but it is more on the weekends, sometimes I use during the week and do not do nothing on the weekend and I will party Monday, Tuesday, and do nothing Friday, Saturday, and Sunday. . . . It is not the weekends.

Primarily relying on self. Two of the eight group members illustrated the theme that primarily relying on self could have a negative influence on their recovery. These quotations show this theme.

One person commented, “I can beat the crack and I can beat the alcohol, I have done it on my own on the street.”

Another individual stated,

That is why I am totally different because I do not care. Because I do not care when I was drunk and I do not really care. I am very proud, I am a coward by heart, so I drank and the only time I can through my muscle or my weight around is when I am drinking, you know. I get mad then I hurt people or I walk away.

Desire to change. One of the eight group members identified that their desire for change was having an influence on their recovery. This participant commented,

I chose to go to . . . (treatment center). It is not their choice; it is my choice. That is why I changed. I want to change. I want to quit, but I am not going out there just to do it.

Anger. One of the group members showed the theme of anger having been a negative influence on his recovery. This member volunteered,

Yes, I know that I definitely have a lot of anger. Yes, I was very, very, very, very violent like, very violent towards anything, towards myself, I do not know how many TVs I broke, VCR's I broke, stereos, I broke windows, just totally lost my mind, coffee tables. I do not know why I get like that, and people listen to me. . . . I had a lack of respect for people when I was using, like no one was good as me, and come here I will solve all of your problems for you, I just was that--I don't want to say domineering or overbearing. . . . No one would hang around me because they would get beat up at the bar. They were scared. I would call them and they would say I have to do this and I would get to the bar and they would be sitting there. . . . I'm mean and through my drinking I became boisterous and obnoxious, it is my way or no way, and that is when the violence

started to come out. . . . You couldn't talk to me. I ended up in jail when I was . . . [specific age] and for . . . [specific number] years of my life I have been in jail. . . . It is kind of hard and I really do not know what to do like I will have a month out there before I have to go to jail. All I mean is it used to bug me, I drink, drink, drink, because I thought I will not be able to drink for 2 months and I would get all twisted in my mind. You know what I mean, I would yell and scream at the bar because I would be in a rage thinking that I let myself down because I had to leave my son for 2 months and that sucks. You come back after a few months when they are babies and you come back and they are walking, that is bad, and I dealt with it badly. . . . I was a belligerent drunk, so I am going to be a belligerent, sober guy, obnoxious, no if and or buts about it, you know what I mean, my way or no way, if you do not like it too bad . . . I am not here to make friends or anybody else. I am here for any body else for me but if you want to talk to me, but I am here not to make friends. . . . I like the guys, I like everybody do not get me wrong, I like everybody, I couldn't see myself going out hanging with these guys after I get out of here, just because, no. I want to let everybody know because I like everybody. It just, because after I get out, this will be my past, you know what I mean. Do you think I want to remember the time I fell down drunk in front of my kids?

Loneliness. One of the eight group members discussed feeling lonely as being a negative influence on his recovery. This person remarked,

This is great I am never alone, I can walk into my room and someone is there. I hate being alone. It drives me crazy, because I hate being alone. It drives me nuts. That is when I did the drinking. It drives me nuts. . . . This is a very lonely feeling. . . . Normally, I do not go and talk to people. I do not say nothing to nobody. I just go to parties by myself and I do not talk to people, I sit by myself . . . I do not talk.

Unsuccessful search for religious truths. One of the eight members related how his unsuccessful mission to identify religious truths as being a negative affect on sobriety. This individual explained,

I have been on a mission, like a search, for who is this guy because my culture was never explained to me or anything. I had this hole in my heart, looking for so long . . . [the missing piece being knowledge of his native heritage]. . . . It was shown to me by my family and they wanted us to fit into this white world and I was able to.

Lifestyle. One of the eight members identified that their desire for living a fast lifestyle would have a negative influence on their recovery. This individual commented,

It was lifestyle. I lived in the fast lane. There was really not much of a problem you know. Different things like women and sex comes a long with it, things like that. I had a good time when I was using, but it was a different type of excitement. I was involved with drugs and it was just part of that life style.

How Do You Plan To Control These Factors?

The analysis of the eight group members' responses to the third question on the discussion guide produced 12 themes. These themes were pursuing specific leisure time activities; developing new friends; learning how to cope with being addicted; working; taking one day at a time; believing Alcoholic Anonymous/Narcotics Anonymous meetings are beneficial; trying to live a normal life/be at peace with self; completing education; striving to be a good parent; relying on help from sponsor/friends who are sober; having a demand testing policy to follow; and admitting help is needed.

Pursuing specific leisure time activities. Four of the eight group members identified pursuing specific leisure time activities would be beneficial in controlling the negative factors influencing their recovering. These excerpts illustrate this theme.

One person stated,

Yes, I will be going back to the fitness center. . . . I can't play golf when I am drinking and I want to play well again, and I played good in 10 to 12 years. In the winter, I play hockey and when my wife retires, I plan to spend the winter in the south.

Another group member shared, "Once, you have a little sobriety under your belt it is okay to plan a couple of things, a week ahead say I know I am going camping."

A third individual commented,

I have always wanted to do because my . . . [relative] used to . . . [participate in a specific activity] when I was a little kid. I always go around [with this person] and I just loved it. . . . But when I get out . . . that is one good thing that I have, my [relative] who has not used for a year and a half, and he is going to get me into . . . [a specific activity], so that all my money and stuff like will go into that.

A fourth person said, "I have other interests--fishing, canoeing, just things like that, I have not done those things for years. I would like to pick up on them now. . . . I am going back into that environment."

Developing new friends. Four of the eight group members illustrated a theme of developing new friends as being a method of controlling the factors

which negatively influenced their recovery. These quotations demonstrate this theme.

One individual shared, “I get all new class mates when I go back to school.”

A second person commented,

I do not plan to be going into a bar to find love. I am not going to find love in a bar, or anything like that, any body around me. Will I have no friends but any body else I do not care and I do not because they do not mean a lot to me.

A third participant stated, “I met a couple of really nice guys. They have been a big influence on me since I have known them.”

A fourth volunteer said, “So now I have to form new relationships. I can, you know.”

Learning how to cope with being addicted. Four of the eight group members identified the theme of learning how to cope with being addicted as a portion of their plan to maintain sobriety. This theme is supported by these quotations.

One participant stated,

Nothing against #1, but I think that type of, is denial. It is denial and there are things that make people drink. I couldn't approach it like that or I

would be in, that is just my--or that is how I think. . . . I really feel that I am in trouble and I have to confront those things that are triggers for me and that is why I came to this place. It is cognitive. I have been to other ones, where it is all just based on AA. But this time, I really feel that I am in trouble and I have to figure out what I have to do in order to get back control. . . . Remember we only have been in a few days. It is early to get into a program in a week and a half. There will be a lot of things that is to come that we will find out.

Another person said,

So to me, it was go back to school and learn something about what I wanted to learn about. That was my view because I want to stop. I don't want to go through it again because it is hard on me. I really don't want to do it over again. This is like my solution, and I didn't know how to do it alone . . . but maybe by what I am finding out now I can push it in the direction I want it to go.

A third volunteer commented, "This place is giving me the tools that I need. . . . This is where I want to be. This is what I need, this is a good program, have never been in one before.

A fourth individual shared,

So I knew where I want to go with this. Actually this place has really helped me because now I am a little bit more in tune. I did not know I had these feelings because I was just confused. That *True Colors* really helped me a lot. I was just breaking down.

Working. Three of the eight group members felt that working would be a method of controlling the factors which had a negative influence on their recovery. These quotes support this theme.

One individual emphasized, “Get myself a real job. I have a part time job right now but I want a full time job in something I enjoy doing, with money.”

Another participant stated, “I like to be able to be at work and not worry about being drunk.”

A third person shared, “I have a job in the summer and all that money will be put into that stuff [expenses for a specific hobby]. . . . I’m just going to work through the day.”

Taking one day at a time. Three of the eight group members illustrated the theme that by taking one day a time they would control the factors which were a negative influence on their recovery. These quotes endorse this theme.

One individual stated, “I am just doing one day at a time.”

A second volunteer commented, “I just am going to do one day at a time.”

A third group member shared,

But I am going to live one day at a time. In that way, if it doesn't happen, I am not going to get squashed and I am not setting myself up for a fall. . . .

Yes, that is right, one day at a time. It is getting better. The odd thing, three weeks ago I was wobbly . . . yes, it takes all the pressure off. I have this book actually. It is for each day, it is *Living Sober*, and that is what it says, if you can just get through this page, if you need inner strength just hold out to the end of the page, then keep reading and you forget about it. You know what I mean, you just hold on and keep reading. It is called *Living Sober*. It is a great book. It tells you how to get through 24 hours. But the way they explain it to you is great. Any drunk can do it. I mean it is written right there for you.

Believing Alcoholic Anonymous/Narcotics Anonymous meetings are beneficial. Three of the eight group members illustrated their belief that attending Alcoholic Anonymous/Narcotic Anonymous meetings would help them control some of the factors which were of detriment to their recovery. This theme is shown by these quotations.

One member shared,

I do not think I met this girl and I can't tell her when I was drinking, the truth is going to come out, when she says what are you doing Friday, and I say, I am going to a AA meeting, you know.

A second individual stated,

AA meetings help me tremendously. . . . AA, I will definitely go to AA meetings because they help me tremendously. I have been going quite a lot, you know, when I was in . . . [treatment] units, as much as I could. . . . I will be okay if I stay in AA. AA really helps me. I have all the literature and that is about it.

Another participant commented, “I go to meetings to keep my sobriety. . . . That is why the higher power is so important, because when we tried to control things, we did not do so well.”

Trying to live a normal life/be at peace with self. Three of the eight group members identified the theme of trying to live a normal life/be at peace with self as being a method of controlling negative factors in their recovery. The theme is supported by these quotations.

One individual stated,

The difference with me is my plans have not changed. I have still got the exact same agenda, what I’m doing to get to where I want to be, whether drunk or sober I still have the same goal. . . . It is not like I am living in a fantasy world, you know what I mean. It is still the same steps and base I am on. . . . I am still doing the same steps.

Another group member shared,

I want to be like every one else because everyone goes and has fun and they do not wake up drunk or in the hospital or owing people money. No, I want to be normal. I do not know what that is. . . . That is why I am working on myself right now.

A third participant said,

That is what drives me up the wall. I am running into someone else, and someone else is going to do this and that. Me I need to be back to my earth and water and be at peace with myself before I can be at peace with anybody else. . . . There is so much I can do because I am always the burner guy--going and I have to have a little. . . . No, I like to take it on. But the only thing, I have to have my peace, and I do not have the chance to have my own, and I do not have the peace with myself and that is when I self destroy. . . . I can't do that though and even in my room wouldn't be good enough.

Completing education. Two of the eight group members felt that completing their education would be a good plan for controlling the factors which effected their addiction.

The first individual stated, "I will put a little bit of emphasis on my studies."

The second person remarked, "I am going to do correspondence [school]."

Striving to be a good parent. Two of the eight group members identified the theme of striving to be a good parent as a plan to controlling the negative factors influencing their recovery. These quotations illustrate this theme.

One participant shared,

Providing my wife and I are friends, I plan to go to a parenting class, for parents to help raise their children. . . . You know we read all the books. We have all the material. Ninety percent of the books we have in the house are parent books.

A second person stated,

The people around me right now, who, the people are going to get anything from me is if I do this for me and I will benefit, my children, is if I do this for me. You know what I mean. If I fix myself that is the best thing I can do for the people around me. There is nothing else I can do better for them. I am doing this for me. That is fix myself not just come here and stop drinking. Fix myself and when I get out of here that will be my one month and that will be my daughter's birthday, The best present I can give her.

Relying on help from sponsor/friends who are sober. Two of the eight group members illustrated the theme of relying on help from sponsor/friends who are sober as a method of controlling some of the negative influences on their recovery. These quotations back up this theme.

One volunteer exclaimed,

The first NA meeting I went to was a surprise to me. The speaker was . . . [an associate at work]. So I have some one who is very close to me at work to support me there. If I have any problems I can always talk to him because he was clean for over . . . [a specific number] years in the same environment. If he can do it, I can.

Another individual shared, "I have two friends that are sober, that have never touched anything . . . use them, lean on them".

Having a demand testing policy to follow. One of the eight group members thought that having a demand testing policy to follow would be a controlling factor in his recovery. This volunteer commented, "One is demand testing for one year, so I do not do that, I will lose my job that sort of thing."

Admitting help is needed. One of the eight group members identified the theme--admitting help is needed. This individual stated,

That is my hardest part right now. Like what am I going to do when I get out of here because it is soon. It is almost getting scary already because there are so many things I have to do. I have to change my life style and change my relationships. . . . Guess our problem is that they say you have to change people, places, and things and if you change those three things

what do you have left because that is what you got and it's like starting over again. It is like starting a whole new life.

How Do You Perceive Your Family Members And Friends Will Positively Influence Your Recovering From Your Addiction?

The analysis of the eight group members' responses to the fourth question on the discussion guide produced nine themes. These themes were provide support of needs; offer understanding of feelings/problems; provide unconditional love; take to 12 step meetings; confront with effects of addictions/problems/behaviors; confront when lying; guide to wards treatment; take care of affairs while pursuing treatment; and attend 12 step group meetings.

Provide support of needs. Five of the eight group members identified the theme providing support of needs as a positive influence on their recovery by family and friends. These quotations support this theme.

One individual said, "If it wasn't for her, she raised me. I think if it wasn't for my mom, I would be on the street."

A second person stated,

But there were good times, my father always took us places, and we always had food in the cupboard and there was always anything we ever wanted, all that we had to do was ask my dad. It was not hard like that.

A third participant shared, “He works at . . . [a specific] company. And he makes . . . [a specific salary].”

A fourth volunteer commented, “My father was at . . . [a specific company]. He is good at what he does. Take an intelligent man, I do not know.”

A fifth person said, “My dad was a real gentle person. . . . Well they are supportive, my wife, my son, my daughter, and my son-in-law, and my son’s girlfriend, and my grandchildren.”

Offer understanding of feelings/problems. Two of the eight group members identified the theme that the offer of understanding of their feelings/problems was a positive influence in their recovery. These quotations illustrate this theme.

One participant shared, “I talked to my mom before, and she knows how I feel and I do not have to say that to her.”

Another individual stated, “So I have a lot of support, without it you are dead in the water.”

Provide unconditional love. Two of the eight group members illustrated the theme that friends and family providing unconditional love was a positive influence in their recovery. These quotations support this theme.

One volunteer stated, “I am close to my parents.”

Another individual said,

My mother, I love her to death. . . . Any time I want, I see my children. Those are two positive things [children]. . . . I have been talking a lot to them and I know my babies. I just look in their eyes and that is good enough.

Take to 12 step meetings. Two of the eight group members identified the theme of being taken to 12 step meetings by friends and family as being a positive influence on their recovery. These quotations emphasize this theme.

A group member commented, "I do not have a family, but I have a couple of AA supports. You know what I mean. They will get me to the meetings."

Another volunteer stated,

My AA family is large. But two guys in particular, we play ball together for a number of years. We used to drink together. We have quite a bond. He is the guy who brought me here and is taking me home, and he takes days off work to do that.

Confront with effects of addictions/problems/behaviors. Two of the eight group members identified that family and friends had a positive influence on their recovery with the theme of confront the effects of addictions-problems/behaviors. These quotations give validation to this theme.

An individual stated, “When my wife left me, she did the best thing. I am proud of her for doing that. She woke me up. If it wasn’t for that fact, I would still probably be out using or drinking.”

A second person shared,

They have heard the messages, the heart messages that we get at our meeting, and some of the people they see in Alanon are in terrible situations. But they learned how to cope themselves and when I start to drink again she knows what to do. It was hard. She did not let me dominate her or anything like that. And when I started to fight, she did not let me so I could drink again. She would say if you want to leave, go ahead.

Confront when lying. One group member identified the theme of being confronted when lying as being a positive influence on his recovery. The volunteer stated, “She knows me better than sometimes I do. She knows the lying and what ever.”

Guide towards treatment. One of the eight group members identified the theme that being guided towards treatment by family members was a positive influence in his recovery. This person stated,

I think it is a miracle, not really a miracle. I think some one was looking after me, you know . . . I think that--oh, this is crazy, I think that my

grandmother that I lived with when I was . . . [specific age], I was always around her, just passed away recently and she still looked after me, helped me to get to this place.

Take care of affairs while pursuing treatment. One of the eight group members identified the theme of family and friends taking care of his affairs while he was pursuing treatment as being a positive influence on his recovery. This member commented, "I have one sister that does. She is looking after my affairs while I am in here, regarding my kids and my van."

Attend 12 step group meetings. One of the eight group members identified the theme that family and friends attending 12 step group meetings was a positive influence on his recovery. This participant stated,

Well I am very fortunate, my daughter and my wife go to AA. My son does not go to AA. They go to Alanon. . . . One good thing that I did for my family, when I was sober for 2 years, I kept asking them to go to AA and they did, all except my boy. He supports me a lot but I can't make him. But my daughter and my wife go to meetings. Then I made the mistake of telling my daughter and my wife to go to Alanon and that is great because they do have a better understanding, but they can not feel it like we can. Like this group, they have a better understanding.

How Do You Perceive Your Family Members And Friends Will Negatively Influence Your Recovering From Your Addiction?

The analysis of the eight group members' responses to the fifth question on the discussion guide produced six themes. These themes were provide history of addiction/encouraged use of alcohol and/or other substances; give person a sense of alienation; provide memories of not being reliable in meeting person's needs/give support; promote feelings of anger/hostility/aggression; promote sense of low self esteem; and promoted sense of hopelessness that person will be able to remain sober.

Provide history of addiction: encouraged use of alcohol and/or other substances. Four of the eight group members noted that their family and friends had a negative influence on their recovery by providing a history of addiction/encouraged use of alcohol and/or other substances. These comments show this theme.

One individual commented,

I think it is hard to beat this little thing, I think the hard part is friends and things like that, and especially if you are in a bad downer mood and you go outside and meet somebody with a car near by, and you just go, and that is the same thing, I mean if you are in a bad mood and you lost that.

A second volunteer shared,

Actually, my father and mother have been alcoholics ever since I can remember. I can remember drinking at a early age . . . [a specific age]. My mom wasn't and she couldn't beat him, so she joined him and she became an alcoholic too. I remember my father waking me up. I was 9 or 10 and he would wake me up when he got home from the bar. He would wake me up to have a beer with him and because he wanted some one to talk to him. When you are that young you think it is cool. How many kids have a drink with their father? . . . But as their drinking progressed, it was no big deal. They gave me my first joint. He always let me drink. It was no big deal. . . . Well, and what pretty well done it was on my son's christening . . . and my parent's insisted it had to be at . . . [a specific place], which I did not want. I did not want the booze around. I did not like it. . . . Some one comes up to me and tells me that my father is holding my son and he gives my son a drink. And I never ever never put alcohol in my son's mouth, never ever. My kid has never ever seen me drink. We don't smoke cigarettes around, in a room like this, nothing ever. And then some one told me that and there was all that and there was 100 people there and I beat him. Right in front of everyone and my son is 1 year old and made my son sit and watch me beat my father up. You know what I mean. But everyone was freaking. Some one asked, 'What are you doing giving . . . [his child] alcohol?' My

father answered, 'Don't worry his father was drunk by the time he was 3 years old. I thought that was cool.' He meant me. . . . I was a drunk. My father was a drunk and my grandfather was a drunk. . . . I can remember my mother, father and that fucking smell that I learned to love so much!

A third person stated, "I grew up with drinking and there is all drunks. The home I lived in there was all drunks and fights all night."

A fourth group member commented, "I watched my uncle and he had money and now he has absolutely nothing."

Give person a sense of alienation. Four of the eight group members expressed that their family and friends had a negative influence on their recovery by giving them a sense of alienation. These comments illustrate this theme.

One person noted, "That is why I came in here too, because my sister does not talk to me, my brother does not talk to me, my mother does not talk to me. I have totally alienated everybody."

A second group member said, " I have just been the silent one, and I am a little clown, and everything else. And I have been trapped. . . . I have a real nothing. I have to find stability some where . . . I am starting from scratch again."

A third person volunteered,

Do you see your kids? Oh I can, but I can't because I don't to drink, you know what I mean. I maybe have been twice around my . . . [child] in . . .

[a specific number] years, but, but, but. You know what I mean, I am going out, there was nothing. . . . He is going to a small town, I need some one else to talk to. I can't just be by myself. If I have someone else to talk to me, I will not be bored. . . . I think it is the relationship. I am lonely too. Someone who ends up jumping into too quick. I don't want to be with anyone. I fall quick and a month down the line, I think what the hell am I doing here. And then I do not want to hurt the person I am with. In the mean time they fall for me, and I am just there because I am lonely.

A fourth volunteer shared,

I do not talk. These guys know me better than my wife. . . . I am a lonely person, my mother, father, brother and sister and my two kids are the only family I have, except nieces down home. I have no relatives here, just me. That is a very lonely feeling, now my wife . . . now that they are out of the picture. . . . But I didn't have anybody either . . . never talked to my wife like this and that is a fact.

Provide memories of not being reliable in meeting person's needs/give support. Three of the eight group members noted that their family and friends had provided memories of not being reliable in meeting their needs and/or giving support as being a negative influence on their recovery. These comments illustrate this theme.

One individual shared,

But that was the only time I could spend with my father. It was to drink you know, which wasn't very cool, was to drink. He would go out and spend \$400 on . . . [sports equipment] and he would not spend the \$25 to sign up. He would not take me to sign up. How do you figure that? You know what I mean. . . . He thinks that it is a big deal getting me the stuff. . . . So anything I ever did in sports, I did on my own. I was always good at it so I had people, coaches calling me up.

A second group member stated, "I have been in jail all my life. I was a ward of the court when I was 11 years old. I was in training school, group homes, and jail for 5 years when I was . . . [a specific age]."

Another volunteer cited,

There is something I got to tell you, I have been through hell with my family and I can't discuss it, because I have grown up with the values that you are not suppose to have a family life away from the family, so I can't say, 'That does not matter good or bad. You should see my family or my father.' I just don't talk about them what my family--stays inside.

Promote feelings of anger/hostility/aggression. Two of the eight group members expressed that their family and friends negatively influenced their

recovery by promoting feelings of anger, hostility and aggression. These comments show this theme.

One person noted,

I remember one time I was 18 years old and any time my father ever went into the bar and I remember when we were younger, he would come home and it would be 6 or 7 o'clock. My mom would say okay kids go to bed, because we would not know what kind of a mood he would be. He was a picker . . . he was a ruthless man. I resent him a lot. Shit, every time I think about it, I get angry. I smashed him a lot when I got bigger. I beat the shit out of him a lot of times and I have no respect for the man, what so ever. That is probably why I am so violent to other people because I would not hesitate to punch my father in the head. Why would I hesitate to punch anybody that screws with me? It doesn't bother me. You know, what I mean, it doesn't bother me. I have no respect for him. How can I respect someone else? The first time I physically fist fight him I was 13 years old. He bet me, he grabbed me by the strap and he took me outside and started punching me in the head and I started to fight back. I lost. He was 33 and I was 13, I ain't going to win. Then that happened when I was 14 and he slapped my little brother in the head . . . so I stood up and I jumped on him. So I took the beating. Anytime anything went wrong in my house, I took

the beating. I wouldn't let him touch anybody in my family. I stood up to him. I think he got off on that, was his trying to make me a man by being like this. I think that is where a lot of my resentment, a lot of my anger comes from because I wouldn't think twice about smashing or putting my hand through the back of that guy's head. I wouldn't think twice about it. Probably he beat up his father and maybe that is what he wanted, he beat up his dad. Through my drinking I became boisterous and obnoxious and it is my way or no way, and that is when the violence started to come out. To be this, I thought that this is the way I had to be because my father is a man. It was instilled in me for 16 years through drinking that it is hard thing for me to let go. I definitely was an asshole too. I didn't have to stick my hands in his face. It was just something I was use to doing.

The second individual cited, "The home I lived in there was all drunks and fights all night. That is how I grew up. I grew up thinking to fight like hell. They all argue and have a bad time when they are together. My dad use to hit and all that stuff."

Promote sense of low self esteem. Two of the eight group members identified the theme of their family and friends promoting a sense of low self esteem as being a negative influence on their recovery. These comments support this theme.

One person commented, “He [father] would pick and pick, he would go up one side of you and down the other.”

The second individual cited, “My mom wants to help me, but she is negative and she always puts me down.”

Promoted sense of hopelessness that person will be able to remain sober.

Two of the eight group members commented that a negative influence on their recovery was their family and friends promoted a sense of hopelessness by reaffirming that the person would not be able to remain sober/substance free.

These quotations support this theme.

One person noted, “My mom always says, I am going to use [repeatedly].”

Another volunteer commented,

The only one I am worried about is my grandmother. I do not want to see her. She says look at your uncle blah, blah, blah, you look what happened to him. The same thing will happen to you. When ever, now if I go back there, I do not want to listen to her.

How Do You Plan To Control These Factors?

The analysis of the eight group members’ responses to the sixth question on the discussion guide produced nine themes. These themes were maintain a positive attitude; rely on inner strength; rely on support of others pursuing recovering; walk away from troubling situations; maintain faith in recovering

program; take one day at a time; accept constructive criticism; acknowledge problems will occur as recovering is pursued; forgive family members.

Maintain a positive attitude. Four of the eight group members cited their view that by maintaining a positive attitude they would be able to control negative factors in their situation. These comments show this theme.

One person shared,

I think I am doing good. After I get out of here, I have a whole month off. I know that as long as I stick to my routine, my program. . . . I will succeed, repeat. I have been a quitter in a lot of things, but this I am not quitting. I will succeed. I will succeed. . . . I feel chipper and everybody is getting down. He is leaving. I do not want to center anybody else, out but he has a place to go and live that is okay. Everybody has been at each other's throat. I see people get a little edgy here, but I feel great. . . . But people are starting to get down, you know what I mean, but my friends here are getting down and out. . . . Oh yes, and we have somebody leaving, things like that. I am into this. It is a piece of cake walk. I am healthy. I have put on 10 pounds. I think I have been very positive. I have identified my problems and now I have to work on them. I will show you in my book everything you said is in my book and on my list. Everything you said is on

the list to work on . . . I like hard core, that is the way I live. That is the way I am, oh I love it.

The second individual said, “But it just seems things are falling into place all of a sudden.”

The third participant observed, “I have looked up a lot of stuff here and I am looking forward to putting it into practice. I have looked very hard to see where I fit.”

The fourth person stated, “This a greatest thing I have ever done. Maybe I am always pumped in the morning, you hear me sing, better waking up saying I did this yesterday, I talked to #3 yesterday.”

Rely on inner strength. Two of the eight group members expressed their need to rely on their inner strength to control negative factors in their situation. This theme was supported by these quotations.

One individual noted,

I will go to any length to get what I want. I will to get my sobriety. I did it to get a drink. I do not mean you guys, it could be anybody. I like everybody. I will step on everybody to get what that is, sobriety . . . I used it [strength] for everything else to get what I wanted. So that it is what I have to do, and I feel a lot better. . . . That is a good way of putting it,

because that is what I am trying to do. I am trying to take this and put it here.

The second person remarked,

I am changing the plan because this is not the way it works for me. I know that . . . and I have that, and now I have to get the construction going on, I have that. I know how to get, and I just need to get on a even keel, and now I am here and I am going to do it. The problem with AA is I do not follow, and I am never going to follow in my life as you probably noticed.

Rely on support of others pursuing recovering. Two of the eight participants felt that relying on the support of other people, who were also pursuing recovery, would be beneficial in controlling the negative factors in their situation. These comments show this theme.

One volunteer shared,

You know what, all these guys know me better than my wife does. . . . I love the meat and potatoes of it. I love going to men's discussion groups. I love it when I sit there and go blah, blah, blah, don't give me that bull shit, don't give me that crap. The thing about it when they tell you to get a sponsor you do not know, and they say get one right away. And you do not have to do this. . . . You know I have to say a wise man told me, he is a friend of mine now. He said to them, 'If you are thinking about it [relapse],

you will.' That scares the hell out of me, me thinking about relapse. . . .

Yes, a healthy scare is good, fear the first drink, do not fear the relapse.

The second individual stated, "I like the cognitive approach and AA is a really great thing and I will go there and those will be the guys I hang around."

Walk away from troubling situations. Two of the eight group members expressed the opinion that by walking away from troubling situation they would be able to control negative factors on their situation. These comments show this theme.

One person noted,

That is what I am trying to do because I just want it out, instead of me getting mad. Today was a good example. I thought it is not worse of me to get mad and take the chance that I am going to drink, I just turned around and walked away. I thought okay. I will take the beating. It is not worse, I have never done that before. . . . Yes, . . . [I came back] because I was cooled off, and I thought that was not that big a deal.

The second individual stated,

I did not get that when I was being forward and obnoxious and everything like that was just because I wanted to feel a part, because I never felt like a part, so I would volunteer and just talk, I feel better, I have learnt, I think I

have that strength, I think I took that bad side where I would tell you to go to hell out of the way. I think that I flipped that around.

Maintain faith in recovering program. Two of the eight group members planned to control the negative factors in their recovery situation by maintaining their faith that the recovery program works. These quotations support this theme.

One participant noted, “All they [AA] are trying to do is get you started and keep you and then you get it yourself. . . . That is why I came here to get my direction.”

The second individual stated, “But it is kind of like a blind alley in the beginning, you know that you just have to follow. There is no understanding. They say do this and you have to do this [AA].”

Take one day at a time. One of the eight participants expressed the feeling that by taking his recovery one day at a time he would be able to control some of the negative factors in his situation. This volunteer explained, “The way I see one day at a time, whatever gets me through the hour or day, or the next hour. There is 24 hours, bang that day is gone. That is how I work it, as long as I get through it.”

Accept constructive criticism. One of the eight participants felt it was important to accept constructive criticism as a method to control the negative factors on his situation. This person stated, “It is true . . . yes, you need constructive criticism along the way.”

Acknowledge problems will occur as recovering is pursued. One of the eight participants felt that acknowledging the problems will occur as recovery is pursued would be a method of controlling some of the negative factors in his situation. This individual explained, “You are going to be banging your head in there again. That is the way I feel. I already got a problem, just check this bump. I have for a while.”

Forgive family members. One of the eight group members felt that forgiving his family members was a method of controlling their negative influences. This group member noted,

I have something positive. Yes, also in the last couple of months I have, through somebody else, got in touch with my father and say look I do not want, my children have not seen him; they do not know who he is and I do not want to deny my children of their grandparents because I have a beef with them, because they are good people. That was a long time ago, what they did to me. I am now a man, I should accept what happened, and move on. . . . Well this person said that this is why I came in, to tell me that he would love to see his grandchildren and tell me to call him when we are both not drinking and we will get together and we will talk. That is a big step for my father. He is admitting that we were both wrong, that when he drinks he is an asshole, and when I drink, I am an asshole. He would like to

get together and that is a first step for me, getting rid of the resentment I have for this man.

What Factors In Your Greater Society, Such As Your Work Setting, Media (Watching Television), Ect. Do You Perceive Will Positively Influence Your Recovery From Addiction?

The analysis of the eight group members' responses to the seventh question on the discussion guide produced two themes. These themes were listening to music and attending special events.

Listening to music. Four of the eight group members identified listening to music as a positive influence on their recovery. These comments show this theme.

One individual stated, "Music can be positive . . . jazz music . . . Kenny G . . . Loretta Lynn, and Conway Twitty. . . . You have to know them. . . . The movie was called the Coal Miners Daughter."

Another group member shared, "I love jazz, and I love classical music. It soothes me. That is when I go to sleep. I put on Neil Diamond."

A third member stated, "Others are Cat Stephen, and Pink Floyd."

A fourth participant commented, "Cat Stephen, I did at first but I kept hearing him over and over again from my mom."

Attending special events. One group member felt that attending special events was a positive influence on his sobriety. This volunteer expressed,

Like Sunday was great to get out. We had some free time Sunday. They did not bug us and I was over there for hours . . . [at a special event].

There is suppose to be . . . [another special event] this weekend. The thing is, there is more free time on weekends.

What Factors In The Greater Social System, Such As Your Work Setting, Media (Watching Television), Ect. Do You Perceive Will Negatively Influence Your Recovering From Your Addiction?

The analysis of the eight group members' responses to the eighth question on the discussion guide produced nine themes. These themes were music; media images of alcohol/drugs and sex; watching sporting events; work situations; beer/liquor stores and bars; advertisements; stigma of being an alcoholic/addict; not viewing an addiction as a disease; gambling casinos.

Music. Five of the eight group members stated that music has a negative influence on their recovery from addiction. These comments show this theme.

One participant member said,

I think it triggers an emotion for me directly. Like when I hear a sad song, I think oh shit, it reminds me of this incident. Then I get the blues . . . and then there is a tear in my beer and I am crying for you dear. Certain tunes . . . to me it sounded like that 'Sweet Jesus' from Black Sabbath, and 'Stuff That Smell' from Leonard Skinner, cocaine. . . . Those are the cool ones

they are not the 'yea ha' [Country Western] ones . . . Ha, Ha, Ha, those songs [Country Western] are not heavy duty,"

A second volunteer member shared, "TV does not bug me. It is music,"

The third member commented, "Certain words, that is not what bugs me it is music I like. When I hear music I like to drink. Every time I drink, I listen to music."

A fourth stated, "I think I mentioned in the group I like to play hurting music when I drink, the country music because I grew up with it. . . . I have this song now and I have it one tape, *Maria* . . . and I can sing along with it and it is another beer every time. . . . The Rolling Stones did some. I tell you I can not make the words to those songs. It does not mean nothing to me."

The fifth person said, "I like to listen to music about drugs and every song has drugs things in it. . . . The one that I mean, the one I used when I as high or what ever, called *Hits From the Bomb*. It is all that nothing or no other words in it but drugs in it or what ever."

Media images of alcohol, drugs and sex. Five of the eight group members stated that the messages that the media sends to the public has a negative influence on their recovery. This theme is supported by these quotations.

One volunteer stated,

There is a couple of D J's around here on the radio station that say, "It is Friday let us stay off the pipe." . . . Any body ever heard that? They say stay off the pipe. Yes they say after his shift on Friday night and he says stay off the pipe. That is like when you go to the movies and you see Chuck Norris and you come out and you go, yes it is party time. . . . Yes, you got the guy and girl beside the fireplace and you got the bottle, which is my favorite Walkers Special Old with ice cubes in it, and you say this is going to happen. . . . I scratch it you know those . . . that is like years ago and coke use to come on and go flash and now it is illegal you can not do that. Flash has to be a pause in between or a different picture in between. Just popping on and off at least there is no booze commercials on TV. Not any more, no because it is never on, or beer as are on . . . [specific program]. Like the media is going to be there, you know that it is there.

A second individual commented,

TV shows on television, to watch *Columbo* or shows like that and they always have a bottle of scotch or rye and they pull it out and they pour themselves a glass. And they treat it like water. When ever I see that, this messages comes to me immediately. I know you say it is not like it appears, but they drink it after and they go mmmmmm and they drink it. And you

think that is good. Well it sends a message that they are using it for positive things.

A third person commented,

This is good. It is 9:00 in the morning . . . or even in a lot of shows on how to pick up the women. They always have a bar. You do not see picking up people in the park, never, always in the bar or the New York grill. It is always in a bar room. . . . Yes, man you see no drugs in there, and none of them have a drinking problem because on TV, even though they are drinking at 9:00 in the morning.

A fourth group member shared,

Or if stressful thing like some one is investigating a house, like he is using it to get over stress and it sends a negative message . . . and they all look perfect. That is not the bar I have seen. They are all models or something.

The fifth person stated, "Or some where in the atmosphere is a building for and it creates that, they are being trained on it and it is just pretty basic routine."

Watching sporting events. Four of the eight group members stated that watching sports had a negative influence on their recovery from addiction. These quotations illustrate this theme.

One participant commented,

So I think for me one of the things that we all like to do is to follow sports. Sporting events are often sponsored by beer companies, alcohol beverages and cigarettes . . . or even gambling, hockey games. I like hockey games, all your arenas have advertising along the board such and such as casino advertising. . . . In fact the uniforms of the Blue Jays reflect Labatts Blue which is a big seller. . . . There was this one guy that did sports on Friday night. I think he is still on one of the stations. We use to play sports for charity. This guy was drunk all the time and he use to come out loud, sort of like that guy . . . [specific person] and people did not realize. I guess he went for treatment and he is just a totally different personality. They are sponsored by booze or cigarettes. . . . Heavy weight fighting, there is a lot of violence at that time in households, that does seem weird to me. . . . I know I used to be out of it by the time the third period came around.

A second individual said,

That is kind of ironic here, play tennis at Wimbledon and you see Players light and Players, these are big companies. . . . Labatts they are owned by the Blue Jays. Molsens Canadian they own the Montreal Canadians and they have a big C with red. . . . That is the basketball players right now, they are 145 pounds at the end of the year. They drink all summer and become 190 pounds. So drinking beer does not bother them. They bulk up

from that , the first day they are like this, I guess it is okay when they do commercials. . . . I do not think that is a big problem with me but I go to the bar a lot and watch it because there are a lot of hockey games you can't pick up.

A third person said,

The Super Bowl or Hockey night in Canada . . . sure every Saturday night, I watched Hockey Night in Canada, every Saturday night, my friends would come over. I would go out with them and watch the game. We did it every Saturday night and I was drunk.

The fourth participant stated, "I can watch hockey. It is the finals, the playoffs that get you. Yes, that is exactly why I go to the bar and watch them."

Work situations. Four of the eight group members pointed out that their work situations would have a negative influence on their recovering from their addictions. This theme is illustrated by these quotations.

The first individual cited,

A very important part of the media is where ever you go to work or where ever you are they are trained by the media. I know that at work for you always get told party time. Party time get the beer, get a case of beer from someone always came up at least a couple of times a day in lunch or in conversation from some body party tonight.

A second group member stated,

A lot of jobs do not pay until Friday because people do not show up for their shift and on afternoons and nights. My job is like that because showing up Friday night, they finished work Thursday, and it went into your account on Friday so if you missed work you had no excuse. . . .

Another thing to is get everybody at work wanting to go out for drinks, bosses, everybody man. That is hard to, you know, even a couple times, we went out for dinner and that is hard at a small business, my boss, ran it and he didn't care, we were allowed to bring beer into our lunch room and use it full blast all day long and full blast didn't care. We were drinking all day and the boss was drinking tequila all day. He took us out at least once a week for dinner and got us drunk and it was never on a Friday, we always had to get up and go to work on Friday morning. I missed a lot of days on Friday. The boss took us out and got us drunk to 2:00 in the morning. I couldn't get up to go to work. I was looking at all these different kinds of booze he had. Through all this green stuff they had . . . at least 3 times a month they took us out. I got laid off and everybody in there went to the back room a lot and everybody drank a lot even if the boss didn't take us out. Most of us were going out any way. . . . How do you avoid that when someone was starting to bug you at work when you get there after 2 hours

and you have 6 hours left and they bug you. That is what people do to you, they bug you and you are at your job. You are stuck there. How do you get out of that one? I have no idea, you can't avoid them if you are working with them and they do it all day and that is all they are talking about. But you only have one boss. Do you have a bunch of people in your work you just have like a small company. You do not have like 20 people bugging you all day and when you drink with them, and when you come to drink with them, that is the way they are, and they do not do it to be mean, but they just do it and they bug you. I have done it myself to people not because they were quitting drinking because they did not feel like going, I say you wimp, I screw them around with them you know. If they were at AA., I don't think I would bug them, but a lot of people would.

A third volunteer stated,

I took advantage of that. Like I drank at work too sometimes. Friday afternoons, if I would start drinking, my boss wouldn't say shit to me. He would never say nothing to me and my job was hard.

A fourth person commented,

I had a female in the physical education department that drank the way I did. And oh Jesus, we did. We would get most of the department together and we would play volley ball Friday night. And have a shower and go out.

There would be three or four of us that stayed and she would be one of them and that was tough very tough.

Beer/liquor stores and bars. Three of the eight group members identified that beer/liquor stores and bars had a negative influence on their recovery. These quotations illustrate this theme.

One participant said, “Every time I saw a beer store, I want a beer and my hands start shaking. . . . Pictures of Miller on tap and a big frosty glass in bars created the same desire, as would the image of a frosty mug with the foam hanging down it.”

A second volunteer shared, “Those lights, those purple lights . . . those little neighbor hood bars, the signs and the lighting.”

The third individual expressed, “He is already at the bar drinking with her.”

Advertisements. Three of the eight group members identified the advertisements, in many different forms, of beer/liquor and other substances as being negative influence on their recovery process. These quotations emphasize this theme.

One person cited,

You know I will probably notice it more. It didn't bother me when I was drinking. . . . Yes, I was not aware or it. I could tell you what time the

liquor store opened up and the beer stores opened up, which ones were not.

Another member commented, “On their shirts, somewhere it is in there [the word sex] . . . apart from the people, if you look for it they will have phallic symbols.”

A third person shared, “But those are subtle messages. They come underneath and they just go subliminal.”

Stigma of being an alcoholic/addict. Three of the eight group members felt that the stigma of being an alcoholic/addict will have a negative influence on their recovering from their addiction. This theme is shown by these quotations.

One group member stated,

That is what I say to him. He was talking about getting some bad gangs and I said what if it is a girl? It would be a whole different story and it would . . . [a specific person] started asking him and bugging him and it is a lot harder to say no to a girl than it is to a guy. . . . I did not think about it yesterday, but when . . . [a specific person] started to get on me, oh yes, it is a lot, it is harder for me.

A second individual commented,

I can sit here and criticize to death and how I feel remains . . . I have been in lots of situations like that and people look down on you and in a sense

rightfully so because they do not understand. . . . It bothers me. It bothers the hell out of me and it bothers me. It is to the point it drives me to drink. . . . AA there is no set thing. There is a combination of things because you are so down on yourself and when someone comes along, and I am very hard on myself, and when someone comes along and they say you stupid idiot, you are foolish, you are dumb why would you ever do that, you wasted your money and they are just slamming you to death. It is what you have all ready told yourself and you think I am the worst case that ever existed. This is hopeless. That is sometimes the way it goes.

A third volunteer shared,

If you say you are an alcoholic, you can do it. Those kind of people I have no use for. I guess if all you guys were non drinkers and you center shoot me I would probably get a little upset. Only because you guys wouldn't understand the disease. People say negative things and I do not think they mean it that way. They just do not know what to say. They say you should have known better, you know what alcohol is.

Not viewing an addiction as a disease. One of the eight participants identified the perspective that by the general public not viewing an addition as a disease that their attitude is a negative influence on his recovery. This person stated,

I am not embarrassed about this. I call it, because you are ignorant to this disease. That does not bother me. You know what I mean. I wasn't embarrassed about being sober. That is the way I look at it. I am kind of strong like that. If you think it is joke. I think I will be coming to visit you in a place like this. That is the kind of stuff that does not bother me, you know what I mean.

Gambling casinos. One of the eight group members felt that gambling casinos would be a negative influence on his recovering from his addiction. This individual verbalized,

Also thought of something that in the casinos, with the slot machines, the sound of those and the lights. It is to get people to go and to drink I am sure, people get really caught up in that excitement, the sound and the lights in casinos. They make you forget, but there are people who go in and not use because they want to be sharp to play, and they just love it. No doubt about it.

How Do You Plan To Control These Factors?

The analysis of the eight group members' responses to the ninth question of the discussion guide produced 14 themes. These themes were anticipate how to cope with cravings/thoughts of using alcohol and/or other substances; develop skill in saying, "No", assertively and not aggressively; change friends who encourage

the use of alcohol and/or substances; attend AA meetings; change situations which lead to using alcohol and/or other substances; take one day at a time; stay away from specific family members; rely on support of sponsor; invite people to AA meetings/learn about the program and addictions; do not keep alcohol and other substances in one's home; remember process of recovering does eventually become easier; advocate for societal changes; acknowledge some people are trying to help; admit being powerless over the use of alcohol and/or other substances.

Anticipate how to cope with cravings thoughts of using alcohol and/or other substances. Five of the eight group members identified the theme of having a pre-planned method of coping with the cravings and thoughts of using alcohol and/or other substances would be beneficial in controlling the negative influences to their recovery. These statements illustrate this theme.

One member commented,

Now in my experience, I was pretty lucky, that I was able to hang around with the guys that I did from about 7 or 8 when we were always together, and when it got to the point when I was having trouble, these guys said you cannot drink and they would have pop for me and everything. But it didn't help how I felt at the gathering. I would have to play and that was it, and then get out of there. But I am lot more comfortable with that.

A second volunteer stated,

That is what the coping card is about . . . to have a plan. If you do not take time to think, you will screw up. It takes 20 minutes for your thought to go away. I think it is the unexpected things that are going to get you . . . so if you can just pick up the phone and call some one who is clean, it is basically gone. That is good, because you get it out of your mind.

A third person said, “It should go away, and if it goes longer you have to get intervention.”

A fourth individual cited,

That is not a big issue for me. If I do not bring them in, people do not give them to me. I know that will never happen, because next time I pick up a drink I will die, I will die. I will die first.

The fifth member commented,

That is one of my strength and I know what I am going to do this time. I do not know if I am going to get sober, but I have a game plan. And you know it is hard to stay positive, but before I used to drink twice as much. I used to drink a lot before I’d go to . . . [a specific place] and I looked at it positive, that if I got three months in . . . [a specific place] that is three months sobriety I got.

Develop skill in saying, “No”, assertively and not aggressively.

Four of the eight group members identified the theme of developing the

skill of saying “no” in an assertive non-aggressive manor. These quotations illustrate this theme.

One individual emphasized, “You just say no.”

Another person shared,

You can say I am on a prescription, I am not drinking today, there are a lot of them we just said about a dozen. . . . There is a tendency, do you agree, for him to get mad and he says, now look what it says about you right here and now and he is being confrontational. . . . See they may jump on him more because he is being confrontational. . . . He could make a point in a softer way.

A third volunteer stated,

If you are watching TV and you are watching the hockey game, you can just click it off. But that is kind of hard to do . . . say I do not want to. . . . It is something, that you have to work out for yourself. You would handle that different based on your past experience. Well I might handle it, may have to deal with my anger or what ever. . . . A non alcoholic, I say well I am drinking now. I am a dry alcoholic and I do not drink. Why am I embarrassing you? I am not talking properly and am I swearing? Am I falling down? Am I pissing my pants? Am I puking? What do you mean? That is what I ask them. . . . Say I am not a low life. I am intelligent. I

know what I can do. You are the non alcoholic. You do not know. I know. I have done it. I know. I truly know. I am educated about it and I am experienced about it, so I know. I can see the warning signs and I have done my treatment. That is just me.

The fourth member commented,

Maybe I can say something, because me and him were talking because he has had a couple of negative experiences already. I think I put his mind some good ways of coping with it. The way I would cope with it, a couple of people have said to him we have had a couple of people in this program before, you should have known better, look at your uncle, you should have known better. You should have learned from it. I told him to say when they say that ask them if they smoke, tell them to let me see your cig. pack and it says right there cigs are addictive. You smoke and look what that says cigs are addictive. They can kill. That is good point I never thought of that, another thing that I told him to say ,how did I know, I am young, how the hell am I suppose to know? How the hell am I suppose to know? . . . This is my person I am 27 years old and I should know better. How was he suppose to know. I should. I know alcohol kills because my parents are drunks. He does not because his parents are not. So how could he has never seen this. . . . See that works for me. . . . I think that is a good

answer to that it helps you, you are not mad, you are saying, yes I am, I am not denying it. Yes, I know, and I am and would you like come and see. A lot of people will back off and they will not bother you. . . . I think that is a good answer for everyone. I am going to remember that, My answer is me being cocky, blowing my cool.

Change friends who encourage the use of alcohol and/or substances.

Three of the eight group members planned to control the negative influences to their recovering from addiction by changing their friends from those who encourage the use of alcohol and/or substances to new ones who would not encourage them to use. These statements illustrate this theme.

One individual commented, “You do not understand, I can’t hang around them anymore cause. I have two friends that I can have coffee with.”

Another volunteer said,

If all she wants from you is to go and get drunk, she is no good. If she does not want to go somewhere else or go and have coffee, that is her problem.

That is no good for you any ways because she will wreck your sobriety.

A third group member stated, “I am really feeling good . . . and play . . . [a specific sport] and a lot of those guys hardly drink at all, couple of milk drinkers. So hang around with them in a tournament.”

Attend AA meetings. Three of the eight group members expect to control the negative societal influences by attending AA meetings. These quotations demonstrate this theme.

One group member stated, “ Or if you are held in traffic, one night my buddy and we phoned AA and went to a AA meeting. They are on all day. Then the traffic thins out and you can handle it, going home.”

A second individual commented,

That is why I go to AA meetings, you see me at the meeting. I am wild. I can get off on that. I can get such a charge from it. I walk in there and I'm asked, how you doing? How you doing? . . . It is where I belong. That is where I fit in. It is unbelievable. I can't believe the higher power. My higher power is those people, the whole AA meetings, the whole group. That is my higher power for now. Until I can work on it. . . . I work the slogans, --Easy does it.--One day simple, simple--That it keeps coming back. I was saying today my gang has seven million members in it. That is my gang . . . everyone in this room, we know how we feel. We have been there. Everyone in this room, we are more alike than dislike and we are more alike than we are different and that is a fact. We all have all had the exact same feelings, with the exact same people and that is a fact.

Experience, that is what binds us together and that is what keeps us close,

because I can sit here and say, #3 can sit there and say, I can feel your pain chances are he has done it and I have done it. I will just use alcohol as a thing because that is my thing, that is why the only person that can help an alcoholic is another alcoholic, because no body knows the pain or the circumstances. No being, counselors a lot of them are recovering and they are educated and they give you tools but that has nothing to do with the way you feel. They are in tune with your feelings but they cannot really feel. . . . I will go to AA.

A third person cited, "Because we belong, just one little thought . . . but you can make them feel what we feel."

Change situations which lead to using alcohol and/or other substances.

Three of the eight group members felt that one method of controlling societal negative influences to their recovery process would be to take charge of their lives and change situations which lead to using alcohol and/or other substances. These quotations support this theme.

One group member expressed,

Right away, change the station. . . . What I did, like instituted this policy at work. I was the boss we decided that I did not do it alone. I asked for their opinions the staff and we did . . . [discussed specific changes made]. What my wife and I try to do Friday at 1:00, we go and play golf and go out for

dinner and that got me away. . . . Well actually it is more enjoyable because you remember the final score and that sort of thing and you see most of the game. . . . No, you can get a group of guys together that have a big screen. . . . I have had to learn to. It is not so bad. . . . If you are going with a group say I do not want to get up so you are going to have to get me some stuff. . . . I can't go to a sporting event, I can't watch baseball, you know hockey or football.

Another individual stated, "I think next time I go to a hockey game or something I will not leave my seat. I think I will bring a whole bunch of snacks. I will not be going for a beer or anything."

The third volunteer expressed, "But there are places you can go and watch them. You just have to find them. . . . If they have a hockey game, they can watch the hockey game at the AA meetings."

Take one day at a time. Three of the eight group members cited the need to take life one day at a time as a method of controlling greater society's negative influences to their recovery. These quotations illustrate this theme.

One person shared,

Maybe not, because that it is too far ahead and I can not tell what I will do in my sobriety. . . . I know what I did yesterday and I thank God for it. And I know what I am doing in the present. If you get one foot on

yesterday and one on tomorrow, what are you doing with today? You are pissing on it. Is that right? That is why we call today a gift.

A second individual stated, "That is what I mean. I do not bite off more than I can chew. There is no time limits on this after . . . [a specific number] years of drinking."

A third volunteer said, "I think you will try too hard in the beginning. But it is a lot better then where you were before. You cannot force it. In the mean time, work hard at AA."

Stay away from specific family members. Two of the eight group members expressed that by staying away from specific family members they could control some negative influences to their recovery process. These quotations demonstrate this theme.

One individual stated,

I would not care if it was my mother, father, sister and brother, I would say that is it and I would say bye. You are not a support for me, if you've been saying that, so just totally get away from me. That is right and this part of the main reason why I will not go back with my wife. She is part of my drinking past, and at times she irritates me and I do not need that pressure. I do not need her saying that questions she ask today or yesterday, how long is this going to last? I do not need that.

A second person cited, "Lots of guys had to do that. Just get right out of the relationship. Get out of the house."

Rely on support of sponsor. Two of the eight group members indicated that they thought that by relying on the support of their sponsor they will overcome the negative influences to their recovering program. This theme is illustrated by these quotations.

One individual expressed,

Well my sponsor's favorite line to me is, 'the Toronto Maple Leaves will not get you sober,' that is his favorite line to me. He says are you going to a meeting tonight and I say I am going to a hockey game. He says to me, the Toronto Maple Leafs are not going to get you sober. What he says, you come to the meeting and you do not have to hang around, you can watch the last half of the game.

A second person commented,

I have a good couple of solid guys in AA. I look them directly in the eye. That I could never do before, because I am a bullshitter and a liar. They would not even bother because I can feel that they know. They told me . . . [specific group member], that they can tell that we are sincere. We will do every thing in our power to help you do it . . . and these guys would. The

one guy kind of reminds me of me. If I had some years of sobriety and I would tell them right off the top, do not bull shit me, come back when.

Invite people to AA meetings/learn about the program and addictions.

Two of the eight participants identified that inviting people to AA meetings to learn about the program and the disease of addiction will help them to control some of the negative influences to their recovery. This theme is portrayed by these quotations.

One individual said,

That is a good point, maybe give them the Big Book and tell them to read this before they pass judgment on me. Here is a pamphlet, here read this and then we will talk. They come and then they might grasp something. They see 50 or 70 people their sometimes, Sunday morning, you got 100 people there. . . . In another way, say why do you not educate yourself about it? That is the way I will go and they say will #4 you smoke and you do drugs so do something about it. You want to come to a meeting with me? Ah, that scares a lot of people right off. . . . But I like that, it is a good answer read the Big Book.

Another member shared,

They will learn because it is powerful. It is powerful . . . and you hear some guy do the slogan right on a beautiful good speaker. They will get

something out of it. It is a lot easier to go to a meeting. There are two other ways. In your area, there are meetings where you can take a guest who is not an alcoholic. They like you to bring a professional person who is not alcoholic. So that they better understand it. Doctors do not. They are so busy they do not get any training in this area. Very little, unless they do it themselves. So he can take someone like his grandmother to that meeting. Where there are all kinds of professional people there and they do not feel out of place because it is a special night. Then there is ever so often in your region Al-Anon and AA together and get a speaker from each one and that is a really powerful lunch and it is really nice. So find out when they are. Or if I heard a guy that is a just an ace speaker, then if I know some one that needs to learn I will ask them to go then. So that this guy will cover all the bases and they will really learn.

Do not keep alcohol and other substances in one's home. One of the eight group members suggested the plan of not keeping alcohol and other substances in his home as a method of controlling the negative influences to his recovery. This individual commented, "I think probably what I do, I won't have it in my house. That is for sure."

Remember process of recovering does eventually become easier. One of the eight group members identified that the recovery process becomes easier with

practice. This volunteer encouraged, “All I can say . . . [specific group member] is that it does get better.”

Advocate for societal changes. One of the eight group members identified the desire for societal changes that promote a healthier life style with less emphasis on the advertisement of addictive substances. This volunteer commented,

I think that the government in our country is saying that we have so many years to gradually fade out the sponsorship so they are giving events like car racing. They are giving them 5 to 6 years to get out of *Players* sponsoring the car races. And look for other sponsors that do not promote using unhealthy life styles.

Acknowledge some people are trying to help. One of the eight group members acknowledged that some people in the greater society are trying to help those persons who are caught up in the addiction disease. This participant acknowledged, “Although their heart is in it, you see some people who are really trying.”

Admit being powerless over the use of alcohol and/or other substances. One of the eight participants illustrated the theme of admitting to being powerless over the use of alcohol and/or other substances is a method of controlling some of greater society’s negative influences to recovery. This person exclaimed,

Shut up. This is true with advertising, but what are you going to do? You know I am alcoholic. You have to admit it to yourself first. That is the first step. You know what I mean. Admit you are powerless over alcohol and deal with it. You are going to have to. I am on the first step. I can say I am on the second step actually I can say I can work the third step cause I know them. No, on the first step, that is where I am at, that is where I am at in my sobriety. I am not going to. I can fake through it and I can tell you about the steps but that is not right. That is the way I feel and this has helped me with my first step, a lot because of the remember when and what not. A lot of bad memories have come up, things have come up that I would rather not have talked about but I am glad I did. That I have never talked about. The second AA, AA, that's where you seen me last night. I am still on the first step. I can not rush things. I can tell I get those.

Which Of The Factors We Have Discussed During The Past Three Meetings Do You Perceive Will Most Positively Influence Your Recovery?

The analysis of the six group members' responses to the 10th question on the discussion guide produced five themes. These themes were AA/NA program; being physically active; support/sponsors; work; and family members.

AA/NA program. Four of the six group members felt that attending AA/NA meetings will most positively influence their recovery. These quotations support this theme.

One individual stated, "My AA meetings."

A second person said, "Going to NA meetings."

A third group member commented, "Go to a meeting."

A fourth participant cited, ". . . [Going to] meetings. It calms me down."

Being physically active. Four of the six group members identified being physically active as being most positive in their recovery. This theme is emphasized with these quotations.

One volunteer stated, "Swimming. . . . I do not want to be on my own right now. It is hard."

A second group member cited, "Play hockey."

A third individual said, "Walking."

A fourth person commented, "Running."

Support/sponsor. Two of the six group members felt their recovery will be most influenced by the support from friends and/or sponsors. This theme is shown by these quotations.

One member stated, "Not sponsors but a good couple of AA friends."

A second individual shared, "One of my best AA friends."

Work. Two of the six group members felt their recovery will be most influenced by their work. These quotations illustrate this theme.

One individual commented, “My old job.”

A second person stated, “My work.”

Family members. Two of the six group members identified that their family will most influence their recovery. These quotations illustrate this theme.

One group member stated, “My . . . [specific family members].”

A second individual said, “My kids.”

How Do You Plan On Capitalizing On These Influences?

The analysis of the six group members’ responses to the eleventh question on the discussion guide produced seven themes. These themes were relying on friends/AA sponsor; attending AA/NA meetings; being physically active; following day by day plan; returning to work; taking time off from work; and spending time with family members.

Relying on friends/AA sponsor. Four of the six group members planned to capitalize on the influence of friends and their AA sponsor. These quotations illustrate this theme.

One volunteer commented, “Not sponsors but a good couple of AA friends . . . and get tapes and everything, he’s got some good tapes to help.”

The second person said, “When I feel down I will go and see . . . [a specific person] and do something or . . . [a specific person] to see who wants to do something like that.”

A third person shared,

One of my best AA friends is picking me up and we will have a [specific number] hour drive, and I’ll tell them what I have learned in here and we will review everything, get everything straight in my head, and who knows what we will talk about. I have already got a sponsor. All the support is there for me.

The fourth individual stated,

I am glad I am staying with some people here. I do not know a lot of people, live that far away and I guess I can phone them. I have a counselor I do not know, and they are going to contact me there.

Attending AA/NA meetings. Four of the six group members planned to capitalize on the attending AA/NA meetings. This theme is demonstrated by these quotations.

One person cited,

That is great so then I will go too, I know where there is a meeting. I will go to that. Meetings, there is a group that meets Thursday night, then Tuesday night, that is the one on one. Thursday is group. You know, four

or five people talking about it, and between is my AA meetings. Oh yes, they have an in house meeting.

A second group member emphasized, "I am going to NA meetings!"

A third individual stated,

We will go to a meeting tomorrow night with the group. Super, it has to start tomorrow and inventory for me. Everyday I have to do a personal inventory and write it down so that I know. I know where all the meetings are.

A fourth volunteer commented,

I think the best thing for me too, is meetings. It calms me down. I am going to find some body that lives at the house to go there. I got to go to them even though I do not really want to. I will go to NA if I can in [a specific] city. There is cocaine meetings . . . [a specific] night. I would like to go there if I have a ride.

Being physically active. Four of the six group members planned to capitalize on being physically active to help them with their recovery. This theme is depicted by these quotations.

One person shared,

I got to go, just like this dance. I think that will be heavy duty breaker if I go. It will get a lot off my mind, the dance . . . [a specific] night. I will just call someone and go swimming or something like that.

A second volunteer stated, "I have a life time membership into a fitness center. We will be playing golf 3 to 4 times a week to get rid of my frustrations. I play hockey so I have my fitness part looked after."

A third individual cited, "I will be walking. If I could find a gym or something, I am not a heavy worker out."

A fourth member said, "I am going to join the . . . [a specific place]. I think we will get a family membership. There is a gym right above my work. I was thinking about doing that and running. Where I work, there is a gym."

Following day by day plan. Three of the six group members plan to follow a day by day plan. This theme is illustrated by these quotations.

One group member stated,

When I leave here, I am going right to . . . [a specific treatment place]. I will take Thursday and Friday off and go back next week. I have a counselor set up. . . . Well tomorrow . . . [specific person] is going to drop me off at . . . [a specific treatment place] and I am going to hang around at . . . [a specific treatment place]. They asked me to come and speak that is

why I might go there. Actually I think I will be pretty busy because the place I like to go is a town near by for the meetings.

A second participant shared, “Last night and this morning my . . . [specific family members] and my counselor from . . . [specific program] came in and we have everything worked out. We put everything in a rotation and I am busy for the whole month.

A third individual commented, “I have my plan. . . . The counselor, as well in the . . . [a specific treatment] center, and the counselor that I had before I came made me think about a lot of things, any ways. That is how I am going to start.”

Returning to work. One of the six participants identified returning to work as being a method of capitalizing on a positive influence to his recovering. This individual expressed, “I have my old job back from where I was working before. I am going back there.”

Taking time off from work. One of the six group members mentioned the plan to take some time off work as being a way to capitalize on a positive influence to his recovering. This participant affirmed, “I am going to take the next months off.”

Spending time with family members. One of the six group members illustrated the theme of spending time with family members as a method to

capitalize on a positive influence. This person commented, “I have to see my kids on Saturday and Sunday.”

What Factors That We Have Discussed During The Past Three Meetings Do You Perceive Will Most Negatively Influence Your Recovery?

The analysis of the six group members’ response to the twelfth question on the discussion guide produced four themes. These themes were anger/frustration, family, loneliness, and easy access to bars.

Anger/frustration. Three of the six participants indicated that anger and/or frustration will most negatively influence their recovery. These quotations illustrate this theme.

One individual stated, “My frustrations.”

A second person said, “There are things that come up that I ain’t going to have any control over.”

A third person expressed,

I’m going crazy being in for a week. We have not played for a couple of days. We have done nothing for a couple of days. You know why, cause everybody is in there putting the odds up. It drives me nuts. I just going crazy. My mind is just going like crazy. We did not do nothing. We did not play sports or anything. We did not do nothing for a few days, volley ball Sunday. Usually we get our stress out every day. Like I need to get some

stress out, I have been cooped up, like I said, I went down there but that is nothing. . . . I was getting mad and I said, 'I do not want to argue,' it is not that we were arguing it was.

Family. Two of the six group members cited their perception that their family will most negatively influence their recovery. This theme is demonstrated by these quotations.

One participant said, "Plus the relationship issue, the family there has just been . . . [stressful]."

A second volunteer stated, "My wife."

Loneliness. One of the six group members indicated that loneliness will most negatively influence his recovery. This individual shared, "I do not want to be on my own right now. It is hard."

Easy access to bars. One of the six participants indicated that easy access to bars will most negatively influence his recovery. This person worried, "All the bars are down there. It was just a hop and jump to the bar, and that is what I used to do. That was my pattern. It would be so easy for me to do."

How Do You Plan On Controlling These Influences?

The analysis of the six group members' responses to the thirteenth question on the discussion guide produced 10 themes. These themes were developing means to cope with anger/frustration/fear; exercising; spending time with people;

finding employment; pursuing counseling; planning how to avoid bars; keeping busy; relying on oneself; staying at a half way house; and attending meetings.

Developing means to cope with anger/frustration/fear. Four of the six participants felt that developing means to cope with anger/frustration/fear would control factors which would most negatively influence their recovery. These quotations illustrate this theme.

One volunteer shared, “Well, I do have plans right now. I am not feeling comfortable with it. I guess what it comes down to is I am kind of scared because I have not really felt assured.”

A second individual stated,

I will never be in 100% control of a situation, and that is too much for any human being, and that is what the serenity pray means, I have said it one hundred times and now I finally understand what it means. There are things that come up that I ain't going to have any control over and I got to learn to accept those things. If my wife get tells me she has a boy friend, I can not do anything about it, I got to learn to accept those things.

A third member commented,

Yes, I want my own place. I do not like to live under someone else's rules, their rules, because as an adult I should be on my own rules. For now, I will stay there, but when it starts to drive me crazy I have to get out. I have

to have a back up plan just in case. I do not want either to happen. I do not want to get pissed off and just leave.

A fourth person cited,

I got to learn to accept these things, accept the things I can not change and change the things I can change. I can change my attitude. I can change the way I walk, and talk, and how I feel, and my sobriety, and I have to know the difference, the things I cannot change, and I have to be able to know the difference. I have to know the difference.

Exercising. Two of the six group members planned to exercise as a method of controlling the factors which would most negatively influence their recovery. This theme is demonstrated by these quotations.

One group member commented, "We will be playing golf three to four times a week to get rid of my frustrations."

A second person said, "Well, I like to walk. I will just go out and walk."

Spending time with people. One of the six participants felt that spending time with people would be beneficial in controlling the most negative influences on recovery. This individual stated, "I have to have some one go with me."

Finding employment. One of the six group members identified that finding employment would be a control for the most negative influences on recovery. This

person expressed, “Actually I have to get a job. I have to get a job, that is the most important thing. I got to get money just in case I have to leave.”

Pursuing counseling. One of the six group members felt that talking with a counselor was a way of controlling negative influences. This participant said, “I have a counselor, as well, in the center and the counselor that I had before I came here made me think about a lot of things. Anyway that is how I am going to start.”

Planning how to avoid bars. One of the six participants identified that planning how to avoiding bars would be one method of controlling negative influences on recovery. This volunteer stated, “I was signed up to go to another city, and I decided. . . . I just thought, okay give myself a month or 2, because that is where I just came from a month ago. That is where all those bars down there are.”

Keeping busy. One of the six group members discussed that by keeping busy it was possible to control the factors which most negatively influenced recovery. This person cited,

I talked about volunteering. That is possible, but I do not know if that is for sure. Then the after care counselor set up, but I have not got that for sure. I asked her again today and I kind of got, yes, but I did not get anything firm.

Relying on oneself. One of the six participants identified controlling the most negative influences on recovery by relying on oneself. This individual emphasized, “But the bottom line is, it is up to me!”

Staying at a half way house. One of the six group members discussed staying at a half way house as a means of controlling the most negative influences on recovery. This volunteer stated,

I need time away from it. So I said okay to here . . . [a half way residence]. To give it that time. I talked to . . . [a specific person] and said is this a safe house? There are a few guys living there recovering and they went to a couple of meetings here.

Attending meetings. One of the six group members planned to control the most negative influences on recovery by attending meetings. This group member stated, “So I know there would be meetings here.”

How Have The Group Meetings Influenced Your Plans?

The analysis of the six group members’ responses to the fourteenth question on the discussion guide produced four themes. These themes were helped ventilate and cope with feelings; formed bond with peers; developed positive perspectives; and promoted level of self-esteem.

Helped ventilate and cope with feelings. All six participants illustrated the theme that the group meetings had helped them ventilate and cope with their

feelings which had been previously gone unacknowledged or expressed. These quotations support this theme.

One individual cited,

I do not want to jeopardize my recovery. I need an outlet and that I am the kind of person who is afraid to ask. It is kind of like, I do not want to bother them. Its a rejection thing. I am afraid they are going to say you do not belong here, and I do not know what it is. It is like I am afraid. . . .

That would release stress. I keep everything inside. That is the way I have been all my life. Yes, I talk here and why is that? I have never talked about my life. . . . It has affected me. All the meetings, this is the only place I talked. . . . I now know that I can talk about my emotions and feelings . . . growing.

A second person said, "You need to communicate and share. We shared, sometimes our pain and sometimes what good things we brought to the table."

A third group member shared, "It has helped me to take control and deal with it and now I know what I have to do."

A fourth individual commented,

These particular meetings, actually this was the first place that asked about my family and I opened up for, and it helped me when I laid things on the

table because I had spoken here. It broke the ice. That was pretty powerful I felt pain, and everyone felt mine. It helped me 100%. We all talk more.

A fifth volunteer expressed,

I never told anybody before about my father. The meetings helped me to open up . . . all my life I held it in. I feel that I have had some of the best talks here and I really feel that it has been positive. Like I shared a lot of things that I needed to share. I did not know it was there, but it started to come out and I got it out. It was like truth serum, because we talked . . . I needed that. I took a couple of anger management workshops and they have been a great help and life does not have to be like that . . . [spent in anger].

The sixth person commented,

If I go to that place, the way I am, I will not last by myself, the way I am. If I get mad I will go out and start screwing up. Remember that first meeting that we had in here and I got upset. By the time, I left this room it did not mean nothing to me, I was not upset. You like each other so much, that like I know that I get on people's nerves. I am just so hyper . . . I felt trapped and I cannot get out. I know that I am always going to be like that. I have to have a backup plan just in case. I do not want either of them to happen. I do not want to get pissed off and just leave.

During the first group session, one participant began to express a high level of anger and rage, while the other members demonstrated their fear by backing away from the person. As the nurse tried to sort out how to address this situation within the group, the dog calmly walked up and stood within a foot of the person, who was expressing anger, and observed him. Almost immediately, the individual's anger was diffused by the dog's actions. In that situation, the dog, by its calming presence, effectively removed the stress, and prevented confrontations between the members.

Formed bond with peers. All six group members identified the theme that the group meetings had helped them to form bonds with their peers. This theme is illustrated by these quotations.

One individual stated,

We are leaving tomorrow, I thought of that for a few days. I am going to miss a lot of guys around here. There is also a bad side affect. We like each other so much. I was going, that is the way I feel, and I feel worse today, everybody has to remember me. Corn that is how, when they see corn . . . I thought of that. In a few days I am going to miss a lot of guys around here that I have grown attached to.

Another member said,

To do this now, everybody is scared. We all have to go our separate ways. We all feel like we lost something. We have all grown close so we are losing friends. We may never see each other again. Yes, that is big and it hurts everybody. We may never see each other again. That is reality no matter that it hurts everybody. I may see . . . [a specific group member] and I like him a lot and I may never see . . . [a different group member] or . . . [a different group member] again. We have seen each other change in one way or another. Sure divide we stand united we fall.

A third person commented,

And this is a big part for me. We have seen each other vulnerable. That is what forms the bond. I am glad I am staying around with some people here. I do not know a lot of people, live far away and I guess I can phone them. I am glad that there are people that I know. Other wise I am cooked. I have to have someone to go with me.

A fourth participant expressed,

But also there is another side to this, were we are making good bonds and friends. There is a strength and force there. Knowing you are in this community and you are safe there a week ago. We were safe.

A fifth member cited, "I think us guys we all hang together, this is. We hang more together because we all play pool. We all talk to everybody, but I seem to talk to you guys."

The sixth volunteer shared,

The wide experience of where we came from was a very interesting group for me and the changes everybody came from different ages, different settings, different families, and background, that we were vocational or what ever. It was nice to have all that variation. . . . I think we know more about each other because of this group.

Developed positive perspectives. Five of the six group members identified that the group meetings had helped them to develop positive perspectives for their lives. These quotations demonstrate this theme.

One individual stated, "They have helped me think about positive things."

A second person affirmed, "I know I will never drink again."

A third participant expressed, "You need to communicate and share. I am kind of scared because I have not felt assured but the bottom line is, it is up to me and I am going to say I want some answers."

A fourth member said, "They have helped me think about positive things."

The fifth volunteer commented,

It has helped me to take control and deal with it and now I know what I have to do. I have put a lot of work into myself and that is why everybody can see it because it shows. I do not try to be too cocky and I know I will never drink again.

Promoted level of self-esteem. Four of the six group members expressed their feeling that the group meetings had promoted their level of self-esteem. These quotations illustrate this theme.

One volunteer emphasized, "I did this myself. No one suggested that I come for treatment, and I have really learned a lot out of this place."

A second individual commented, "I am kind of scared because I have not felt assured, but the bottom line is, it is up to me. I am going to say, I want some answers."

A third participant said, "I have put a lot of work into myself and that is why everybody can see it. Because it shows . . . I do not try to be too cocky"

A fourth person stated, "They have helped me a lot. It made me feel a lot better. Like I was not so bad."

How Has The Presence Of Nietzsche Influenced Your Interactions During The Group?

The dog was allowed to roam freely and approach group members at will with his toys. In the first group meeting, Nietzsche approached and observed at

close quarters an individual who was expressing anger. During an intense discussion in the second meeting, Nietzsche kept taking his yellow ball and either placing it at different individual's feet, or tossing it at other members and then insisting that they play fetch with him. Before each group meeting Nietzsche always greeted the volunteers joyously, with barks of recognition and a wagging tail.

The analysis of the six group members' responses to the fifteenth question on the discussion guide produced five themes. These themes were promoted bonding/interaction among group members; promoted sense of relaxation; created a family like setting; alleviated sense of loneliness; and promoted means to cope with fears/anger.

Promoted bonding/interactions among group members. Five of the six group members cited their perception that Nietzsche's presence in the group meetings had promoted bonding and interactions among group members. These quotations show this theme.

One member said, "That he created an atmosphere where we could talk."

A second person said, "I still listened, but it was easier".

A third individual stated, "I think we know more about each other because of this group."

A fourth volunteer shared, "This stuff . . . [an animal present in therapy], if you get an outpatient program and you got a dog, you can bring your dog in and you can pet it while you are telling your story."

Another group member responded, "That would be good for me."

Promoted sense of relaxation. Four of the six participants indicated that they felt Nietzsche's presence had promoted a sense of relaxation during the group. These quotations illustrate this theme.

One group member commented, "He made me more relaxed."

A second individual stated, "I find myself relaxing here."

A third person cited, "When I am talking to my wife. I play with my cat. She has got it, and I go home and pet him hard and fast."

A fourth member expressed,

You get your mind off of everything else, and he keeps your mind preoccupied. With the dog, you throw the ball and you do not think about everything else. It takes my mind away. When I walk that dog, it takes my mind away.

Created a family like setting. Three of the six group members illustrated the theme that the presence of the dog had created a family like setting. This theme is demonstrated by these quotations.

One volunteer stated, "I think it was more like a family setting at home in the basement."

Another individual said, "I thought he was excellent I grew up with dogs at home, we always had a German shepherd. I love dogs and he was very similar to . . . [name of dog] and he loved to play ball non stop."

A third person commented, "The only thing that I thought would add to this kind of a group is more affection, He is affectionate, but he does not let you pet him, and I love both. I like to pet them as well."

Alleviated sense of loneliness. Three of the six participants identified the theme that the dog's presence in group meetings had alleviated their sense of loneliness. These quotations illustrate this theme.

One group member stated, "He didn't annoy me. I would take him."

Another individual, "Can I have him, because then I would have some one to talk to?"

A third person said, "I think he likes everybody."

Promoted means to cope with fears/anger. Two of the six participants illustrated the theme that the presence of the dog in the group had acted as a means to cope with fears/anger. This theme is portrayed by these quotations.

One individual shared,

I think he takes the fear away. I was bitten by a dog and I have always been afraid. But this dog right from the first time, I had no fear. He is just big. If I saw him way down the street the size of him, I would be afraid because I am afraid of dogs.

Another person emphasized,

Remember the first time, I was expressing all that . . . [anger]. The dog was laying down and he came right over here you know what I mean. The dog knows. Can the dog choose? Can he have an opinion? I think he likes everybody. Why did you not get up and go for a walk?

Summary

This chapter contains the results of the analysis of the group members' responses to the questions on the group's discussions guide. Quotations were cited to support the themes derived from the analysis of the data.

CHAPTER V

SUMMARY, CONCLUSIONS, AND IMPLICATIONS OF THE STUDY

This final chapter includes a brief summary of the study. The answers to the research questions are given. Then, an examination of the findings in relation to the conceptual framework, and the results of the review of literature is presented. The process of the study is discussed, including insights into the researcher's reactions. Lastly, the implications of the findings for nursing and recommendations for future study endeavors are highlighted.

Summary of the Study

The purpose of this qualitative, descriptive study was to describe the influence of animal assisted therapy on the goal attainment of a group of individuals who were recovering from chemical addiction. The need for this study was manifested by the lack of research on the role of animals in the recovery of chemically addicted persons.

The setting of the study was an addiction treatment center. The sample for the study was obtained through purposeful selection. An invitation to participate was read during the noon meal gathering by a counselor. Those interested met with

the researcher later the same day and a description of the study was given at that time and an informed consent document was endorsed. The group meetings were organized to follow a semistructured discussion guide to keep them on track and in a timely manner. During the meetings, the volunteers discussed their perceptions of their ability to maintain sobriety in response to the questions posed by the semistructured discussion guide.

The sample for this research was initially composed of eight men. The number was reduced to six due to two volunteers dropping out of the treatment program. Each man volunteered to participate in four group sessions in the presence of a dog. The audiotapes of the sessions were then transcribed and analyzed by the nurse researcher. The research questions were answered by interpreting the themes that arose from the volunteers' responses to the discussion questions. The conclusions demonstrated that the members identified factors in each of King's (1971, 1981, 1988, 1989, 1990a, 1990b, 1992, 1994, 1995, 1996, 1997, 1998) personal, interpersonal and social systems that might block their goal attainment of recovering. Over the course of the study, changes were noted with respect to the participants perceptions of their self esteem, growth and development and self. These individuals perceived the maintenance of their sobriety meant an ongoing struggle with their desire to use addictive substances. They realized that in order to maintain sobriety that they would need on going

support from others that did not use substances. In most cases sponsors and resources were in place before the individuals left the treatment center. All of the volunteers verbalized a desire to remain in contact with each other after they left the center. This was the result of the group members having had formed strong bonds of friendship fostered by the mutual focus of the dog in the group sessions.

Conclusions of the Study

This section includes a discussion of the answers to the study's research questions. Then these findings are viewed in terms of King's (1971, 1981, 1988, 1989, 1990a, 1990b, 1996, 1997, 1998) conceptual framework, and the findings of the literature review. The findings illustrated the individuality and the commonalties of the eight persons involved in the group sessions. These findings became apparent throughout the analysis of their responses.

Answers to Research Questions

This thesis aimed to answer four research questions. These answers were based on the analysis of the themes derived from the six to eight participants' responses to the fifteen questions on the semistructured discussion guide. This process followed the correlation between the semistructured discussion guide and the research questions as outlined in Table 1.

What factors within their personal systems do members perceive affecting their recovering from chemical addictions?

As shown in Table 1, the answer to the first research question was based on the analysis of the themes derived from the eight group members' responses to the first three questions on the discussions guide, and the six members' replies to the tenth, eleventh, twelfth and thirteenth queries on the guide. This process demonstrated that these themes reflected all of the components of the personal system as specified by King (1995). Many of the themes reflected a number of these concepts. For example, the theme of being dependent on alcohol and other drugs that was identified by six of the eight group members appeared to fit within the concepts of body image, growth and development, learning, perception, and self. However, for the purposes of brevity, each theme has been categorized within only one concept. The results of the analysis of the themes categorized within the personal system are shown on Table 2.

Analyzing the themes in terms of these components demonstrated that the six to eight participants identified 13 factors related to growth and development as having a major influence on their process of recovering. One component, work, was addressed nine times by the members as they discussed their perceptions of it being either a positive or negative influence, depending on the specifics of each individual's situation. One of the six members addressed his need to take time off

Table 2

Correlation of Themes Highlighting the Perceptions of the Six to Eight Participants with King's (1975) Concepts in the Personal System

Concept	Theme
Body Image	+ Being physically active/exercising (4/6) (4/6) (2/6); + Feeling well while recovering (1/8);
Growth and Development	-/+Work (4/8) (3/8) (2/6); + Desiring to be a good parent (3/8) (2/8); + Developing new friends (4/8); - Problems in relationships (3/8); + Trying to live a normal life/be at peace with self (3/8); + Sense of maturity (2/8); + Completing education (2/8); + Educational accomplishments (2/8); - Having money (2/8); - Retirement (1/8); + Setting additional goals to achieve (1/8); + Returning to works (1/6); + Taking time off from work (1/6);
Learning	+ Believing AA/NA meetings are beneficial (3/8) (4/6) (4/6); + Developing means to cope with anger/fear/frustration (4/6); + Learning how to cope with being addicted (4/8); + Admitting help is needed (1/8);

(table continues)

(table continued)

Concept	Theme
Perception	<ul style="list-style-type: none"> - Experiencing peer pressure (5/8); - Need to be in control (3/8); + Being hopeful (2/8); + Recognizing effects of drinking alcohol on using other substances (2/8); - Desire to meet people (2/8); - Desire to change (1/8); - Lifestyle (1/8); + Having a demand testing policy to follow (1/6);
Self	<ul style="list-style-type: none"> - Being dependent on alcohol and/other drugs (6/8); - Low self-esteem (5/8); + Reliance on a power greater than oneself (4/8); - Desire to continue drinking alcohol and/or using specific substances (4/8); - Anger/Frustration (1/8) (3/6); + Sense of determination (3/8); + Relying on help from others (2/8); - Primarily relying on self (2/8) (1/6); - Loneliness (1/8) (1/6); - Unsuccessful search for religious truths (1/8);
Space	<ul style="list-style-type: none"> - Geographic mobility (4/8); - Living in a specific place (2/8); + Fear of being sentenced to jail (2/8);
Time	<ul style="list-style-type: none"> + Taking one day at a time (3/8) (3/6); - Boredom (3/8) (2/8); + Pursuing specific leisure time activities (4/8); - Desiring to be involved in sports (2/8); + Focusing on the present (1/8); + Keeping busy (1/6);

Note: A positive influence is denoted by (+), and a negative influence is denoted by (-).

from work, and another how retirement would be a help to them as they attempted to maintain their sobriety, while another volunteer explained how returning to work would help him accomplish the same goal.

Seven other elements were believed to have a positive influence on the members' pursuit of recovering. Five references were made by members of their desire to be a good parent as motivating their pursuit. Four volunteers viewed developing new friends as a positive factor, while three other men identified trying to live a normal life/be at peace with self to be helpful. Different pairs of individuals perceived having a sense of maturity, education accomplishments and completing their education as favorable factors. One person identified setting additional goals to achieve as helpful.

On the other hand, two factors related to growth and development were categorized as having a negative influence on the members' process of recovering. These components were problems in relationships, as described by three men, and having money, which was noted by two participants.

Ten factors within the concept of self were enumerated by the eight group members. Seven of these components were categorized as negative components, while the other three were viewed as positive ones. Six of the eight participants identified that their dependency on alcohol and/other drugs would be a key negative factor in their recovery process. The strong effects of being dependent

were observed as four participants further discussed their desire to continue drinking alcohol and/or using specific substances. This desire definitely seemed to have negative implications for the participants' long term sobriety. Additionally, five of the eight individuals verbalized how their feeling of low self esteem would be a significant negative factor. Experiencing anger/frustration was initially cited by one of eight members and then by three of six participants as having a major negative effect on their process of recovering. Initially, two of eight individuals discussed the barriers posed to sobriety by their desire to rely primarily on themselves. References to this factor were then later made by one of the six participants. Loneliness was likewise viewed as a negative influence by one of eight members and then one of six volunteers. The potentially negative influence of an unsuccessful search for religious truths on long term sobriety was noted by a single participant.

Meanwhile, the eight participants identified three factors related to the concept of self which they perceived as being positive influences on their process of recovering. Four members explained how their reliance on a power greater than themselves might facilitate their recovering. Three men noted that their sense of determination to maintaining sobriety was a positive component, while another pair indicated that relying on help from others was important.

Eight factors within the concept of perception were cited as being

important to the eight participants' pursuit of recovering. Five components were perceived as being a negative influence, while the other three were classified as having a positive effect. Five of the eight men described their experiencing pressure from peers as being detrimental to recovering. Three individuals identified their need to be in control as a negative influence. Two other members perceived desiring to meet people in a negative manner. Single participants categorized the desire to change and a specific type of lifestyle as factors which might interfere with recovering. Meanwhile, two pairs of members cited being hopeful and recognizing the effects of drinking alcohol on using other substances as being helpful to the process of maintaining sobriety. One individual discussed having a policy of demand testing for evidence of substance use as being a positive influence.

The group members categorized seven factors related to the concept of time. Four of these components were perceived as positive influences, while three others were categorized as being negative. Four members categorized the pursuit of specific leisure time activities as a helpful factor. Initially, three of eight individuals and later three of six members identified taking each day at a time as being helpful to recovering, while one person noted that focusing on the present was important in this process. A single participant noted that keeping busy helped him pursue recovering. On the other hand, a total of five references were made by

members to the detrimental effects of boredom on the process. One pair cited the negative influence of desiring to be involved in sports on the maintenance of recovering.

Four factors related to the concept of learning were cited as positively influencing the process of recovering. An important part of the learning process for the members was acquiring the belief that attending 12 step program meetings was important to the maintenance of their sobriety. Initially, three of eight participants discussed this perspective. At later meetings four of the six volunteers twice addressed this factor. Four members further noted how learning how to cope with being addicted had helped them, while four of six other individuals discussed their need to learn how to cope with anger, frustration, and/or fear. One person noted that admitting help is needed was valuable.

Meanwhile, three elements within the concept of space were perceived by the members as influencing their process of recovering. Two of these were perceived as negative factors, while the third was viewed as a positive component. Four of the eight members discussed how geographic mobility, and two participants cited how living in a specific place had created problems for them. Meanwhile, the fear of being sentenced to jail was identified by two of eight individuals as positively influencing their process of recovering.

Two factors within the body image concept of the personal system were

identified by the members as positively influencing their sobriety. Ten references were made during the last group meeting of the participants' perspective that being physically active (exercising) would be important in their pursuit of recovering. One individual described the positive effects of feeling well while recovering as helping to motivate him to maintain his sobriety.

What factors within their interpersonal system do members perceive affecting their recovering from chemical addiction?

As shown in Table 1, the answer to the second research question was based on the analysis of the themes derived from the eight group members' responses to the fourth, fifth and sixth questions on the discussion guide, and the six members' replies to the tenth, eleventh, twelfth and thirteenth queries on the guide. This process demonstrated that these themes reflected the components of the interpersonal system as classified by King (1995). As noted in the discussion of the answer to the first research question, many of the themes reflected a number of the concepts specified within this system. However, for the purposes of brevity, each theme has been addressed within only one concept. The results of the analysis of the themes categorized within the interpersonal system are shown in Table 3.

Six themes were placed within the concept of interaction. All of these themes were perceived by the members as positively influencing their process of recovering. Five of the eight members discussed how significant others had

Table 3

Correlation of Themes Highlighting the Perceptions of the Participants with King's (1975) Concepts in the Interpersonal System

Concept	Theme
Communication	<ul style="list-style-type: none"> + Offer understanding of feelings/problems (2/8); + Confront with effects of addiction/problems/behaviors (2/8); + Confront when lying (1/8);
Interaction	<ul style="list-style-type: none"> + Provide support of needs (5/8); + Attend Alcoholics Anonymous/Narcotics Anonymous meetings (4/6) (4/6) (1/6); + Provide unconditional love (2/8); + Take to 12 step meetings (2/8); + Rely on support of others pursuing recovering (2/8); + Accept constructive criticism (1/8);
Stress	<ul style="list-style-type: none"> - Provide history of addiction/encouraged use of alcohol and/or other substances (4/8); - Give person sense of alienation (4/8); - Provide memories of not being reliable in not meeting person's needs/unable to give support (3/8); - Promote feelings of anger/hostility/aggression (2/8); - Promote sense of low self esteem (2/8); - Promote sense of hopelessness that person will be unable to remain sober (2/8); - Family (2/6);
Role	<ul style="list-style-type: none"> + Rely on inner strength (2/8); + Walk away from troubling situations (2/8); + Forgive family members (1/8); + Spending time with family members (1/6); + Spending time with people (1/6);

(table continues)

(table continued)

Concept	Theme
Transactions	+ Rely on support/sponsor (2/6 (4/6); + Maintain a positive attitude (4/8); + Maintain faith in recovering program (2/8); + Rely on family members (2/6); + Acknowledge problems will occur as recovering is pursued (1/8).

Note: A positive influence is denoted by (+), and a negative influence is denoted by (-).

provided them with support for their needs. The importance of interactions experienced when attending Alcoholics Anonymous/Narcotics Anonymous meetings were addressed frequently throughout the last of the four group meetings. The six participants in this meeting made a total of nine references to this theme. Pairs of participants also cited the need for significant others to provide unconditional love during their interactions and to take them to 12 step meetings. Another pair of members cited the need for them to rely on the support of others while they were pursuing their recovering. One of six volunteers further noted the need for individuals to accept constructive criticism while interacting with others.

When discussing factors within their interpersonal systems which the eight members believed would influence their pursuit of recovering, they adamantly described the stresses that they had experienced in their encounters with family members and friends. The participants identified seven factors related to stress within this system that they perceived would negatively influence this process. Two sections of four volunteers explained how their significant others had either provided them with a history of addiction or had encouraged their use of alcohol and/or other substances, or given them a sense of alienation. Three other of the eight group members discussed how their family members and friends had provided them with memories how they could not rely on them for support when needed. Meanwhile, four pairs of individuals gave vivid examples of stresses

caused by their family, and how their interpersonal systems had promoted their feelings of anger/hostility/aggression, their low self esteem, and the sense of hopelessness that they will be unable to remain sober.

However, while the eight participants had enumerated the stresses they had endured in their interpersonal systems, they further cited the beneficial effects they had experienced during transactions with other significant others. Four of the eight members specified how these experiences had helped them maintain a positive attitude. Two people specified the importance of others helping them maintain their faith in their program of recovering. Additionally, six references were made to the importance of relying on the support of others, especially their sponsor. Two of the six individuals further specified their need to rely on help from their family members. Single participants emphasized how transactions with others had helped them acknowledge the reality that problems will occur as they pursue recovering, and the others had taken care of their affairs so that they could pursue treatment.

During their discussion of factors within their interpersonal systems, the six to eight members identified five specific roles that they believed that they should assume within these systems. The participants perceived that fulfilling these roles would positively influence their pursuit of recovering. Three pairs of the eight volunteers cited the importance of them relying on their own inner strength, and

walking away from troubling situations. One of the eight members identified the need for them to forgive their family members for prior problems. Meanwhile, single participants in the discussion of six members cited the importance of them spending time with family members, or other people.

The positive effects of three factors resulting from communicating within interpersonal systems were noted by a few of the participants. Two pairs of the eight members explained how this process had offered them an understanding of their feelings and problems, or had helped them by confronting them with the effects of their addictions. A single person noted the importance of communicating with others who had confronted him when he had lied.

What factors within their social systems do members perceive affecting their recovery from addictions?

As shown in Table 1, the answer to the third research question was based on the analysis of the themes derived from the eight group members' responses to the questions seven, eight, and nine on the discussion guide, and the six members' replies to the tenth, eleventh, twelfth and thirteenth queries on the guide. This process demonstrated that these themes reflected all of the components of the social system as specified by King (1995). As discussed previously, many of the themes reflected a number of these concepts. However, for the purposes of brevity, each them has been categorized within only one concept. The results of

the analysis of the themes categorized within the social system are illustrated in Table 4.

Much of the third meeting when the eight members discussed the factors within their social systems which would influence their pursuit of sobriety addressed the reality that they felt powerless in many situations. Two sections of five of the eight participants discussed the power of media images of alcohol/drugs/sex, or listening to specific music on promoting their desire to use alcohol and/or other drugs. Four of the eight volunteers identified how watching sporting events create a similar effect. Meanwhile, two sets of three individuals noted that seeing beer and liquor stores or bars, and advertisements for these products prompted their cravings. Single persons described how gambling casinos, or easy access to bars produced such effects as well.

Additionally, four of the eight group members discussed how listening to specific music helped them gain a sense of power over their desire to use alcohol and/or other substances. One person noted that the participants need to admit that they are powerless over their ability to control their use of addicting chemicals. Another individual cited the need for them to gain a sense of power over their situation by advocating for changes with society.

Throughout the eight members' discussion of factors within their social systems, they emphasized the importance of their ability to make the correct

Table 4

Correlation of Themes Highlighting the Perceptions of the Participants with King's (1975) Concepts in the Social System

Concept	Theme
Authority	<ul style="list-style-type: none"> - Work situations (4/8); + Develop skill in saying "No, " assertively and not aggressively (4/8); + Invite people to AA meetings/learn about the program and addictions (2/8);
Decision Making	<ul style="list-style-type: none"> + Anticipate how to cope with cravings/thoughts of using alcohol and/or other substances (5/8); + Change friends who encourage the use of alcohol and/or other substances (3/8); + Change situations which lead to using alcohol and/or alcohol and/or other substances (3/8); + Take one day at a time (3/8); - Attending special events (1/8); - Not viewing addiction as a disease (1/8); + Do not keep alcohol/other substance in one's home (1/8); + Remember process of recovering does eventually become easier (1/8); + Acknowledge some people are trying to help (1/8); + Planning how to avoid bars (1/6);
Organization	<ul style="list-style-type: none"> + Attend AA meetings (3/8); + Rely on support of sponsor (2/8); + Work (2/6); + Pursuing counseling (1/6); + Staying at a halfway house (1/6);

(table continues)

(table continued)

Concept	Theme
Power	<ul style="list-style-type: none"> - Media images of alcohol/drugs/sex (5/8); - Listening to music (5/8); + Listening to music (4/8); - Watching sporting events (4/8); - Beer/liquor stores and bars (3/8); - Advertisements (3/8); - Gambling casinos (1/8); + Advocate for societal changes (1/8); + Admit being powerless over the use of alcohol and/or other substances (1/8); - Easy access to bars (1/6);
Status	<ul style="list-style-type: none"> - Stigma of being an alcoholic/addict (3/8); + Finding employment (1/6)

Note: A positive influence is denoted by (+), and a negative influence is denoted by

(-).

decisions in times of choice. Five of the eight individuals focused on their need to anticipate how they should cope with their cravings and thoughts of using alcohol and/or other substances. Three sets of three of the eight individuals emphasized their need to make decisions regarding changing both friends or situations which promote the use of alcohol and /or other substances, and to take one day at a time. Single participants emphasized decision making regarding their attending special events, not viewing addiction as a disease, not keeping alcohol/other substances in their own home, remembering that the process of recovering does eventually become easier, acknowledging that some people are trying to help them, and planning how to avoid bars.

Three factors related to authority were identified in the eight participants' discussion of their social systems. Two of these were perceived as positively influencing their pursuit of sobriety, while one was seen as having negative effects. Four of the eight individuals cited the barriers to recovering posed by their employment situations. Two pairs of the eight volunteers identified the importance of their developing skill in saying "No" in an assertive and not aggressive manner, or inviting other people to 12 step meetings so they might learn about its program and addictions in general.

Five factors related to organization were specified by the participants as positively influencing their process of recovering. Three of the eight members cited

the importance of attending meetings of Alcoholics Anonymous. Two pairs of individuals noted the importance of relying on their sponsor and working. Single members of the group of six people identified the need to pursue counseling, or stay at a halfway house.

Only two factors that addressed the concept of status were identified in the themes derived from the participants' discussion of the influence of their social systems on their process of recovering. Three of the eight volunteers identified problems related to the stigma of being an alcoholic/addict. One person, however, noted the positive effects of finding employment.

What were the members perceptions of the influence of the animal assisted therapy on their ability to cope with these factors as they recover from chemical addiction?

As highlighted in Table 1, the answer to the fourth research question was formulated from the analysis of the themes derived from the six participants' responses to the fourteenth and fifteenth questions on the discussion guide. The six group members noted that the four meetings of themselves, the leader and Nietzsche helped them ventilate and cope with their feelings, while they bonded with each other. Five of the six volunteers explained their perceptions of how the presence of Nietzsche in the group had facilitated this bond. Five individuals further described how the experience had helped them develop positive perspectives of

their life, while four others noted how their level of self esteem had increased.

Nietzsche's effect on helping the participants relax during the sessions was specified by four of the six persons. Two sets of three individuals described how having the dog present had helped promote a family like environment and alleviated their sense of loneliness. Two other members explained how Nietzsche had helped them cope with their own fears and anger.

Relationship of the Conclusions to the Conceptual Framework

The information gathered in this study illustrated how animal assisted group therapy helped a group of six to eight men who were pursuing recovering from a chemical addiction bond and interact to identify factors which they perceived would influence their ability to maintain sobriety. King's (1981, 1992) framework emphasized the value and importance of perception as being integral in communication, interactions, and the process of setting goals. The findings of this research highlighted the critical importance of understanding individuals' perceptions of factors within their internal and external environments.

King's (1981) theoretical framework emphasized the interdependence of the personal, interpersonal, and social systems. The findings of this study confirm this strong interdependence. The factors that the six to eight members identified as being important to their pursuit of recovering had effects on others in their own system and those concepts within each of the other types of systems. This study's

conclusions emphasize the importance of acknowledging the strength of this interdependence when planning care for individuals pursuing recovering from chemical addiction.

King (1981) defined effective communication as “an interchange of thoughts and opinions among individuals. . . . [that] satisfies basic desires for recognition, participation, and self-realization” (p. 62). This perspective of communication was present within four meetings of the animal assisted group therapy for six to eight individuals pursuing recovering from chemical addiction. The study’s findings showed how the volunteers felt accepted and relaxed within the group environment, which had quickly promoted a strong bond among the members. Five of six participants perceived that the presence of Nietzsche had positively influenced the process of communication, interaction and bonding.

Given the opportunity to share personal views in a pet enhanced environment that was open, safe, and accessible resulted in the six to eight participants exchanging their feelings, thoughts, and beliefs with an extraordinary ease and readiness, as they settled into a relaxed, comfortable, conversational mode. The interaction during the four group meetings, while guided by a semistructured format, revealed many areas of shared values, views, experiences and feelings among the eight participants. The unique aspects of the individuals were noted as being important by the volunteers, they verbalized that every view

that was revealed enabled them to obtain greater insight into themselves. This finding supports King's (1981) statement that, "Transactions represent a life situation in which each person enters the situation as an active participant, and each is changed in the process of these experiences."(p. 142)

King (1981) interpreted transactions to mean "the transfer of value between two or more people" (p. 81), while "interactions are the acts of two or more persons in mutual presence" (p. 85). Experiencing feeling relaxed and respected when interacting in the group allowed the six to eight participants to verbalize a wide range of perceptions. The analysis of their responses to the fifteen questions on the discussion guide showed that they tended to have various opinions on the topics addressed. Agreement on a specific perception occurred rarely in the group. Meanwhile, the members felt accepted and able to express their own feelings and values within the meetings. This reality lead to transactions as the members accomplished their goals and outlined their plans for relapse prevention. The fact the each member delineated a plan that was specific to his unique needs was important if the members are ultimately to succeed in maintaining their process of sobriety.

According to King (1981), "the major elements of goal attainment are discovered in the interpersonal system, in which people come together to help and to be helped to maintain a state of health that permits functioning

goals and that the theory describes a nurse-client interaction the leads to achievement of goals” (p. 142).

The findings of this study suggest that nurse-group interactions can be enhanced by the presence of an animal. The animal in the group setting facilitates relaxation thereby creating a perception of a safe place to exchange information.

The first of the King’s (1981) eight propositions which states that, “If perceptual accuracy is present in nurse-client interactions, transactions will occur” (p. 149), was illustrated by the ease by which the eight participants in the group quickly establish trust during the first session. The presence of the dog created a relaxed family type setting which acted to alleviate some of the volunteers’ fear of communicating. Thus, fostering a perception of accurate interactions and transactions. King’s (1981) fifth proposition, “If transactions are made in nurse-client interactions, growth and development will be enhanced” (p. 149), was portrayed by the participant’s desire to understand themselves better in the hopes of promoting their health through recovering from addictive substance. The goal of better self understanding was obtained through the transactions with the nurse, dog and other group members. The eighth and last of King’s (1981) propositions states, “If nurses with special knowledge and skills communicate appropriate information to clients, mutual goal setting and goal attainment will occur” (p. 149). This proposition was supported in the last group session by the six participants

verbalization of a more positive outlook about recovering and greater belief in themselves concerning success in their recovering.

King (1981) hypothesized that “Perceptual accuracy in nurse-patient interactions increases mutual goal setting” (p. 156). The findings from this study support this hypothesis that the nurse-group member interactions had been helpful in promoting the members’ ability to ventilate and cope with their feelings. By acknowledging this goal, the members formulated plans to achieve it.

King (1981) further hypothesized “Communication increases mutual goal setting between nurses and patients and leads to satisfaction” (p. 156). The findings from this study support this hypothesis as the presence of an animal enhanced the nurse-group members’ interactions. Four of the six participants noted that the dog’s presence had created a family like atmosphere, and thereby removed fear of communication.

King (1981) stated that “Satisfactions in nurses and patients increase goal attainment” (p. 156). The study’s conclusions addressed the satisfaction that the participants expressed at the animal’s presence, which had enabled them to communicate and share their methods of controlling their own lives to manage their cravings and triggers for chemical substances. The researcher’s sense of satisfaction grew with each consecutive meeting as she observed that the volunteers’ attitudes changed, from defeat and struggle, to knowing they could

change their perspectives and maintain their recovering.

Relation of Findings to the Review of Literature

The correlation of the conclusions of this study to findings in the review of literature are presented in the following sections. Both congruencies and idiosyncrasies with the review are included.

Correlation of the Study's Findings with Literature Reviewed on the Application of King's Theory

As previously noted in the answers to the research questions, the interacting systems of King's (1981) framework were evident in the themes derived from the comments of the eight participants. The participants' perceptions of their personal, interpersonal, and social systems and the interactions between the systems all rely on communication.

All the group participants in this study noted that the presence of the dog had facilitated an atmosphere of openness, which allowed them to explore and devise their mutual goals towards abstinence. This finding illustrated Sieloff's (1995) statement that for a system to function successfully, it must be maintained. The process of system maintenance for this research was accomplished through the openness of communication and self regulation of the participants.

The findings of this research were very similar to that of Dean (1997), who presented a model of shared control as a secondary prevention strategy with an

elderly alcohol abuser. Dean found that when the client was involved bringing information into the nurse-patient relationship that agreeable goals were reached. This research identified that the relaxed atmosphere created by the presence of the dog allowed all the participants to contribute their knowledge to the group. This reality allowed them to formulate realistic goals, and develop strategies for situations which could challenge their sobriety.

The conclusion of Froman's (1995) test of King's (1981) theory verified that the greater the congruency between the clients' and the nurses' perception of an illness situation, the greater the degree of satisfaction of care. This research's finding illustrated Froman's (1995) conclusion, as the participants emphasized that their interactions and communications had aided in their understanding and recovering process.

Correlation of Study Findings with Literature on Pet Therapy Programs

Animal assisted therapy has been a topic of increasing interest as evidenced in the growing number of publications concerning this topic over the last 20 years. This research's findings very much illustrates the promotion of well being (Levinson, 1972) , and of social interaction (Corson, et al., 1974). These feelings were verbalized by all eight participants.

In Blenner's (1991) study, clients with fertility issues utilized a companion animal to replace their loss, heal their emotions, and form connections to the

outside world. The eight group members demonstrated similar behaviors.

Cole and Gawlinski (1995) found that animal assisted therapy resulted in the client's increased well being, and sense of happiness, with decreased loneliness.

The volunteers in this research appeared to experience similar feelings.

Levinson (1972) used pets for cuddling, affection, and unconditional acceptance. The participants in the research illustrated a similar need for unconditional love and acceptance and found this in the non-judgmental presence of the dog. However, one participant expressed a wish that it would have been better if Nietzsche had let him pet him.

Correlation of Study Findings with Literature on Substance Abuse

The experiences observed in this group illustrate the principles of Gorski's (1990) relapse prevention program. The components that were noted include a development of an in-depth understanding of their chemical dependence and the recovery process. The group members worked on learning to interrupt their chemical dependent thinking, manage their feelings and emotions, and interrupt self defeating drug seeking behaviors without mood altering chemicals.

Similarly the research's findings are totally supportive of the conclusions in Grinspoon (1995), who showed that it is important for individuals to identify and record the triggers that cause their use of chemicals. This study's findings showed the wide range of factors that the members perceived would trigger a relapse.

Groups have been effective in treating chemical addiction because the personal relationship within the group create a social life independent of the use of substances (Elder, 1990). Friendship bonds each group member without being exploitive. As a result, the group members realized that they were not alone, while feeling less despair and less shame. At the same time, by watching others, the group members were able to clarify their distorted ideas and sustain their resolution to give up using chemicals. Elder maintained that group therapy empowers the members, confronts denial, provides greater self knowledge, and develops internal personal control. This research's findings supported all of the elements as noted by Elder.

Conclusion.

This section summarized the findings of this study. Specific areas addressed were the research questions, conceptual framework, and the literature review.

Analysis of the Research Process

In qualitative research, the processes of collection, analysis, and presentation may potentially influence the conclusions drawn from the study. An analysis of the research process is succinctly presented in the following sections: recruitment and human rights; data collection; utilization of the semi-structured discussion guide; process of analysis; and effects on the researcher.

It is interesting to note that in the history of the treatment center no group

discussion sessions were so anticipated by the participants as this research study. Residents and staff alike made a point of acknowledging the dog on his way into the group meetings. Therefore, the acceptance of the dog's presence appears to have had a positive influence on the whole treatment center. The presence of the dog gave residents, participants and staff a different focus from the issue of addiction treatment thereby promoting a more relaxed atmosphere in which to interact. These interaction exemplify the critical importance of transactions as held within King's (1981) nursing theory.

Recruitment Process and Protection of Human Rights

Every effort was made to insure that all eight volunteers not only met the pre-selected criteria, but felt no pressure to participate in the study. Several meetings were held with the researcher, the site coordinator, and the project director prior to the recruitment of the volunteers. A clear understanding of the intent of the research and the manner in which it was to be conducted were conveyed to all principals. An interpretation of the logistics of the study was sought from the center's staff and clarification was given until communication between the staff and the researcher revealed a mutual understanding of the facts.

Once the mutual understanding of facts had been established and the staff members were comfortable with the idea of the research, the staff talked to the residents of the center and volunteers began to request to be included in the study

group. There was no difficulty in recruiting sufficient volunteers for the research. Following these processes insured the rights of the participants were fully protected.

Means of Data Collection

The perceptions of the six to eight participants obtained in four group discussions, which were conducted over a 2 week period. Eight participants were present during the first three sessions, but only six attended the final group discussion session. Two of the volunteers had opted to leave the treatment center and thus were not present at the last session. The two participants who chose to leave did, however, agree to having their comments in the three sessions that they did attend included in the research.

Audiorecording the discussions proved to be invaluable in allowing the researcher unlimited access to not only the words of the eight participants, but to their affects as well. The obvious variances in their affects during the course of the discussion groups were evident as the areas under discussion changed. In addition, the demeanor of each participant took on a flavor of its own which was more completely captured on audiotape than would have been possible using only field notes.

Semistructured Discussion Guide

The use of the discussion guide provided a necessary foundation for

helping this novice researcher maintain her focus through the discussion process.

The guide helped to keep the researcher in touch with the study and insure that all key areas of inquiry were introduced when it would have been too easy to stray.

The discussion guide questions did supply sufficiently rich information to answer the research questions. Therefore, the need to change or delete any of the questions should not be considered.

However, the discussion guide may have been better utilized in the analysis of the effect of pet therapy if the last question of the study guide [#15] had been utilized at the end of each discussion group meeting. This process may have provided more information on the cumulative advance of pet therapy over the entire progression of group meetings.

Also, it may be beneficial if the semistructured discussion guide was restructured to look at societal issues first, interpersonal transactions second and focused on the personal system last. This ordering might have fit well with the members being more open and relaxed as the number of meetings progressed.

Process of Analysis

The audiotape from each group meeting was played at regular speed and listened to through a pair of headphones. The tape ran uninterrupted and an overall sense of the atmosphere of the meeting was recaptured. The tape was then rerun at a slower speed and transcribed into hardcopy on the computer by the researcher.

Each of the transcripts was then read and reread for clarity and understanding of the typed format. In collaboration with the thesis director, a color-coded system for analyzing the eight participants response to each question on the discussion guide was developed. Specific themes found in the responses to each question were charted and highlighted with the appropriate color.

After the responses had been color coded, each transcript was reread to insure that all themes occurred naturally, followed a logical sequence, and were not forced into categories. Any modifications were recorded on the master chart and the individual transcript. To insure rigor with the process, the transcripts and the color-coded chart were read and critiqued by the thesis director.

All information collected was again examined for correlation and incongruity with the conceptual framework. Themes were placed within the framework according to the natural fit of the subject and the definition of the concept. The entire analysis was then again reviewed and critiqued by the thesis director, who is knowledgeable in both qualitative studies and King's (1981) framework. Adjustments were made as indicated through the extensive review process.

Effects of the Process on the Researcher

As indicated by various researchers in the literature review, (Babbie, 1995; Barriball & While, 1994; Streubert & Carpenter, 1995), qualitative research brings

with it the risk of emotional tension for the researcher conducting an interview. Similar effects were noted by this researcher, especially with respect to the participant who exhibited anger and rage. The individual prior to his extreme emotional outburst was commenting on the fact that he realized for himself that if he ever used chemical substances again he would end up killing his ex-wife and himself. During that incident, Neitzche's presence was most beneficial in diffusing the volunteer's feelings! As the anger escalated the dog very quietly went and stood at the participant's feet and looked up at him and appeared to have the effect of draining away the intense emotion of the volunteer. This particular incident was stressful for not only the researcher, but also for the other participants. This individual had previously admitted that he had very violent episodes were he had destroyed furniture, windows and also hurt other people. The remaining meetings did not produce any similar intense emotional or stressful responses. In fact, the researcher experienced less stress and emotional exhaustion with this group than with other groups that the researcher has facilitated over the years.

Implications of Findings

The analysis of the information collected and the utilization of the conceptual framework supported several implications for nursing in the realm of practice, education, and management. Specific implications from the findings of this research are discussed in the following sections.

Nursing Practice

The clinical implications of the study's findings demonstrate multiple factors for consideration in utilization. The applicability of King's (1981, 1992) theory for nursing structure based upon this nursing theory for nurses working in structured care settings is feasible.

All of King's (1981) propositions supporting the theory of goal attainment were evidenced in the discussions between the participants and the researcher. The examination of the conceptual framework as correlated to the findings of this study support the value and critical necessity for nurse-client, and client-client interactions that lead to transactions, and ultimately goal setting.

The importance of clarifying perceptions and validating meanings of critical terms was demonstrated. The variety and unique values assigned to concepts require mutual understanding to assure that communication is accurate and understood. King (1981) stated that "if perceptual accuracy is present . . . transactions will occur" (p. 149). Establishing the depth and rapport necessary to clarify perceptions that lead to transactions requires several elements, relaxation to facilitate two way understand and time to allow the necessary communication.

Nurses need to have quality time for their clients, in an atmosphere that allows private exchange and dialogue. The presence of an animal appeared to effectively reduce the amount of time required to form the essential rapport. The

animal appeared to create a common focus to permit the energy flow between the principals to continue naturally and without artificial disruption. Without barriers and distractions, the client and nurse have the ability and opportunity to establish mutual goals. Achievement of goals provides nurses with an accurate tool for measuring the effectiveness of nursing interventions and serves as a building block for the establishment of other related goals.

One of King's (1981) hypotheses stated that "congruence in role expectation and role performance increases transactions in nurse-patient interactions" (p. 156). To this end, the nurse must be knowledgeable in the principles of practice based upon the disease process of the client, namely substance abuse and addiction. Additionally, the nurse must be knowledgeable about effective communication skills.

The interdependence of the personal, interpersonal, and social systems emphasized the need to interact with the reality and totality of the individual and not in isolation. Discovery of the complexity of issues, perception of priorities, and establishment of values promoted a relation between nurse and client that is built on openness, trust, and knowledge. This relationship, which is enhanced by the neutral presence of an animal, permits a thorough, accurate, and individual assessment of each client that interweaves the reality of all systems, plus the knowledge and expertise found in the nurse.

The client's perceptions of self, educational level, cultural background, religious traditions, and socioeconomic factors influence the manner in which client-nurse communications are conducted. The nurse in the practice setting must be sensitive to and knowledgeable about the influences of these highly individual factors. Taking the time necessary to thoroughly assess each client, identify areas of need as seen by both client and nurse, and assisting the client to gain a comprehensive view of his/her self will facilitate the perceptual accuracy, transactions, and mutual goal setting of the interrupting of the pattern. The nurse being able to observe the client's interaction with an animal provides insights into the client's background and issues, that normal verbal questioning takes longer to discern.

By utilizing a nursing practice based upon the systems framework, the value of perception, interaction, transaction, and mutual understanding was supported within this study. The applicability of utilizing these concepts in practice with populations who are addicted is practical and provides personalized structure within which to engage each individual. The process of engagement was enhanced, spontaneous, zealous, and pleasurable for all individuals concerned because of the presence of the animal.

Nursing Education

The findings of this research support the need to expand the awareness of

nursing students regarding the broad impact of animal assisted therapy. The student nurse's perceptions in ascertaining appropriate nursing interventions would be best challenged to include elements, such as animal assisted therapy, to open the door of patient humanity. Conceptions of commonly accepted terms, such as health and quality of life, must be viewed as the client sees them.

Clarifications and understanding of perceptions related to self, environment, and health are achieved through the use of effective communication skills. Utilizing active listening techniques, allowing open discourse, and employing any of the many accepted strategies to validate and clarify what is being said, help to establish the value and importance of the communication as well as attain perceptual accuracy. The value of communication, the skills and techniques to foster in depth exchange, and the power of nonverbal communication must be reiterated and incorporated through out the curriculum for basic nursing education and even in continuing education. Communication skills were proven greatly improved due to the presence of the alternate focus of the animal.

Practice with a population, who are addicted to chemical substances, requires extra effort and diligence to clarify perceptions and terminology in communication. Efforts with behavioral change require understanding, mutual perception, and sensitivity to the condition of the client population. Expansion of communication, interaction, and transaction are likely outgrowths in education that

is validated by the experiences and findings of this study.

Nursing education should be expanded to include more information regarding the assessment and intervention aspects of an addicted client population . This format would provide the nurse with more expertise and knowledge upon which to plan care with the client. The nurse must be viewed as skilled and knowledgeable in the disease process to facilitate effective communication with an addicted population, or to develop effective prevention programming with other client populations. The impact of drug abuse and addictions in our society demands that today's nurses be enlightened about the disease process, appropriate intervention skills, and strategies for primary prevention.

Nursing Management

Implications within nursing management are viewed within two dimensions. The first dimension is the effectiveness of the treatment on a life changing basis. The second dimension is the cost effectiveness of the treatment and its success. In both instances, group therapy is effective and cost efficient. The introduction of a pet into this equation facilitates a more relaxed and open setting that encourages interactions, and movement towards mutual goal attainment.

The field of animal assisted therapy should be incorporated into nursing interventions. If a nurse has the time to be acquainted with the animals and has opportunity to utilize animal assisted therapy this researcher believes the benefits

to the client in terms of improved self esteem, increased hope and faith in a positive outcome of intervention, in and of itself will improve the quality of the clients care.

Recommendations for Future Research

Due to the small sample size, it is believed that the study should be repeated on an ongoing basis so that more data may be obtained, processed, and compared. The study would be improved with the inclusion of a question at the end of each discussion session regarding the participants' perceptions of the role that the dog played in each meeting. Restructuring the semistructured discussion guide to look at societal issues first, interpersonal transaction second, and focusing on the personal system last may be of benefit as the members were more open and relaxed as the number of meetings progressed.

Another method that could promote relaxation and greater interaction would be to allow the group members to play with the dog for a preset time before each group meeting. The suggested time frame would be from 15 to 20 minutes.

It would be interesting to repeat this research with different breeds of dogs, and or other animals. The similarities and difference may illustrate that one breed of dog or different animal may be more appropriate for different personality types. The replication of this study with a group of women who are recovering form chemical addictions would provide an intriguing male/female comparison. Also,

examination of animal assisted therapy in recovery group therapy sessions with individuals of different ethnic cultures may provide addition information for healing interventions. Further, it is suggested that the research be repeated again with two groups, one being a control group with no dog and the other group utilizing a dog. This would provide more valid information for data comparison purposes.

In this research, the presence of an animal appeared to effectively reduce the amount of time required to form the essential rapport between the nurse and the research participants. Therefore, further study is recommended to validate or disprove this observation.

Another aspect that could be looked at, would be the stress level of the animal used in the discussion group therapy sessions. It may be beneficial if an animal were present at the facility 24 hours a day, but only if the animal could tolerate the stress. On the other hand, it could be advantageous to have the pets live off site and to be available at set intervals or time periods.

A long term research study could be conducted to see if the participants in pet assisted therapy did in fact maintain sobriety. Then a comparison of statistics of animal assisted therapy versus the percentages to treatment facility graduates with no animal assisted therapy intervention could be made. Additional research could also be conducted to ascertain under what conditions are animal assisted therapy programs not advisable or potentially harmful?

Closure

Facilitating qualitative studies with a population perceived to have special needs presented the researcher with personal and professional challenges. The application of King's (1971, 1981, 1988, 1989, 1990a, 1990b, 1992, 1994, 1995, 1996, 1997, 1998) conceptual framework was readily accomplished due to the universal nature of the concepts of perception, communication, and interacting systems. The illustration of the role that the personal system plays in the ability of individuals to function within their interpersonal and social systems without the use of chemical substances should be noted by all nurses and health care professionals. The intrinsic value of self, self worth and dignity appears to be the core of addictive issues.

The presence of an animal allowed for the removal of barriers to effect communication, which in turn promoted transactions. Therefore, individuals were able to synthesize information and transform their concepts of self from negative connotations to a more positive perceptions of themselves.

References

- Ackerman, M., Clanton, J., Jones, C., Mariner, A., Moody, S., Perlich, G., Price, D., & Pruinski, B. (1994). Theory of goal attainment. In Mariner, A., (Ed.) *Nursing theorists and their work*, (pp. 305-317). Toronto: Mosby.
- Allen, K. M., Blascovich, J., Tomka, J., & Kelsey, R. (1991). Presence of human friends and pet dogs as moderators of autonomic responses to stress in women. *Journal of Personality and Social Psychology* 61, 582-589.
- Allen, K. (1996). *Nursing care of the addicted client*. Philadelphia, PA: Lipencott
- American Psychological Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd Ed.). Washington, DC: Author
- Anderson, C., & Snow, D. (1998). Reports of violence and relationship addiction: Triggers to alcohol and other drug relapse. *Journal of Addictions Nursing* 10, 5-14.
- Babbie, E. (1995). *The practice of social research* (7th Ed). Belmont: Wadsworth.
- Barrball, K., & While, A. (1994). Collecting data using a semi-structured interview: A discussion paper. *Journal of Advanced Nursing* 19, 328-335.
- Baun, M., Bergstrom, N., Langston, N., & Thoma, L. (1983). Physiological effects of human\companion animal bonding. *Nursing Research* 33(3), 126-129.

- Baun, M. M., Getting, K., & Bergstorm, N. (1991). Health benefits of companion animals in relaxation to the physiologic indices of relaxation. *Holistic Nursing Practice*, 7, 16-23.
- Beck, A., & Katcher, A. (1983). *Between pets and people: The importance of animal ownership*. New York: G. P. Putnam's Sons.
- Beck, A. M., Friedman, E., Katcher, A. H., & Lynch, J. (1983). Looking, talking and blood pressure: The physiological consequences of interaction with the living environment. In A. H. Katcher & A. M. Beck (Eds.), *New perspectives on our lives with companion animals* (pp. 351-359). Philadelphia: University of Pennsylvania Press.
- Beck, C. (1993). Qualitative research: The evaluation of its credibility, fittingness, and auditability. *Western Journal of Nursing Research*, 15, 263-266.
- Bennett, G., & Woolf, D. (1991) *Substance abuse* (2nd ed.). Albany, NY: Delmar.
- Bennett, J. (1995). The winner's group: A self-help group for homeless chemically dependent persons. *Journal of Psychosocial Nursing*, 33(4), 14-19.
- Berg, B. (1995). *Qualitative research methods for the social sciences* (2nd ed.). Boston: Allyn and Bacon.
- Blenner, J. (1991). The therapeutic function of companion animals in infertility. *Holistic Nursing*, 5(2), 6-10.

- Bustard, L. K., & Hines, L. M. (1983) Placement of animals with elderly: Benefits and strategies. In A. H. Katcher & A. M. Beck (Eds.), *New perspectives on our lives with companion animals* (pp. 291-302). Philadelphia: University of Pennsylvania Press.
- Calladine, M. (1996), Nursing process for health promotion using King's theory. *Journal of Community Health Nursing, 13*, 51-57.
- Carey, M., & Smith, M. (1992). Capturing the group effect in focus groups: A special concern in analysis. *Qualitative Health Research, 2*, 263-277.
- Carter, K., & Dufour, L. (1994). King's theory: A critique of the critiques. *Nursing Science Quarterly, 7*, 128-133.
- Chandler, M. (1995). Solution-focused therapy: An alternative approach to addiction nursing. *Perspectives in Psychiatric Care, 31(1)*, 8-13.
- Chinner, T. (1991). An exploratory study on the viability and the efficacy of a pet facilitated therapy project within a hospice. *Journal of Palliative Care, 7(4)*, 13-20.
- Clark, C. (1994), *The nurse as a group leader*. New York: Springer.
- Cloud, W., & Granfield, R. (1994). Natural recovery from addiction: Treatment implications. *Addictions Nursing, 6*, 112-116.

- Cole, K., & Gawlinski, A. (1995). Animal assisted therapy in the intensive care unit. *Nursing Clinics of North America*, 30, 529-537.
- Corson, S. A., Corson, E., & Gwynne, P. (1975). Pet facilitated psychotherapy. In R. Anderson (Ed.), *Pets, animals and society*. London: Bailliere-Tindall.
- Cusack, O. (1988). Pets and elderly. In O. Cusack (Ed.), *Pets and mental health*. (pp. 133-152). New York: Haworth.
- Dagg, P., & Evans, J. (1997). The synergy of group and individual psychotherapy training. *American Journal of Psychotherapy*, 51, 204-209.
- Darling, A. (1997). *A qualitative study of caring within the human-animal bond in adults living with chronic illness*. Unpublished master's thesis, D'Youville College, Buffalo, NY.
- Dean, P. R. (1997). A case study: The model of shared control as a secondary prevention strategy with an elderly alcohol abuser. *Journal of Addictions Nursing*, 9, 125-128.
- Dilorio, C., Hockenberry-Eaton, M., Maibach, E., & Rivero, T. (1994). Focus groups: An interview method for nursing research. *Journal of Neuroscience Nursing*, 26, 175-180.
- Drew, N. (1989). The interviewer's experience as data in phenomenological research. *Western Journal of Nursing Research*, 11, 431-439.

- Elder, I. (1990). *Conducting group therapy with addicts*. Blue Ridge Summit, PA: Tab Books.
- Faugier, J., & Sargeant, M. (1997). Sampling hard to reach populations. *Journal of Advanced Nursing*, 26, 790-797.
- Feigenbaum, J. (1996). Changes of senior baccalaureate nursing students' perceptions of individuals who are substance abusers. *Addictions Nursing*, 7, 90-95.
- Fila, D. (1991). The significance of companion animals to a geriatric vascular patient: A case study. *Holistic Nurse Practitioner* 1991, 5, 11-15.
- Fleury, J. (1991). Empowering potential: A theory of wellness motivation. *Nursing Research*, 40, 286-291.
- Francis, G. (1991). "Here come the puppies", The power of the human animal bond. *Holistic Nursing*, (2) 5, 38-41.
- Friedmann, E., Katcher, A., Lynch, J., & Thomas, S. (1980). Animal companions and one-year survival of patients after discharge from coronary care unit. *Public Health Reports*, 95, 307-312.
- Friedmann, E., Katcher, A., Thomas, S., Lynch, J., & Messant, P. (1983). Social interaction and blood pressure: Influence of animal companions. *The Journal of Nervous and Mental Disease*, 171, 461-465.

- Froman, V. D. (1995). Perceptual congruency between clients and nurses: Testing King's theory of goal attainment. In M. Frey & c. Sieloff (Eds.), *Advancing King's systems framework and theory of nursing* (pp. 223-237). London: Sage.
- Gammonly, J., & Yates, J. (1991) Pet projects: Animal assisted therapy in nursing homes. *Journal of Gerontological Nursing, 17*, 12-15.
- Garrity, T. F., Johnson, T. P., Marx, M. B., & Stallones, L. (1989). Pet ownership and attachment as supportive factors in the health of the elderly. *Anthrozoos, 3*, 335-44.
- Golberg, E. L., & Ory, M. G. (1983). Pets' life and health. In A. Beck & A. Katcher (Eds.) *The importance of animal ownership* (pp. 17-38). New York: G. P. Putnam's Sons.
- Goldmeier, J. (1986). Pet or people. Another research note. *The Gerontologist, 26*, 203-206.
- Gorski, T. (1990). The cenaps model of relapse prevention: Basic principles and procedures. *Journal of Psychoactive Drugs, 22*, 125-133.
- Grinspoon, L. (1995). Treatment of drug abuse and addiction, part 2. *The Harvard Mental Health Letter, 12*, 1-3.
- Hanchett, E. S. (1990). Nursing models and community as client. *Nursing Science Quarterly, 3*, 67-71.

- Handley, S., & Sullivan, E. (1993). Alcohol and drug abuse. *Annual Review of Nursing Research, 11*. New York: Springer.
- Hoffman, N. G., & Harrison, P. A. (1986). Findings two years after treatment. *Cator 1986 Report*. Minneapolis: Cator
- Hutchinson, S., & Wilson, H. (1992). Validity threats in scheduled semistructured interview. *Nursing Research, 41*, 117-199.
- Hutchinson, S., Wilson, M & Wilson, H. (1994). Validity Threats in Scheduled Semistructured Interviews. *Image, 26*, 161-164
- Innis, J. (1997). Relapse and alcoholism: The need for nursing research. *Journal of Addictions Nursing, 9*, 164-167.
- Jorgenson, J. (1997). Therapeutic use of companion animals in health care, *Image: Journal of Nursing Scholarship, 29*, 249-259.
- Katcher, A. (1986). Man and the living environment on excursion in cyclical time. In A. H. Beck & A. Katcher (Eds.), *New perspectives on our lives with companion animals*, (pp. 523-524.) Philadelphia: University of Pennsylvania.
- Kidd, A., & Zasloff, A. (1994). Loneliness and pet ownership among single women. *Psychological Reports, 75*, 747-752.
- King, I. (1971). *Toward a theory for nursing*, Albany, NY: Wiley.

- King, I. (1981). *A theory for nursing: Systems, concepts, process*. Albany, NY: Delmar.
- King, I. (1988). Measuring health goal attainment in patients. In C. F. Waltz & O. Strickland (Eds.). *Measurement of nursing outcomes: Measuring client outcomes*. New York: Springer.
- King, I. (Speaker). (1989). Theory based quality assurances. (Audiotape). Toronto: Nursing Theory Congress.
- King, I. (1990a). Health as the goal for nursing. *Nursing Science Quarterly*, 3, 123-128.
- King, I. (1990b). King's conceptual framework and goal attainment. In M. Parker (Ed.) *Nursing theories practice* (pp. 73-84). New York: NLN.
- King, I. (1992). King's theory of goal attainment. *Nursing Science Quarterly*, 5, 19-26.
- King, I. (1994). Quality of life and goal attainment. *Nursing Science Quarterly*, 7, 29-32.
- King, I. (1995). A system framework for nursing. In M. A. Frey & C. L. Sieloff (Eds.), *Advancing King's systems framework and theory of nursing* (pp. 14-22). Thousand Oaks, CA: Sage.
- King, I. (1996). The theory of goal attainment in research and practice. *Nursing Science Quarterly*, 9, 61-66.

- King, I. (1997). Reflections on the past and a vision for the future. *Nursing Science Quarterly*, 10, 15-17.
- King, I. (1998). King's theory of goal attainment in practice. *Nursing Science Quarterly*, 13, 51-57.
- Kinross, I. (1998, April). 'Group' gives more for the money [on-line]. Addiction Research Foundation (ARF). Website: <http://www.arf.org/grin.html>
- Kuzel, A. (1992). Sampling in qualitative inquiry. In B. Crabtree & K. Miller (Eds.), *Doing qualitative research* (pp. 31-44). Newbury Park, CA: Sage.
- Laudergan, J. (1982). Easy does it: Alcoholism treatment outcomes. *Hazeldon and Minnesota Model*. Hazeldon, MN: Hazeldon.
- Levinson, B. M. (1972). *Pets and human development*. Springfield, IL: Charles C. Thomas.
- Lockwood, R. (1983). The influence of animals on social perception. In M. J. McCulloch, *Animal facilitated therapy: Overview and future direction* (pp. 213-245). Philadelphia: University of Pennsylvania.
- McCulloch, M. J. (1981a). Animal facilitated therapy: Overview and future direction. In A. H. Katcher & C. Beck (Eds.), *New perspectives on our lives with companion animals* (pp. 64-72). Philadelphia: University of Pennsylvania.

- McCulloch, M. J. (1981b). Animal facilitated therapy: Overview and future direction. In A. H. Katchers, & C. Beck (Eds.), *New perspectives on our lives with companion animals* (pp. 351-359). Philadelphia: University of Pennsylvania.
- McDaniel, R., & Bach, C. (1994). Focus groups: A data gathering strategy for nursing research. *Nursing Science Quarterly*, 7, 4-5.
- Miller, J. (1992). *Coping with chronic illness: Overcoming powerlessness* (2nd Ed.). Philadelphia: F. A. Davis.
- Morse, J. (1994). *Critical issues in qualitative research methods*. Thousand Oaks, CA: Sage.
- Mugford, R. A. (1980). The social significance of pet ownership. In R. A. Corson and E. O. L. Corson (Eds.), *Ethology and non-verbal communication in mental health* (pp. 111-122). Oxford: Pergamon.
- Mugford, R. A., & M'Comisky, J. G. (1975). Some recent on the value of caged birds with old people. In R.S. Anderson (Ed.), *Pets animals and society* (pp. 54-65). London: Bailliere Tindall.
- Munhall, P. (1994). *Revising phenomenology nursing and health science review*. Huston, TX: Garamond.

- National Institute of Drug Abuse. (1991). National survey on drug abuse (DHHS publication No. Adm 88- 0002). Washington, DC: U.S. Government Printing Office.
- Nightingale, F. (1860/1946). *Notes on nursing: What it is and what is not*. New York: Dover.
- Pranulis, M. (1996). Protecting rights of human subjects. *Western Journal of Nursing Research, 18 (4)*, 474-478.
- Seigel, J. (1990). Stressful life events and use of physician services among the elderly: The moderating role of pet ownership. *Journal of Personality and Social Psychology, 58*, 1081-1086.
- Sieloff, C. (1995). A system's view of health. In A. Frey & C. Sieloff (Eds.), *Advancing King's system framework and theory of nursing* (pp. 35-40). London: Sage.
- Sisney, F. (1995). The relationship between social support and depression in recovering chemically addicted nurses. *Addiction Research, (1) 7*, 19-25.
- Smith, S. (1983). Interaction between pet dog and family members: An ethnological study. In A. K. Katcher & A. M. Beck (Eds.), *New perspectives on our lives with companion animals* (pp. 29-36). Philadelphia: University of Pennsylvania.

Streubert, H., & Carpenter, D. (1995). *Qualitative research in nursing*.

Philadelphia: Lippincott.

Watson, J. M. (1996). Watson's theory of transpersonal caring. In P. Hinton, O.

Hinton, & B. Neuman (Eds.), *Blueprint for use of nursing models:*

Education, research and practice. New York: NLN.

Webster's Universal College Dictionary. (1997). New York: Gramercy.

Wing, D. (1994). Transcending alcohol denial. *Journal of Nursing Scholarship*,

27(2), 121-126.

Woods, E. C. (1994). King's theory in practice with elders. *Nursing Science*

Quarterly, 7, 65-69.

Appendix A

Semistructured Group Discussion Guide

First Meeting:

1. What factors in your own situation do you perceive will positively influence your recovering from your addiction?
2. What factors in your own situation do you perceive will negatively influence your recovering from your addiction?
3. How do you plan to control these factors?

Second Meeting:

4. How do you perceive your family members and friends will positively influence your recovering from your addiction?
5. How do you perceive your family members and friends will negatively influence your recovering from your addiction?
6. How do you plan to control these factors?

Third Meeting:

7. What factors in the greater society, such as your work setting, media (watching television), etc. do you perceive will positively influence your recovering from your addiction?
8. What factors in the greater society, such as your working setting, media (watching television), etc. do you perceive will negatively influence your recovering from your addition?
9. How do you plan to control these factors?

Fourth meetings:

10. Which of the factors that we have discussed during the past three meetings do you perceive will most positively influence your recovery?
11. How do you plan on capitalizing on these influences?
12. Which of the factors that we have discussed during the past 3 meetings do you perceive will most negatively influence your recovery?
13. How do you plan on controlling these influences?
14. How have the group meetings influenced your plans?
15. How has the presence of Nietzsche influenced your interactions during the group?

Appendix B

D'Youville College Full Approval Letter



TO: Terri Begg
FROM: Dr. James Klyczek *JK*
Institutional Review Board
DATE: July 17, 1997
SUBJECT: FULL APPROVAL

Thank you for submitting the materials requested by the D'Youville College Institutional Review Board in regard to your IRB application that was previously granted Approval with Conditions.

I am pleased to inform you that you have met the conditions specified and your application to the D'Youville College Institutional Review Board entitled: "A Descriptive Qualitative Study Using Animal Assisted Group Therapy With Individuals Recovering From Chemical Addiction" has now been granted FULL APPROVAL with respect to the protection of human subjects. This means that you may now begin your research unless you must first apply to the IRB at the institution where you plan to conduct the research.

Please note that you are required to report back to this IRB for further review of your research should any of the following occur:

1. a major change in the method of data collection
2. unanticipated adverse effects on the human subjects
3. unanticipated difficulties in obtaining informed consent or maintaining confidentiality
4. the research has not been completed one year from the date of this letter

Congratulations and good luck on your research!

jg

cc: Director of Graduate Studies
Dr. Janice Feigenbaum
file

Appendix C

Invitation to Participate

May 4, 1997

Dear:

I am a nurse who is completing a research study and preparing a thesis for the a masters Degree Program In Community Health Nursing at D'Youville College.

The study will involve participating in a group and discussing your plans to prevent relapse. The group will meet 4 times for 90 minutes, 2 times per week. A German Shepherd dog will be present at the meetings. The group session will be audiotaped. There are no more risks involved in participating in this research than those associated with in daily life.

All information provided will be confidential and your identity will remain confidential. This means your name will be represented by a code and only I will have access to this information. Your name will not be included in the written thesis.

If you are interested please see me after lunch, in the dining room, or contact me by telephone at ~~###-####~~.

I appreciate your support in this endeavor and am prepared to inform you of the results of my study at your request.

Sincerely,

Teri Begg, B.Sc. N.

Appendix D

Details of Study

(Script for Initial Contact with the Volunteers)

I am a nurse who is completing a requirement for the masters degree program in Community Health Nursing with a focus on addictions at D'Youville College.

I am required to do a research study and prepare a thesis or a written report on the study. My study involves a group discussion on your plans to prevent relapse. There will be a total of four group meetings, lasting 90 minutes over a 2 week period. There will be a German Shepherd dog present during the group meetings. The meetings will be audiotaped. The questions addressed during the meetings will involve your plans for prevention relapse. For example, How will you personally deal with the prevention of relapse? How will your family affect your recovery? How will others in society influence your recovery? There is no direct benefit to you for participating in this study but you will be helping to increase the knowledge of how to care for others who have a similar condition. The procedure is not experimental and there is no risks involved with the group sessions other than that which is involved in every day activity. There is a small possibility that you may experience a range of feelings related to relapse during the meetings.

Your participation in the study is completely voluntary. Your choice to participate or not participate will not influence the care you receive here at the center. If you choose to participate, you may withdraw any time up to 2 weeks

after the last meeting. Your identity and any information provided in this study will be confidential. Your name will be represented by a code that only I will have access to and all information will be locked away. If you choose to withdraw after the meeting your comments will be deleted from the audiotape. You will further be given the opportunity to read the transcript of the sessions to be sure your comments were removed.

If you would like to receive a summary of the results upon completion that will be arrange.

At the 1st meeting, I will ask you to sign an informed consent which states that you are aware of what is involved as a participant in this study.

In order to volunteer to participate you need to: (1) be over 18 years or older, (2) view a dog as nonthreatening, (3) not experience any health problems in the presence of a dog.

Your participation is completely voluntary. If you choose to participate you may withdraw any time up to 2 weeks after the last meeting. Your identity and any information provided in this study will be confidential. Your name will be represented by a code that only myself will have access to and all information will be locked away. If you choose to withdraw after audiotaping of the meeting your comments will be deleted. You will further be given the opportunity to read the transcript of the sessions to be sure your comments were removed.

If you would like to receive a summary of the results upon completion that will be arrange.

I am asking you to sign an informed consent which states that you are aware of what is involved as a participant in this study.

I would appreciate your support in this endeavor.

Appendix E

Written Informed Consent Form

The purpose of this form is to assure that you are given sufficient information to make an informed decision as to whether you will agree to be a subject in a study involving research.

Teri Begg R.N., BSCN, hereafter referred to as researcher is conducting a study entitled: A descriptive qualitative Study Using Animal Assisted Group Therapy with Individuals Recovering from Chemical Addiction: to determine the influence of animal assisted therapy on helping a group of individuals who are recovering from chemical addiction.

Your participation will involve 4 group sessions for 90 minutes, 2 times per week, for 2 weeks. As a participant you will be asked to discuss and plan for the prevention of relapse. The procedures in this study are not considered experimental. There are no risks involved with the procedure other than normally encountered in daily life. However there is a very small potential that you may experience a range of feelings related to relapsing during the group therapy. The group sessions will be audiotaped and a German Shepherd dog will be present at the meeting.

You will receive no payment for participating in this study. The researcher and D'Youville College assume no liability for any discomfort or injury you may incur as a result of your participation in this study. If a medical emergency arises during your performance of the procedure in this study the researcher will assist you in obtaining medical care. After that you are responsible for obtaining medical care on your own. There may be no direct benefit to you for participating in this study but you will be helping to increase the knowledge of how to care for others who have similar conditions.

Any information provided by you in this study will be recorded in such a way that your identity remains confidential. This means your name will be represented by codes and no one but the researcher will have access to this information which will be kept securely stored.

Your participation in this study will be completely voluntary. If you chose to participate you may withdraw 2 weeks after the last meeting of the group. If you choose to withdraw after audiotaped meetings of the group have been held, your comments will be deleted from the audiotape. You will further be given the opportunity to read the transcript of the sessions to be sure your comments were removed. You can withdraw by notifying Teri Begg at 905 835 - 2378. There is no penalty or loss of benefit to which you are otherwise entitled if you withdraw from the study, or if you choose to not participate.

If during the course of this study you have questions about the research tasks or activities you will be asked to perform or your rights as a participant, you may call Dr. J. Feigenbaum, thesis director, at 1-716 881-7613.

You are receiving two copies of this form. Please return the signed copy to the researcher and keep one for future reference. If you would like to receive a summary of the results of the study upon its completion record your address on the reverse side of this form. A copy of the thesis will also be given to the library at the treatment center so you may read it there if you desire.

My signature below indicates that I understand the procedure to be used in this study and all my questions have been answered to my satisfaction. I agree to be a participant in this study. I will allow the researcher to present her findings.

participant's signature

date

Appendix F

Pictures of the German Shepherd--Nietzche

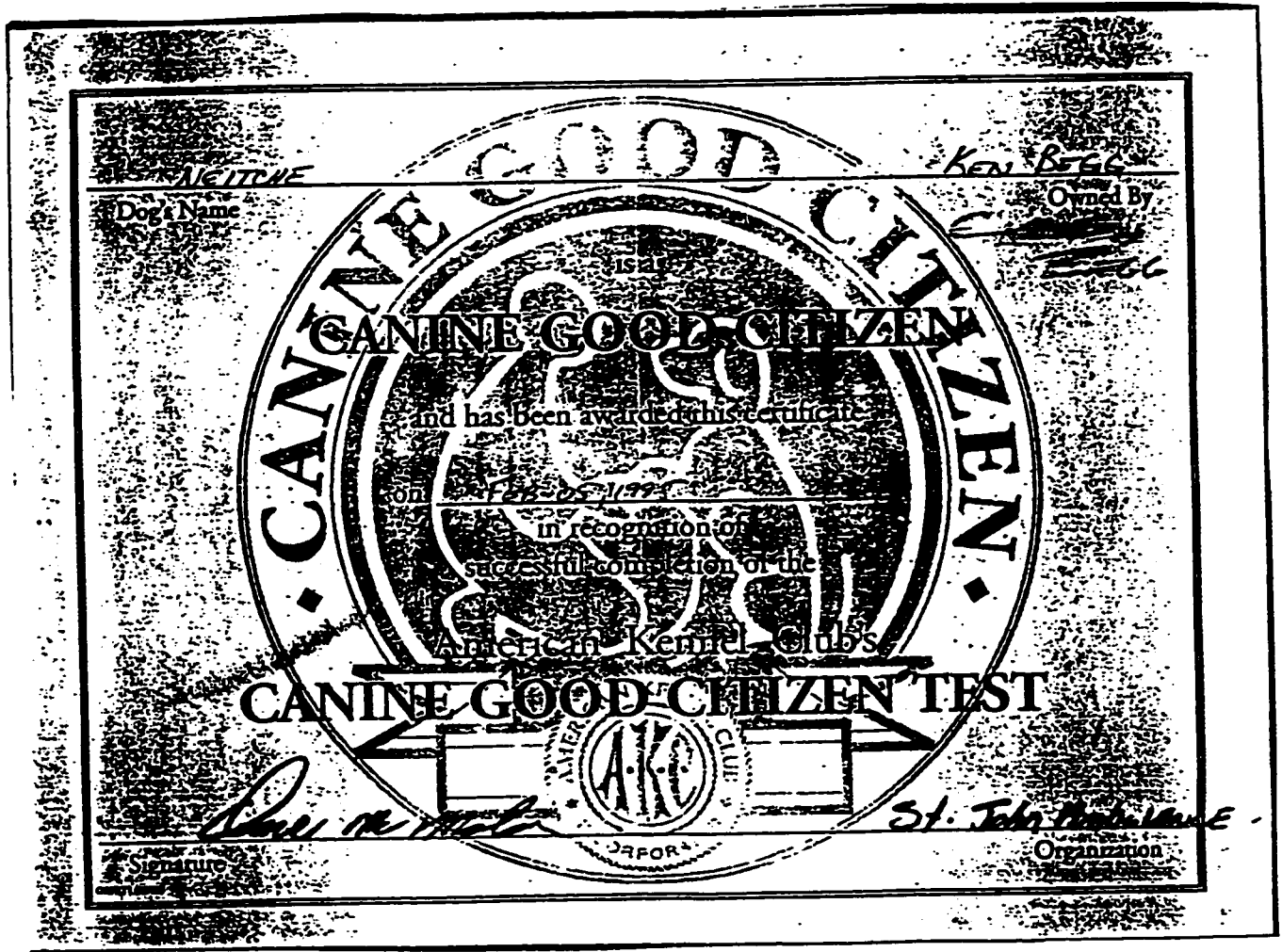


Appendix G

American Kennel Club Canine Good Citizen Certificate

Appendix G

American Kennel Club Canine Good Citizen Certificate



Appendix H

Veterinarian's Certificate of Good Health

Appendix H

Veterinarian's Certificate of Good Health
Borderview Veterinary Hospital

1104 THOMPSON ROAD
FORT ERIE, ONTARIO L2A 6A8

CERTIFICATE OF EXAMINATION:

DATE: May 21/96

OWNER: (at time of examination)

PATIENT:

NAME: Candyln Begg

SPECIES: Canine

BREED: GSD

ADDRESS: [REDACTED]

SEX: Male (castrated)

AGE: 3yrs.

TELEPHONE: [REDACTED]

TATTOO or REGISTRATION NO: /

PHYSICAL EXAMINATION:

TEMPERATURE: 101.4° F

1. General appearance. normal
2. Coat and skin. normal
3. Mouth. mild dental calculus, worn crowns on lower canine teeth.
4. Ears. normal
5. Eyes. normal
6. Circulatory. nsf on cardiac auscultation, HR: 72 beats per minute
7. Respiratory system. - nsf on thoracic auscultation, panting.
8. Urinary system. nsf, no PU/PD
9. Gastro-intestinal tract. - nsf - no V/D
10. Hernias. none
11. Genitalia. - castrated
12. Parasites (internal). - no fecal sample submitted.

VACCINATIONS:

DATE: May 21/96

VACCINE:

COMPANY:

Rabies
SCVL

Imrab # 10165
(Vanguard SCVL, SmithKline Beecham)

ADMINISTERED:

TREATMENT:

Heartworm Antihelm
Test

RECOMMENDED:

- recommend prevention therapy for
heartworm beginning June 1/96

COMMENTS:

CERTIFICATION:

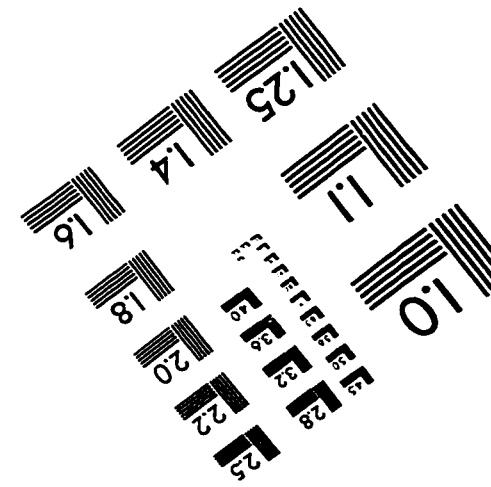
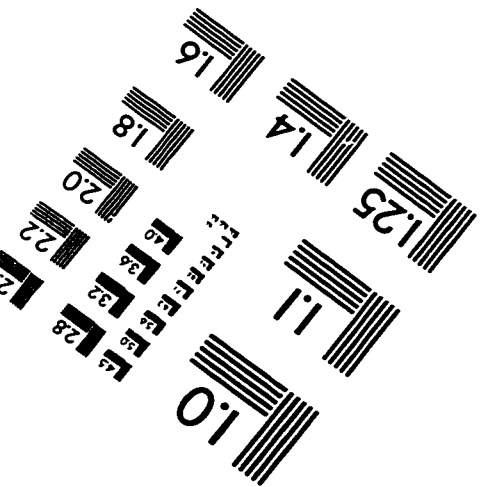
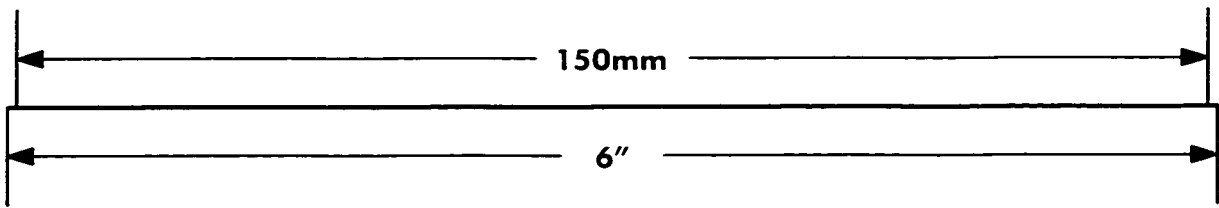
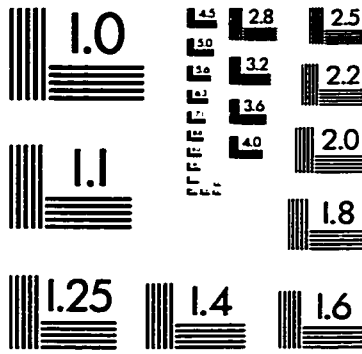
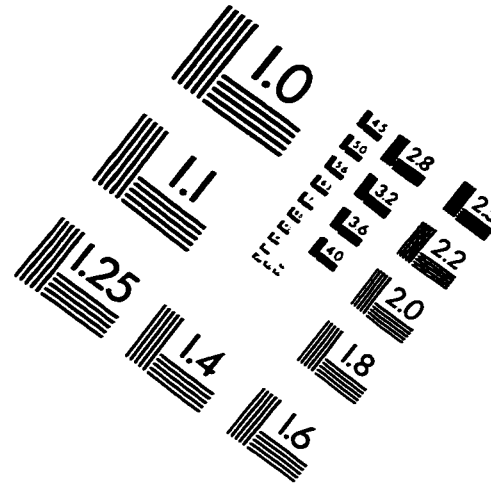
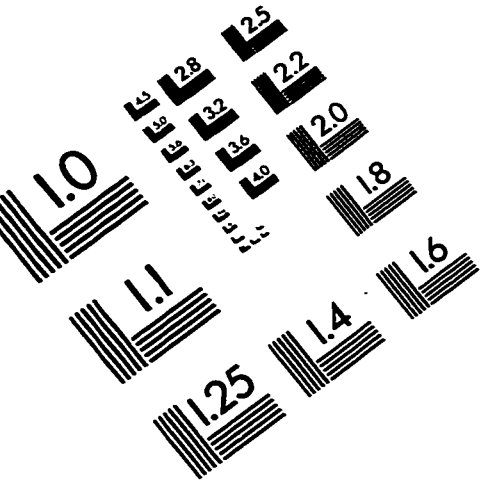
This is to certify that I have examined the above described animal and have duly recorded above my findings. I hereby certify that on the above date the status of immunization is above described and that the animal is in my opinion free of any clinical signs of infectious or contagious diseases and shows no clinical signs of congenital or acquired disease or defects except as noted above.

NAME (Please Print): Sandra Waller

SIGNATURE: Sandra Waller

ADDRESS: 1104 Thompson Rd
Fort Erie, Ont. L2A 6A8.

IMAGE EVALUATION TEST TARGET (QA-3)



APPLIED IMAGE, Inc
1653 East Main Street
Rochester, NY 14609 USA
Phone: 716/482-0300
Fax: 716/288-5989

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