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AN ABSTRACT OF THE THESIS OF Charles Edward Forster, Jr. for the Master of Arts in Sociology presented February 28, 1975.

Title: The Treatment-Moral Career of Clients in a Community Based Treatment Program.

APPROVED BY MEMBERS OF THE THESIS COMMITTEE:

Joseph F. Jones, Chairperson

Don C. Gibbons

Ray C. Rist

The research reported here was intended to consider in an exploratory fashion the impact of a community based treatment program, Services for Problem Drinker Drivers, (SPDD), for persons convicted of driving while under the influence of liquor on: (1) the self-concept, (2) consequences for public identity, and (3) the careers or changes over time in both self-concept and public identity of clients in the program.

Participant observation supplemented by formal and informal interview sessions provided information on the treatment-moral careers of clients in the Services for Problem

Drinker Driver Program. The months of June and July, 1974 were spent gathering this information. Only volunteer respondents were used. The time of year of the study as well as the volunteer nature of people interviewed place obvious limitations on the generalizability of findings. Summer months do not find organizations or their clients on a routine schedule. Knowledge gained during these months may have provided an imagery of SPDD and its "clients" different from what one might receive if the study had been conducted during any of the remaining seasons. As to the volunteer character of respondents, these are likely to be people of greater verbal-conversational ability. They may also be the "better" client; the person who is co-operative and appreciative of what is being done for him and is perhaps willing to do something for himself. Lastly, the project was done in Portland. Whether findings similar to these would be found in other cities and towns is an empirical question. These points should be kept in mind as the reader makes his way through the following pages.

It was found that the careers of clients in the project consisted of a series of adjustments to problematic interpersonal relationships, definitions and interpretation of others, and to interpretations of themselves and their own actions. The awareness and transformation of consciousness that goes along with this series of adjustments was largely tied to the organizational setting within which the career unfolded. This shift in consciousness was linked as well to the experiences and subsequent interpretive framework brought into the setting by the clients involved. The process through which these

behavioral and conceptual adjustments, e.g., strategies, emerged was likened to processes of conversion; a conversion that consisted of the acceptance and application of a given perspective or metaphorical view, (in the case of SPDD, a therapeutic one,) to self, situations, and to others.

THE TREATMENT-MORAL CAREER OF CLIENTS IN A
COMMUNITY BASED TREATMENT PROGRAM

by

CHARLES EDWARD FORSTER, JR.

A thesis submitted in partial fulfillment of the
requirements for the degree of

MASTER OF ARTS
in
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Portland State University
1975

TO THE OFFICE OF GRADUATE STUDIES AND RESEARCH:

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As is undoubtedly the case in research of any kind a few individuals stand out for the help they give in directing the course of the study. Joseph Jones was helpful in innumerable ways from focusing the writer on a researchable problem to the editing required to make readable frequently unreadable passages. Conversations with Annette Olson served the useful purpose of forcing the researcher to clarify and elaborate on many vague and oftentimes naive interpretations of SPDD activity. Lastly, and most importantly, a great debt is owed to the clients of SPDD for recounting their biographies without which this project could not have taken place.

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CHAPTER I

THE PROBLEM

Introduction

The field of deviance saw a shift in subject matter with the emergence of the labeling perspective.¹ With the appearance of this perspective attention began to turn away from the study of specific acts and the origins of these acts to the study of their consequences, especially the reactions of formal sanctioning agencies and subsequent effects on self and identities of actors (Gibbons and Jones, 1975; Schur, 1971; Rubington and Weinberg, 1968). "Labellers" devote much time to and generate a great deal of rhetoric about the deviance-creating properties of social control agencies, most notably those of total institutions, although many assert that even minimal submergence in the sanctioning system may have negative social and social-psychological consequences (Schwartz and Skolnick, 1962).

As a corollary of these views there has been a growing belief in the ineffectiveness and sometimes deleterious consequences of mental hospitals, prisons, training schools, jails and other such "correctional" agencies. A "community treatment" ideology has flourished with non-penal alternatives being instituted in a range of behavioral areas. Accordingly,

sociological attention should increasingly turn to careful analysis of these more "innovative" and "humanitarian" products of the community treatment ideology. The research reported here was intended to consider in an exploratory fashion the impact of a community based treatment program for persons convicted of driving while under the influence of alcohol on: (1) the self-concept of actors, (2) the consequences for actors' public identity and (3) the careers or changes over time in both self-concept and public identity. The study was centered on people in Services for Problem Drinker Drivers (SPDD), the treatment arm of the Alcohol Safety Action Project (ASAP) in Portland, Oregon.

Sensitizing Concepts

This study was designed to explore sequential changes in the self-concepts of actors and their public identities while clients of SPDD. A conceptual device for making sense out of this sequential patterning is that of career (Becker, 1963:24).

Career has been traditionally used in the sociology of occupations to analyze the orderly sequence of changes in behavior and perspectives of occupants of positions within work organizations (Pavalko, 1971; Ritzer, 1972). "Every occupation, position in an organization, may be regarded as having distinctive career lines, in the sense of a consensually agreed upon sequence of appropriate work objectives. In some cases the sequence may be designed by an organization...In others it may exist simply as part of the culture of the organization

(Pavalko, 1971:155)."

Oswald Hall (1948) in his study of the medical profession depicts the medical career of doctors as a series of adjustments to problems encountered in the formal and informal networks that constitute the medical profession. Howard S. Becker takes a similar view in his look at the career of public school teachers: "...the patterned series of adjustments made by the individual to the network of institutions, formal organizations, and informal relationships in which the work of the occupations is performed (1952:470)."

Everett C. Hughes (1937:409) sees careers as having an objective and subjective component, a private and public meaning.

In a highly and rigidly structured society, a career consists objectively of a series of statuses and clearly defined offices...

Subjectively, a career is the moving perspective in which a person sees his life as a whole and interprets the meaning of his various attributes, actions, the things which happen to him...

Howard S. Becker and Anselm L. Strauss (1956) comment further on the subjective or moral dimension of career by emphasizing the importance of careers and changes within and across career lines for the identity(ies) of actors. As they note: "...central to any account of adult identity is the relation of changes in identity to change in social position... (263)."

In like vein, Robert Stebbins (1970) calls for a renewed interest in the subjective career of actors to complement an

all too "objective" picture of people passing through organizations. Ralph Blankenship (1973) provides an excellent theoretical discussion of the subjective or moral career viewed as an on-going process of establishing and re-establishing through negotiation with others, a series of selves and identities within an organizational context. He writes:

Consider the organizational career as a state of becoming and being, as an existential modality which emerges from the on-going interaction of: (1) expectations of self and others, (2) the immediate situation of work, (3) the member's action, (4) the symbolizations and evaluations which others develop and communicate in response to those actions, which lead to, (5) modification in member's definition of himself in this situation (Ibid:95).

David Solomon (1970) in less eloquent terms says much the same. Both Fred Davis (1968) and John Haas (1974) provide substance to this otherwise theoretical shell. Davis highlights the changing perspectives of student nurses as they move along their educational career lines. Haas (1974: 108) in studying the careers of high steel iron-workers takes note of the importance of the reaction of others for the developing career. "The apprentice's success at any stage is essentially related to his success in meeting the expectations of the group."

An important conceptualization in the study of work careers has been the notion of career contingencies. Career contingencies are those considerations, some of chance, some of design, which serve to influence the movement of people along career lines and in movement from career to career. Contingencies can be divided into three categories: cultural,

situational, and individual.² Cultural contingencies refer to those which are the product of broad cultural and subcultural definitions and interpretations. Situational contingencies are those of the immediate setting; that is setting specific influences rather than the result of cultural interpretations or of individual idiosyncrasies. Contingencies of an individual kind refer to those characteristics of people which influence career movements. These three categories are abstractions and it is easier to make these distinctions on paper than in practice but it is possible to note examples of each.

Sex typing of occupations is an obvious example of a cultural career contingency, that is, the definitions of particular occupations as typical for males only or females only will influence the passage of people along career lines in sex-linked occupations. Examples of sexual status affecting work careers are too numerous to list, especially regarding the negative consequences for female status. Cynthia Epstein (1970) sees the sexual status of women as a key contingency in the careers of professional women. "Because their sex status is defined within the culture of the professions as inappropriate, women find that institutionalized channels of recruitment and advancement, such as the protege system, are not available to them (Ibid:965)." Replacing female with male and thinking of such occupations as nurse leads to similar results. Becker and Strauss (1956) provide a further example of a cultural contingency when they note that the distribution of public stereotypes of an occupation influence the

kinds of people recruited for that occupation.

Situational contingencies might include such things as the timely death of a supervisor, the re-organization of a department, or the unexpected inspection tour. In contrast to both cultural and individual contingencies, situational ones are of a more emergent kind, i.e., often unpredictable from past experiences.

Individual contingencies are illustrated by such things as the selection of personnel by banks, insurance companies, and other such organizations based on "personality assessments,"³ pointing to the importance of individual characteristics in the recruitment phase of a career. Whether a person is seen as aggressive, ambitious, as a manipulator, or as competitive can have consequences for careers and career outcomes.

Career and Career Contingencies in Deviance

The uses of career has not been limited to the sociology of occupations however, but has been utilized in the field of deviance to make sense out of: (1) the development of deviant activity patterns, and (2) the effects of total institutions and other formal sanctioning agencies on people's lives.

Howard S. Becker, a major proponent of the use of the career concept in the area of deviance writes:

The model can easily be transformed for use in the study of deviant careers. In so transforming it, we should not use our interest to those that follow a career that leads them into ever-increasing deviance, to those who ultimately take on an extremely deviant identity and way of life. We should also consider those who have a more fleeting contact with deviance,

whose career leads them away from it, into more conventional ways of life (1963:24).

There is a difference however, in the application of career to deviance from its use in the sociology of occupations. In the latter, it often, but not always, engulfs the total life span of people under study. In contrast, when used to understand deviant activity patterns a deviant career often encompasses only a brief period in the individual's life course. That is, it is well to keep in mind that when one speaks of careers in deviance, the latter are often ephemerally situated in a larger life career.

Becker's analysis (1963:41-58) of becoming a marijuana smoker is illustrative; he cites the following steps in becoming a dope-smoker: (1) learning the technique of marijuana smoking, (2) learning to perceive the effects, (3) learning to enjoy the effect. Changing definitions of the drug and of self occur at each stage.

As a more general statement on the development of the deviant career Becker (1963:18-37) lists the following stages: (1) commission of a deviant act, (2) acquisition of deviant motives, (3) getting caught, leading to marked changes in the individual's public identity and (4) the development of illegitimate routines and movement into an organized deviant group.

Another example of the use of this conceptualization to try to make sense out of involvement in deviant behavior comes from a recent work by Dan Waldorf (1973) on heroin addicts. From interviews with addicts he reconstructs the stages of the heroin addict's career from his initiation to the drug, work life, i.e., activities engaged in to make

money, stays in jail, treatment, cycles of abstinence and relapse, and for those who make it, ex-addict life. During each stage consideration is given to changes in public identity and consequences for the addict of such changes. This emphasis on the subjective or moral component of career is indicative of how career has been used by those of a labelling persuasion.

Sociologists have also employed the concept as a tool for uncovering the consequences of total institutions for inmates. Works by Erving Goffman (1961) and John Irwin (1970) are among some of the best known studies done in this regard.

Goffman, in analyzing the moral career of the mental patient is concerned with the subjective component, with changes in self, in public identity, and in the imagery with which the individual interprets himself and others. He gives close attention to the pre-patient and in-patient phases of the career. The pre-patient phase is one in which the individual is gradually deprived of his rights and control over his social relationships and eventually finds himself at the hospital door. The in-patient phase involves "settling down" and adjusting to demands of the hospital staff and to one's new identity as "mentally ill."

John Irwin's study of the career of the felon shows the utility of the concept in exploring the consequences of the prison experience on the identity of the felon. The moral career of the felon begins with pre-prison association with other criminals through which he acquires an identity and a perspective supportive of his criminal activity. The felon

identity serves to make sense out of arrest and sentencing experiences. However, as Irwin notes the person is often ambivalent with regard to the "felon" identity and is susceptible to change at points of arrest and sentencing. But, due to biases against the "felon" within the system the "felon" identity remains the only viable alternative and is thus reinforced and maintained.

In all the above, stress is placed on the importance of the reactions of others for the deviant career and on the processual character of deviant activity.

A study by Joan Jackson (1954) describing the stages in the adjustment of wives to the emerging alcoholic careers of their husbands is illustrative of these points. She uncovered seven sequential stages, i.e., similarities, in adjustment processes: (1) attempts to deny the problem, (2) attempts are made to eliminate the problem, i.e., husband's drinking, in the family to increased social isolation caused by husband's drinking, (3) disorganization--"What's the use stage," in which she is confused and unable to decide on a course of action, (4) attempts are made to reorganize the family in spite of the problem by taking over more and more of the family responsibilities, (5) efforts to escape the problem, e.g., divorce, (6) reorganization of part of the family--without father, (7) there may be recovery and reorganization of the family--and the father is readmitted into the household.

Before turning to career contingencies in deviance it should be noted that the use of career in the field has coin-

cided with an overall shift to an emphasis on the processual character of deviance and away from the traditional search for "etiological variables." As noted above the emergence of the labelling perspective was an important element in this transformation.

Societal definitions of right and wrong, criminal and non-criminal, are important cultural career contingencies. Stereotypical interpretations and resultant differential handling of blacks, chicanos, and other minorities by police while in part the result of on-the-job experiences are illustrative of the impact of cultural interpretations on careers in deviance. A further example comes from Thomas Scheff's (1966) discussion of contingencies that influence the severity of reactions to deviance. Scheff (Ibid:97) lists the availability in the culture of a community of alternative non-deviant roles as important in determining the severity of response to deviant acts. That is, if the culture of a community includes a conventional role alternative for a person acting in other than conventional ways the reaction of community members to such behavior will not be severe. In other words, other cultural definitions are available to "normalize" the deviant behavior.

Situational career contingencies have received the most attention from "labellers." Scheff in the work cited above notes the following situational contingencies that are believed to influence the severity of reactions to deviance: (1) degree, amount, and visibility of the rule breaker, (2) the

power of the rule breaker and the social distance between him and the agents of social control and (3) the tolerance level of the community (1966:97). Similarly, Howard S. Becker (1963) in his consideration of the development of deviant careers sees time, place, and power of the deviant relative to the defining agent as key contingencies in the deviant career process.

Edwin M. Lemert (1967) sees degree of deviation from appropriate role behavior and subsequent decreasing tolerance of others as important contingencies in becoming labelled deviant. Erving Goffman (1961:135) in discussing contingencies influencing the hospitalization of mental patients lists the following: visibility of offense, proximity to mental hospitals, amount of treatment facilities, number of beds, etc. Edwin Schur (1973) writes that delinquents suffer from contingencies, especially organizational contingencies of sanctioning agencies such as the police.

Self and Identity

Confusion surrounds the use of "self" and "identity." Self is used here to mean the label(s) applied by people to themselves in particular situations; by identity is meant the typifications of actors by given audiences, as well as the responses of the actor called out by such typifications; viewing self in these terms allows for an awareness of the existence of multiple selves and identities. Furthermore, these definitions are consistent with the Meadian (1937) and interactionist (Blumer, 1969) notions of self as object. That is, actors

have the capacity to reflect on what they have done, are doing, and what they will do in the future, and to make an evaluation of themselves and their displays. Anselm L. Strauss (1959:32-33) writes:

The property of humans to judge their own acts has led various writers to speak of the self making itself its own object. A person who is judging anyone's act is doing so as a "subject." The act or person being judged is an "object." Any man can be both simultaneously, having acted, he may make his own act an object of scrutiny. He may make as many stances towards it as his vocabulary permits, just as he may take toward another. His own act may be an object of scorn, denial, disgust, blame, attack, shame, disapproval, a yardstick of further endeavors,...or anything else he has the capacity to view it as.

Not only is the actor an object to himself, but he is routinely an object to others, a social object, situated within a particular context of meaning. It is through the locating of actors in given situations, that others are able to arrive at some judgment as to the kind of person they are dealing with, and to direct their action accordingly. This process of situating actors by others provides the former with a public identity. Stone notes that:

"...when one has an identity he is situated--that is, cast in the shape of a social object by the acknowledgements of his participation or membership in social relations. One's identity is established when others place him as a social object by assigning him the same words of identity that he appropriated for himself or announces (1970:399)."

Finally, as symbolic interactionists have asserted (Stone and Farberman, 1970) the relationship between self and the reaction of others, i.e., identities, is seen as a dialectical one and must be understood within such a context. A telling example of this relationship in the area of "treatment" is a

study of abstinence cycles of heroin addicts by Marsh Ray (1962). The addict attempting to arrive at a more conventional definition of himself and situations is continuously confronted by others who refuse to acknowledge these attempts, eventually cutting off whatever alternative selves the abstinent addict has, virtually compelling him to return to heroin use. For other examples depicting the dialectical relationship between self and others see Mary Owen Cameron's (1964) study of shoplifters and Earl Rubington's (1964) work on the relapse of a chronic alcoholic.

Career and Career Contingencies in the Study of Drinking Behavior

The concepts of self and career have been applied to drinking activity and alcoholism in two major behavioral areas: the stages of alcohol addiction and the career of the Skid Road alcoholic.

E. M. Jellinek (1962) lists four stages in the development of alcohol addiction. It should be noted that evidence on these stages are drawn from middle class cases and may not characterize the career of all chronic alcoholics. The first stage is the pre-alcoholic one in which the individual finds increasing relief from everyday problems and anxieties through alcohol. This stage lasts from six months to two years and is divided into "stages of occasional relief drinking and constant relief drinking (361)." In the second, prodromal phase, in this phase blackouts occur at greater and greater frequency, the individual begins to see a "need" for alcohol

and the person begins to take notice of the fact that he drinks differently than others. This phase lasts anywhere from six months to four or five years. The third crucial phase is marked by loss of control over drinking, i.e., once he starts he can't stop. A system of rationalizations develops. Isolations from others increases as does self-pity, feelings of guilt, loss of self-esteem, etc. Morning drinking becomes routine. Finally, in the chronic phase, "benders" become frequent. There is increasing social rejection, of him by others as well as physical and psychological deterioration. The individual admits defeat and at this point becomes open to treatment.

Similarly, N. Kessel and H. Walton (1965) list three stages in becoming addicted to alcohol. They are: (1) an excessive drinking stage marked by such things as more time spent in social drinking, drinking to get relief from tension, increased tolerance, and the need to drink to perform at social gatherings and at work; (2) the addictive stage marked by blackouts, increasing isolation, and morning drinking; (3) a stage of chronic alcoholism which involves physical and mental deterioration, delirium tremors, and finally the seeking out of medical treatment.

Regarding the Skid Road alcoholic there is no lack of literature; the powerless are a breeding ground of knowledge. For instance, David J. Pittman and C. W. Gordon (1963) analyze the criminal career of the chronic alcoholic and note two distinct stages: (1) an early phase of arrests for non-alcohol

related crimes and (2) a larger pattern, usually after 35 years of age, of arrests primarily for public intoxication.

James Spradley (1973) has written on the moral career of the "bum" in which he stresses the importance of police and court activity in creating the "bum" identity.

Don C. Gibbons (1973) summarizes a large portion of the literature on this subject with the following:

The "Skid Road" alcoholic usually becomes involved in this kind of alcoholism relatively early in life, as he severs his connection with his family and other conventional social ties. "Skid Road" life becomes a pattern of day-to-day drinking, interrupted from time to time as the alcoholic is sentenced to a short jail term. The 'Skid Roader' repeatedly passes through a correctional 'revolving door.' This role career is eventually terminated when the drinker dies from tuberculosis, cirrhosis of the liver, or other hazards related to a life of alcoholism (Ibid:438).

The literature on career patterns in treatment is more sparse. Research has centered on the success of treatment and on the characteristics of people in the process, that is, those labelled alcoholic (Keller, :972). In regard to the latter, Mark Keller (Ibid:47) discussing the characteristics of alcoholics writes: "The investigation of any trait in alcoholics will show that they have either more or less of it." He concludes that "alcoholics are different in so many ways that it makes no difference."

Alcoholics Anonymous (AA) is one form of treatment that has received considerable attention (Bales, 1962). Milton Maxwell (1962) in his study notes the following requisites for "successful members:" (1) an admission of powerlessness over drinking problems and a willingness to let more "productive

forces in the individual and situation" take over; (2)

"honest self-analysis and catharsis, the mending of social fences, and practice of outgoing, productive behavior for its own sake and not ego-defense or reassurance, and finally the cultivation of the "potential resource" as understood by the individual." (503)

Paul M. Roman and H. M. Trice (1970) have also studied AA and provide some understanding of the relative success of this treatment organization. Its success can be found in the ability to provide a means for the alcoholic to repudiate his alcoholic self and identities and to reachieve a more conventional view of self and a more conventional public identity. This is done through the use of (1) an allergy concept of alcoholism and (2) the use of a repentant role. The allergy conceptualization says that "those who become alcoholic possess a physiological allergy to alcohol such that addiction is predetermined even before they take their first drink." This has the obvious function of denial of responsibility for the alcoholic. The repentant role provides a means through which the individual can publicly proclaim that he is "heartily sorry for having offended" others. Combine the repentant role with public denunciation of previous self(ves) and the public showing of sobriety, along with illustration of the "arrested" alcoholic's determination to rebuild his life and the stage is set for the shedding of the alcoholic label and the donning of a more "normal" typification.

In the above, the allergy concept of alcoholism has

positive consequences but it may also have negative ones, as these same authors point out in a discussion of the application of the sick role to the deviant drinker (Roman and Trice, 1968). The sick role can serve to legitimate and at the same time sustain drinking abnormalities because of the apparent denial of responsibility that the role provides. A further consequence is the increasing probability of secondary deviation (Lemert, 1967), that is, the individual begins to see himself as a type of person who drinks differently from others, and his views of self and the images of others have of him shift accordingly. In short, the application of the sick role may serve to facilitate the development and continuation of the alcoholic career.

Problem

This study is an attempt to locate stages in the treatment career of clients in the Services for Problem Drinker Driver Program (SPDD), pronounced "spud" by the "wise" (Goffman, 1963),⁴ with emphasis on the moral component of career. As these stages may be represented by marked changes in the relationship between views of self and attributed public identity, i.e., reaction of others, the relationship may be either one of congruence or non-congruence between definitions of self and public identity. What is of importance in the construction of a career is that such definitions are different from those that preceded them. The implication of this is a view of the treatment-moral career as a series of selves and

identities; as a process of establishing and re-establishing of self(ves) and identity(ies). The following from Erving Goffman on moral career provides perspective:

The moral career of a person of given social category involves a standard sequence of changes in his way of conceiving selves--including his own. These half-buried lines of development can be followed by studying his moral experience--that is, happenings which mark a turning point in the way in which the person views the world--although the particularities of this view may be hard to establish. And note can be taken of overt acts and strategies--that is, stands, that he effectively takes before specifiable others, whatever the hidden variable nature of his inward attachment to these presentations. By taking note of moral experience and overt personal stands, one can obtain a relatively objective tracing of relatively subjective matter. (1961: 102).

There are a number of considerations that are believed to be of some relevance for the treatment-moral careers of SPDD clients. A discussion of these points follows, while in Chapter Three the importance of these and other considerations will be highlighted.

Important in the development of any moral career are the reactions, imagery, and definitions held by others. In the case of problem drinkers public definitions are contradictory; he is seen by some as sick and not responsible for his condition and he is seen by others as responsible, e.g., criminal. H. Paul Chalfant and Richard A. Kurtz (1971) in their study of the attitudes of social workers found that the majority queried did not see the alcoholic as sick and saw him as responsible for his acts. Nor is there agreement among the general population, Paul W. Haberman and Jill Scheinberg (1969) from a representative sample of the adult population of New

York City note that two-thirds of the respondents saw alcoholism as a form of illness. Harold Mulford and Donald E. Miller (1960) from a study in Iowa note that 50% of those questioned saw alcoholism as an illness. Rodney Coe and Robert E. Smith (1972) in their study done in St. Louis found that the majority of those sampled did not see the alcoholic as sick; and those who did see him as such showed greater rejection toward the alcoholic.

Initial Expectations

Following from the above several expected factors in the treatment careers of SPDD clients were derived. Given the above contradictory definitions, the moral career of those undergoing treatment can not help but be shot through with ambiguity and uncertainty. This contradiction is inherent in the structure of the program. Participants are criminal, i.e., people who have broken the law, driving while under the influence of liquor, who have been arrested, convicted and in some cases spent time in jail. They are also sick, or at least have a "problem" that requires immediate attention. Finally, they are clients by virtue of their involvement in SPDD. Acknowledging that one has broken the law is one thing but to acknowledge the need for therapy, to become a client rather than a defendant or criminal may require a transformation of self that many can not or will not make. It was expected that one of the more important turning points in the careers of clients would be how they reconciled this conflict of inter-

pretation over the kinds of people they are, i.e., are they people who have broken the law and who have no "problem" in drinking or are they people who recognize that they are "problem-drinkers" and thus take on a client identity?

It was also expected that the reactions to the severity of sanction-probation and therapy, the career contingencies that should influence these responses, and resultant impact on self and identity would have important consequences for the treatment-moral career. As noted earlier in the discussion on career contingencies in deviance the severity of reactions was cited as important in the development of a deviant career. It might be the case that those involved do not view their probationary period and participation in the program as threatening to their self-concept and public identities. If this were the case there may be little shift or transformation in the moral dimension of career. For those that do see their participation as a threat to their view of self there are likely to be noticeable defensive displays, e.g., a system of rationalizations to "normalize" or neutralize their situation. Unless this defensiveness is broken down by program staff there may be little if any advancement in the treatment-moral career.

Both of these possible outcomes can be related to the earlier discussion of career contingencies. The presence of those who see no threat to selves or experience no transformation in their public identity is likely to be greatly influenced by cultural career contingencies. They may come from

a cultural milieu within which drinking is an expected and central pattern of activity and where they are likely to have had frequent contact with the police, therefore the "punishment" of being placed in SPDD is likely to have little consequence for them. However, for people from this milieu, a drinking oriented world, who are "responsive" to therapy or who are on disulfiram,⁵ program involvement may be extremely consequential for their conceptions of self and relations with others. This is a likely outcome, especially if one keeps in mind that they come from a drinking oriented world and to maintain a similar standing in that world as a non-drinker is likely to be difficult if not impossible.

Those people who do not come out of a drinking milieu, and who have had little contact with police, courts, and whose drinking and driving is believed by them to be situationally specific, may be expected to respond to the program with resentment, anger, and defensive displays of various kinds. As in Cameron's (1964) study of shoplifters the condition of being brought before the courts and convicted of drunk driving and placed in therapy should be in such contrast to previous definitions of self and identity that these people may undergo a period of marked ambiguity, an ambiguity reconciled for some by participation in the program, the latter taking on a more social than therapeutic function; and for others this ambiguity may be reconciled by friends and relatives who fail to validate the new drunk-driver-problem drinker categorization.

The setting and its day-to-day operations was also expected to have an impact on the careers of clients. The ASAP-SPDD complex and the screening mechanisms through which people are funnelled into SPDD will be described in Chapter Two. A brief discussion of the implications of the organization for careers will follow, to be elaborated further in Chapter Three. Chapter Two also contains a discussion of research methodology and a look at relevant literature on the strategies used.

NOTES

1. See Edwin Lemert's (1951) Social Pathology for roots of this framework and the Other Side for a collection of early writings edited by Howard S. Becker (1963).
2. These categories were suggested by Joseph F. Jones.
3. Chris Arygis (1954) has recounted the practices of one bank to hire only people who are the "right type." The "right type" were passive, quiet, obedient, and careful people. It was noted that this type of employee rarely criticized the management.
4. Goffman, in his work Stigma (1963) distinguished between the "own and the wise (19-31)." The "own" are those who share the plight of the stigmatized and therefore have firsthand experience and knowledge of stigma. The "wise" are "persons who are normal but whose special situation has made them intimately privy to the secret life of the stigmatized individual and sympathetic with it (Ibid:28)." A type of "wise" person is one whose knowledge comes from working in organizations that serve the stigmatized. In this case, "spud" is a term used largely by therapists and administrative personnel.
5. Disulfiram is commonly known under the trade label of Antabuse.

CHAPTER II

METHODOLOGY AND SETTING DESCRIPTION

In this chapter, methodological strategies used in this study are outlined, followed by a statement on research ethics. Also included is a description of the setting and in the final section, a natural history of the research process is presented.

Methodology

Due to the paucity of research on moral careers of clients in community treatment programs and particularly on problem drinkers, this study was of an exploratory nature. (See Giallombardo, 1966, the appendix, for additional rationale behind exploratory studies). Following from this, then, the research design necessitated an open-endedness and a flexibility to adapt to conceptual and empirical considerations. As indicative of this kind of research activity, consider James F. Short and Fred L. Strodtkbedk's (1965) discussion of the sexual activity of gang members on family relationships, response of members to questions of illegitimate parenthood; this topic was something not considered in the original design. From further analysis it was shown that parenthood was an aleatory or unintended by-product--a risk--of sexual activity aimed at enhancing status within the gang. These

researchers do add a word of caution in saying that one should be aware of the amount and kind of resources one can and should give to such emergent concerns.

A cross-sectional analysis and focused interviews were the methodological strategies employed. A cross-sectional design was decided upon because of considerations of time and because the main concern of the study was the location of stages in the treatment-moral career. This may be adequately uncovered by interviewing different people who have been in the program varying lengths of time. Such a strategy is similar to that used by Waldorf (1973) in analyzing the careers of heroin addicts and by Stanton Wheeler (1961) and Peter Garabedian (1963) in prison moral career studies.

The "focused interview" (Merton and Kendall, 1946; Merton, Fiske, and Kendall, 1956) is one in which specific kinds of information are required but the form and order in which questions are asked is variable. Merton, Fiske, and Kendall (1956:3) provide the following depiction of the focused interview.

The focused interview differs in several respects from other types of research interviews which might appear similar at first glance. In broad outline, its distinguishing characteristics are as follows. First of all, the persons interviewed are known to have been involved in particular situations; they have seen a film, heard a radio program, read a pamphlet, article, or book, taken part in a psychological experiment or in an uncontrolled, but observed, social situation (for example a political rally, a ritual or a riot). Secondly, the hypothetically significant elements, patterns, processes and total structure of these situations have been provisionally analyzed by the social scientist. Through this content or situational analysis, he has arrived at a set of hypothesis concerning the consequences of determinate aspects of the situation for those involved in it. On the basis of this

analysis, he takes the third step of developing an interview guide, setting forth major areas of inquiry and the hypotheses which provide criteria of relevance of the data to be obtained in the interview. Fourth and finally, the interview is focused on the subjective experiences of persons exposed to the pre-analyzed situation in an effort to ascertain their definitions of the situation. The array of reported responses to the situation helps to test hypotheses and, to the extent that it includes unanticipated responses, gives rise to fresh hypothesis for more systematic and rigorous investigation.

The use of the focused interview fits well with the exploratory nature of the study, and also remedies a major failing of the more standardized interview, that is, that questions asked do not necessarily mean what the researcher assumes them to mean to respondents. Thus the focused interview allows for consideration of the problem of interpretation of questions in an interview situation. (See Benney and Hughes, 1956; and Cicourel, 1964 for elaboration on this problem). Thirdly, this strategy allows for the emergent nature of the research process. This emergent character is reflected in the natural history provided at the end of this chapter.

As noted in the above quote from Merton, Fiske, and Kendall, the focused interview requires some previous knowledge of the people and situations under study. It was not until some time had been spent by the author in the ASAP-SPDD complex that an interview guide was designed around the following dimensions (see Appendix A for a copy of the guide):

1. Self of actor: how he sees himself, how he saw himself earlier.
2. Perceived reactions of others: how he thinks other people see him, how others are felt to have changed.

3. Work: questions were similar to those in 2. (above), but in relation to employers and work associates.
4. The program: questions were similar to those in 2. (above), but in relation to program staff.
5. Everyday routines: here questions focused largely on consequences for daily encounters in other life-situations.
6. Strategies: questions dealing with strategies to handle obstacles encountered in 1. to 5. were raised.

Statistical sampling was not employed due to the exploratory nature of the study. Because of time limitations and the concerns of therapists for their clients, the selection process came down to whoever would be willing to be interviewed. Such a haphazard sampling procedure has nevertheless yielded findings which, while suggestive rather than definitive, are of some theoretical interest. Further comments on sampling and the rationale behind it are detailed in the natural history of the project in final section of this chapter.

The use of a natural history as a means of presenting the methods was seen as the only practical way in which qualitative research could be reported to allow the reader to get some idea of how the research process was carried out and how this in turn may have influenced the findings.¹ Howard Becker (1958) takes a similar position when he suggests a natural history as an answer to the following dilemma:

Qualitative data and analytic procedures, in contrast to quantitative ones, are difficult to present adequately. Statistical data can be summarized in tables, and descriptive measures of various kinds and methods

by which they are handled can often be accurately reported in the space required to print a formula. This is so in part because the methods have been systematized so that they can be referred to in this shorthand fashion and in part because the data have been collected for a fixed, usually small, number of categories--the presentation of data need be nothing more than a report of the number of cases to be found in each category.

The data of participation observation do not lend themselves to such ready summary. (Ibid:659)

Ethics and Rights of People Under Study

The question of ethics has long been left unanswered by sociologists. Attention instead has centered on sponsorship, (i.e., funding) on the use of sociological data for policy implementation, and on the relations between sociologists. (See Gibbons and Jones, 1975, for a thorough discussion of sociological responses to the ethics question). That people being studied have the right to be left alone, to be properly informed of what they will be asked to do and subsequently what will be done with the information they have provided has been given short shrift in sociological discussions of ethics. (For counter-examples see Reubhaussen and Brim, 1965; Erickson, 1966; Gibbons and Jones, 1975). It is with these ethical concerns in mind that steps were taken to insure the rights of people under study.

A research design was submitted to the Committee for the Protection of Human Subjects at Portland State University, along with responses to a series of questions required by the committee. (See Appendix B). At the actual interview session, anonymity was stressed, as was the character of the research

and for whom it was being done. Only volunteers were accepted for interviewing. Further comments on ethical concerns can be found in the natural history section. Every attempt was made not to view the clients of SPDD as "subjects" (i.e., objects of research), but as people who have the right to a private biography that must be acknowledged, whatever the consequences for the study.

Setting Description

The research setting was Services for Problem Drinker Drivers (SPDD). It is the treatment arm of a federal and state-sponsored Alcohol Safety Action Project (ASAP).² Because SPDD and the people in it can only be understood with some knowledge of ASAP and of the screening process through which the clients of SPDD must pass, what follows is an overview of ASAP-SPDD, followed by a more detailed discussion of the screening mechanisms employed.

The ASAP-SPDD complex is housed in the top floor of an aging building in downtown Portland. Like other floors in the building, this floor has been remodeled and closely resembles the offices of a moderately successful physician. ASAP occupies the west side of the floor, SPDD occupies the east, and a state alcohol treatment clinic separates the two on the north. A reception area is shared by all three agencies, with an occasional back issue of Reader's Digest provided to aid clients in passing time and avoiding unwanted glances.

ASAP, which began in 1970, is a federally initiated

program, aimed at reducing the number of alcohol-related injuries and deaths on the nation's streets and highways. Its Portland staff includes five diagnosticians, two physicians, two psychiatrists, two full-time nurses and one part-time nurse, as well as three clerks. ASAP's primary concern is with the identification of "problem drinker drivers." These people are said to represent "the greatest single cause of traffic fatalities and injuries." The ASAP personnel are almost totally involved in the diagnosis of problem drinkers, and they serve as the primary screening mechanism through which people are funnelled to SPDD. One way to approach an understanding of the workings of ASAP is to start at the beginning phase of an individual's engulfment in this treatment organization world.

Arrest is made after some assessment of a person's driving ability or lack of it. This may be done either by city police, county sheriff, state police, or authorities of the Port of Portland. A Breathalyzer test may be given and if the Blood Alcohol Concentration (BAC) is over 0.10, a citation may be given for driving while under the influence of liquor (DUIL). He is then referred to district court and trial date is set. At the trial, the judge may impose a fine and/or a jail sentence. This is typically the case for first offenders. The judge has the alternative of handing the individual over to the Parole and Probation Department for a pre-sentence report to determine whether a drinking problem exists. Those with

two or more DUIL's are often handled in this manner.

If the judge asks for a pre-sentence report, the Department has sixty days to complete it. The report includes the following types of information: personal history, education, employment record, criminal record, family history, leisure-time activities. With the help of this information, an assessment is made about the individual and his drinking. Problem areas are looked for (e.g., sporadic employment, marriage difficulties) and note is made of their relationship to drinking behavior. A problem drinker determination is then made with this data if any of the following criteria are met: two or more DUIL's within the last ten years, a BAC greater than 0.20, and/or self-admission of a problem.

At this point, if a problem drinker categorization is made, the individual is sent to ASAP for a problem drinker evaluation. (See Appendix C for a one-page program description given to people who are referred to ASAP for evaluation). Typically there will be an initial interview where "problem" areas are discussed or attempts are made by the diagnostician to uncover them and to get some kind of a response from the person. Following this interview, he is put through a series of psychological tests, a favorite device being the Minnesota Multiphasic Personality Inventory. A second interview, the pre-disposition interview, is then scheduled, where areas left untouched or in need of further elaboration are covered. Also at this interview, a discussion is held concerning possible

treatment alternatives for the individual. Information from these sessions and from the Parole and Probation Department are then given to the judge handling the case.

A sentence hearing is held, where the drunk driver--soon to be problem drinker--is returned to ASAP as a condition of probation. Being sent to ASAP does not preclude spending time in jail or receiving a fine or both. For some, ASAP participation comes after the sentence has been served. Nor does referral eliminate the responsibilities of probation, for the individual is still required to keep in contact with his probation officer. However, once in ASAP and SPDD, Probation pays little attention to these people. They may require a monthly phone call or letter, or, as time goes along, no response at all.

Once the person has been placed in ASAP hands by the judge, a staffing is held. This is a meeting of diagnostic staff, occasionally a therapist, and the prospective SPDD client. Staffing is held in the 6th floor library. Both staff and client gather around a table at the far end of the room, with the client at the head of the table. The latter is then questioned about drinking, asked whether he would like to take part in some type of therapy, and some decision is made concerning a treatment plan. An important but latent function of "staffing" is to legitimate ASAP control over clients. Clients are reminded that their participation in some kind of treatment is a condition of probation. If the individual does

not agree to go along, he is remanded to the court, for a possible jail sentence but this rarely occurs. Instead, what often happens is the individual is lectured by the judge, told to co-operate and an attempt is made to channel him back into the program. Some, however, are simply allowed to fulfill their probation requirements.

There are four treatment alternatives, including Alcoholics Anonymous, the use of private therapists, Antabuse, or counseling from SPDD staff. Alcoholics Anonymous is often used for those who have had some previous experience with it, or who need a great deal of social support, or who appear to function well only within a rigid framework such as is available in AA. Private therapists may be used when the staff feel they do not have the resources to handle the client or as in the case of professional persons who have the resources to pay for an outside therapist. An Antabuse program is run by ASAP and a great number of clients take part in it. Antabuse is used with those who have very severe drinking problems and who cannot, or are seen by staff as not being able to reduce their drinking on their own accord. It is also used for those who may be overly resistant to therapy or who fail to acknowledge a drinking problem. It is hoped that, after a few months on Antabuse, they will see drinking and its effects upon them in a new light. Finally, for those who require an occupational driving license, participation in the Antabuse program is required. SPDD, along with Antabuse, is the most often used

treatment alternative.

SPDD was created in 1972 as the treatment arm of ASAP. Prior to this time, ASAP referred people to AA, private therapists, and state alcohol clinics. SPDD provides both group and individual therapy, with emphasis on the former. However, there are disagreements among staff about the efficacy of group therapy for a "hard-hat" population such as the one in SPDD. There is a belief that, for a working class population, the members of which have limited social skills, to perform in a group may be too much to ask. Nevertheless, as of April, 1974, seventy-five of one hundred and twenty-two active clients were involved in group therapy. Group therapy sessions are held in the office of the director of SPDD.

Individual sessions are held in the office of client's therapist. While the decor is reminiscent of a doctor's office, once inside the doors of the therapist's office, the atmosphere changes. For those with some college background, it closely resembles that of an instructor's office without the walls of books, and is appropriate, perhaps, for "learning" of alternative activities to replace old drinking patterns. There are currently four therapists and one secretary. Of the therapists, two are men and two are women. The men have background in clinical psychology, the women in social work.

A demographic breakdown of the client population of SPDD provides the following client profile and related figures. (Data were provided by the program coordinator of SPDD).

Client Profile--Oregon SPDD.

Caucasian, male, age 36½, having lived in the area a little over 15 years. If working, worked an average of 17 days last month, with an average income of \$8,762. He has one previous alcohol-related, non-DUIL arrest, 2 DUIL charges, and 2.8 total traffic citations. His BAC level when arrested on the latest DUIL was .212. He has been a heavy drinker for 9.9 years, drinking about 5.93 days a month, .35 ounces per day.

Client Profile--Nationwide

Caucasian, male, age 39½, having lived in the area 14.8 years. If working, worked an average of 18.4 days last month with an average income of \$8,044. He has 1.8 previous alcohol-related, non-DUIL charges, and 1.75 total traffic citations. His BAC level when arrested on the last DUIL was .184. He has been a heavy drinker for 12.3 years, drinking about 10.36 days a month, 2.32 ounces per day.

NOTE: Given a knowledge of the average Oregon/SPDD client's background and habits, based on field contacts, interviews, etc., the drinking quantity and frequency statistics for the "average" Oregon/SPDD client tends to be deceptive. The figures are gathered from information provided by the client to the researcher, and recorded on a research form which is sent to Stanford Research Institute.

A survey of the SPDD staff confirms the impression that the average client drinks about as much and as often as the national average.

TABLE I

CLIENT INTAKE CHARACTERISTICS
(FOR MAY-DECEMBER, 1973)

<u>VARIABLES</u>	<u>OREGON SPDD</u>	<u>NATIONAL AVERAGE</u> (Based on data gathered from 10 SPDD sites)
<u>Age Groups</u>		
18-24	13.2%	11.3%
25-34	36.3	25.1
35-44	25.3	28.3
45-54	16.5	24.6
55-64	8.8	8.9
Over 64	--	1.8
<u>Sex</u>		
MALE	87.9	91.8
FEMALE	12.1	8.2
<u>Ethnic Origin</u>		
WHITE	86.1	72.8
BLACK	3.8	23.8
MEXICAN	9.1	.79
AMERINDIAN	1.0	.2
<u>Current Occupation</u>		
Professional	4.4	4.8
Managerial	6.6	5.6
Sales	5.5	4.7
Clerical	3.3	4.3
Craftsmen	24.2	29.5
Operatives	18.7	8.6
Transporters	6.6	7.2
Laborers	16.5	15.0
Farm Labor	2.2	0.7
Service Work	7.7	10.0
Student	1.1	1.3
Housewife	3.3	1.9
None	--	6.2

VARIABLESOREGON SPDDNATIONAL AVERAGE(Based on data
gathered from
10 SPDD sites)Education Level

Grade 1-4	0.0%	3.2%
Grade 5-6	1.1	4.1
Grade 7	1.1	3.7
Grade 8	7.7	10.2
Grade 9-11	28.6	29.3
Grade 12	30.8	28.8
Voc.-Bus.-Tech.	11.0	5.3
1 yr. college	7.7	3.6
2 yrs. college	3.3	4.2
3 yrs. college	2.2	1.6
4 yrs. college	4.4	3.7
Graduate school	2.2	1.8

Marital Status

Never Wed	19.8	19.0
Married	44.0	48.4
Widowed	1.1	4.2
Divorced	25.3	19.2
Separated	9.9	9.2

Screening Process

The screening process begins on the streets at the point of police contact. In this research, no effort was made to investigate how the police make a drunk driver determination. It is the case, however, that professionals and women are scarce in the SPDD population.³ It may be that professional men do not drink and drive. As one probation officer put it: "Professionals aren't arrested because they have nothing to prove and will have someone else drive them home or take a taxi." It may also be that contact is made by the police, but arrest is not made. Another possibility is that police surveillance is more intense in working class territories. Turning to women, cultural expectations surrounding females and their drinking probably come into play limiting the number of women arrested and subsequently placed in ASAP-SPDD. The tavern world is a man's world. Women, having no special location to engage in drinking, are, probably more often than men, solitary drinkers in their own homes.

Once arrested and sent to District Court, some persons are acquitted, others are convicted, sent to jail or fined and go no further in the process. As mentioned earlier, these latter are likely to be first offenders and seen by the judge to be "social drinkers." Those suspected of problem drinking are moved along to Parole and Probation, where another phase in the screening process takes place. The Parole and Probation Department is located over a bus depot in downtown Portland. The office itself has a "civil service" look and

feeling. The offices of the four probation officers who deal with DUIL's are separated by thin, make-shift barriers. In 1973, the Department saw fifty-four people per week come through their doors for a pre-sentence report. Of these fifty-four, an average of eighteen of these were sent to ASAP. Those screened out included social drinkers and "unco-operatives"--people who refuse to go along with probation rhetoric and who may be seen as manipulative and hostile. They simply refuse to respond in a manner appropriate for (1) a problem drinker motivated for treatment or (2) at the least as someone who is indifferent to this definitional move on the part of Probation. Unco-operatives may be sent to jail or simply serve their probationary period of two years. The screening out of these people is justified by Probation on the ground that there are a lot more people who want help and are willing to do something about their "problem." If a problem drinker determination is agreed upon, ASAP takes over the screening function.

The ASAP screening is intended to assure the involvement of problem drinkers in the program and to channel out social drinkers that may have slipped through the previous phases. The "unco-operative" person is also funnelled off. This type of client comes under various titles including "sociopathic," "paranoid schizophrenic," "psychotic," and "psychopathic." The chronic Skid Road type alcoholic often fails in the unco-operative category, as do people who miss two or more interview appointments without making an effort

to cancel and/or provide some justifiable rationalization. As in the Parole and Probation screening, these are people who refuse to acknowledge the program's rhetoric and definition of them.

The following is an example of an unco-operative case observed by the author at a staffing. He was described as "overly resistant" and "sociopathic." Upon entrance into ASAP, he was put on Antabuse. He resisted for a year and was remanded by ASAP to the court where the judge urged him to co-operate, and he was once again sent back to court by ASAP where he was sentenced to three years probation. He denied having a drinking problem, as he had done upon intake, and stressed the situational character of his drunk-driving offense. Most of the diagnostic staff put forth the belief that he would not be "worth the time and effort." It was decided to have him check in once a month to one of the diagnosticians, more for the safety of others than for his own benefit, because he was believed to be violent. Other examples include a thirty year old male who was seen by staff as evasive and belligerent and who consistently denied a drinking problem, as well as a sixty-five year old "chronic alcoholic" who, like all the others identified as unco-operative, denied any problem in drinking.

A second category of people screened out is those seen as "inappropriate." These are people whose problem cannot be handled with the resources at hand. For example, if narcotics are involved, the client may be sent to a state drug clinic

or, if the individual's major problem is a lack of job skills, he may be sent to the Department of Vocational Rehabilitation. Others in this category are those whose work schedule precludes treatment. The terminally ill (e.g., cancer patients) also fall in this category.

If the client falls into neither of these categories and his treatment plan includes counseling from SPDD staff, the latter serves as the last in a long series of screening agents. SPDD screening follows much the same pattern as that of ASAP. The unco-operative, the inappropriate are screened out. That people are still shuffled off at this point is largely attributable to the differing interpretations between diagnosticians and therapists of what constitutes an appropriate person for therapy. In part, this may be the result of educational differences, on the job experiences, along with the apparent emphasis on the "medical model" among some of the diagnosticians and the distrust of this metaphor among SPDD staff. However, changes in client outlook and behavior cannot be overlooked.

In summarizing the screening process, it is helpful to consider this process as a series of screens and filters, with a large number of people at the beginning (i.e., arrest), and a progressively smaller population until one passes through the final filter and is left with a smaller aggregate at the end. Figures from ASAP-SPDD complex confirm this picture. In 1973, a typical week saw fifty arrested and forty convicted. Of these, twelve were sent to SPDD for counseling.

The following figure graphically portrays this process.

FIGURE I
THE SCREENING PROCESS

As the individual passes through each phase in the screening process, he is faced with increasing pressure to define himself as a problem drinker. Much of the screening may be likened to a process of conversion. In this case, conversion is to a treatment rhetoric⁴ which includes a view of self as a person with a "problem" in need of treatment.

The screening process also tells something about the kinds of people who finally make it into SPDD. Compared to those screened out, they have better verbal and social skills and tend to be more responsive to the demands of therapy.⁵ They may also display some degree of motivation to be helped and to help themselves. The above points and the impact of the screening process on the careers of clients will be considered at greater length in Chapter Three.

A Natural History of the Research Process

The research process is more than a series of recipes governing the collection of made-to-order data. Rather, it is best characterized on the one hand as a dialectic between researcher and the people and worlds under study, and on the other, a dialectic between the researcher and his conceptual and methodological tools. What follows is an attempt to make explicit these dialectical relationships as they became visible in this study.

Opening Doors

At the initiation of the study I had no previous knowledge of or contact with the ASAP-SPDD complex. In fact, I had never heard of the program until it was suggested as a possible setting for my thesis by Joseph F. Jones, thesis committee chairman. It was with the latter's help that I gradually entered the ASAP-SPDD world. The entry process began with initial contact with ASAP director, Michael Schrunk. This brief meeting entailed a general discussion of the complex with no reference made as to my desire to do a thesis there. This encounter was followed by a meeting with the state director of Alcohol and Drug related programs, Richard R. Runyon. At this session a brief overview of what I might like to do was presented and information that was to serve as a focus for the drafting of a more extensive thesis proposal was gathered. This information and my use of it led me down an unprofitable conceptual and methodological path. It was from

this interview that four categories of people were assumed to exist in the ASAP-SPDD organization. These four categories included: one, a group in their late teens and early 20's of low-socio-economic status machismo-seekers, who saw the automobile as an instrument for achieving this goal; two, problem drinkers, those who drank due to problems in living; three, accidental social drinkers, people who were social drinkers and who just happened to drink and drive on the night of the arrest; fourth, an alcoholic categorization which consisted of people whose major problem was drinking and all others followed from it. A methodological design aimed at locating these client categories and uncovering their treatment-moral careers was developed.

After the forementioned design had been written and accepted via proper departmental channels contact was made with the Service Director of SPDD, James Dargan. At this meeting the Director offered his help as well as that of other staff people. I must admit that the ease at which his aid was acquired was somewhat unexpected. That is, having heard of the difficulty of entering organizations I was prepared for the worst, but this never occurred. Perhaps an important consideration in this regard was that the Director as well as other staff members had had educational experience at the graduate level. Therefore he, and eventually other personnel were sympathetic to the "problem" of thesis work. Even if this familiarity with graduate work had been lacking, the student role is one that people readily acknowledge, they

know that "students" are often involved in such projects and are willing if not grateful to help "the student"⁶ learn something.

Following this initial meeting with Jim Dargan a second one was arranged with the remainder of the therapeutic staff. At this encounter I detailed what I wanted to do and how I might go about it. It was at this meeting that the information I had gathered from the state director was said not to apply to the SPDD population. A copy of the thesis proposal had been distributed prior to this time, making my task easier as well as making possible the feedback I received. Of the four categories of clients believed to be involved in SPDD, only the problem drinker, was in any abundance. This realization destroyed the earlier theoretical problem which entailed the comparison of the careers of at least two types of clients. Based on staff information it was decided to simply look at the problem drinker and his treatment-moral career. Another piece of information came to light when to my embarrassment I was informed that the treatment arm of ASAP had an identity of its own, Services for Problem Drinker Drivers. Prior to this time I had referred to it as ASAP. The different functions of each were then highlighted by staff. Out of this session interviews with staff of both ASAP and SPDD were arranged and investigation into organizational processes began. Before moving on to this however let me add to the earlier comment on the student role. Not only were people willing to help "the student" they were pleased that someone

best slowly and hesitantly. With the above in mind it becomes possible to look upon organization staff involved in the screening process as a serially encountered collection of defining agents. As the individual encounters each agent some amount of reinforcement is given to building and strengthening conception of self. What can make these defining agents of particular importance for the prospective client is that they provide official-outside-legitimation for conclusions they are making about themselves. These defining agents function as a "chorus" legitimating the donning of a client identity and shedding of a previous problematic self and the search for a new one. The chorus begins with the judge and his decision to have a pre-sentence investigation by the Probation Department. The choir grows with the problem drinker evaluation by ASAP personnel. It reaches its peak with staffing and entrance into therapy.

For some people, especially deniers who manage to gain entry into SPDD, the judge's voice is heard the loudest and for the longest period of time. Thus there are comments such as: "The judge said I was a problem drinker so I must be." "The judge said I had a drinking problem, I didn't and I don't agree, but he didn't look like a person to argue with."

For those who already acknowledge some personal difficulties and are willing to take part in counseling the words of the various defining agents are simply one more piece of evidence supporting their own self-appraisal. This does not mean that they have no quarrels with what is being done and

said to them in the process. Encounters with ASAP sometimes received poor evaluations. "I went to ASAP and got nothing out of it. Because they always emphasized the negative on problems. I knew I had them, but they didn't have to concentrate on them." Such reactions can no doubt be tied to ASAP's main function; to diagnose, to uncover the problems of prospective clients. But for some the necessity of exposing-of over exposing their problems may be an unnecessary if not a damaging act. In the words of one: "I went to ASAP and my experiences were not good. I thought they were there to help me. They didn't. I almost said, 'fuck it.'"

For the uncertain, the person who is not sure of his stance about having or not having a problem the voices of screening agents may serve to feed the growing concern about himself.

20. "I went to trial and the D.A. asked for a pre-sentence investigation. I asked my lawyer why and he said, 'to see if you're an alcoholic.' I didn't like that too much. I thought I had some problems but not enough to be sent here.

At ASAP it seemed they all had memorized the same line. 'It seems to me alcohol plays an important part in your life.' I didn't quite agree with that. I was also told by (diagnostician) that I drank too much. I wasn't sure about that either.

I was sent to a four week orientation where we were told, 'You're all problem drinkers or you wouldn't be here.' By the end of the orientation I was starting to get something out of it and decided to stay on."

Having heard the words of the series of defining agents the person enters SPDD. He may still not fully acknowledge a problem, or he may be firm in his belief that he surely has one, or he may be sitting on a symbolic fence uncertain as to which way to fall or jump.

Stage Three: SPDD Involvement

Ultimate attachment to and application of the helping metaphor depends on, at the minimum, two processes: identification and commitment. Both processes will be discussed as they are used to make sense out of client activities and changes within SPDD.

As stated earlier people are not always thoroughly convinced about the relevance of treatment for themselves. They may move cautiously into the treatment world with sole intent of simply playing along with the helping drama without getting too caught up in the action. Role distance typifies the stance they take. The following provide examples of this situation as well as the transformation that can happen to the skeptical client.

20. He thought he'd come in and talk about the things he was supposed to. At each session he'd planned to tell the group that he was drinking less and less until he became "miraculously cured" after about three months of group counseling. But after being in the group he saw "these guys opening up and telling problems" similar to his own. After that he began to, "look at myself and I started to get something out of it."

18. _____ planned to come to SPDD and do his part as his lawyer had suggested. He came, sat in on group sessions and said little. But over time as his relationship with people in the group and his therapist improved he started to make public his problems. The end result was confirmation of his earlier beliefs relating emotional troubles and drinking.

Both these examples point up an important element in the transformation of views of self, others and situations, that is, the process of identification. The ability to identify with other clients and/or therapist marks the beginning of attempts to take some action to alter the client's

problematic situation. In a real sense, identification means motivation (Foote, 1970): motivation to adjust to people identified with, to the perspectives they hold and to the ways of acting they exhibit. Some discussion of the concept identification should serve to clarify these points.

Identification consists of two processes: identification of and identification with (Stone, 1970). Identification of refers to the everyday process of classifying, of naming that people engage in to order their worlds. Naming, i.e., identification of, consists of locating objects, people, with situations, worlds, and perspectives (Strauss, 1957). For example, identification of a person talking to a room full of note-taking individuals as a "professor," tells not only what to expect of him, but as well, something about the university world in which he spends his time in. It also tells something about how the person doing the naming should act. If the namer is one of those taking the notes he becomes a "student," one who should at least appear attentive to what the "professor" is saying. In brief, identification of is the naming of people and therefore the locating of them within particular situations. Naming yields a set of expectations, a set of motives, for the named, and the namer. It is further suggested that unless naming takes place action ceases or may never begin, although Strauss (1957:22) writes: "A person need not be certain that he knows what an object is in order to organize a line of action toward it--he merely has to be willing to take a chance on his judgment."

Identification with refers to the gradual taking on and application of a given conception of self, of others and situations. It requires the taking on of a new vocabulary, a new set of names with which to evaluate oneself and one's behavior (Strauss, 1957:97). It obviously necessitates the submergence into the new social world, the acceptance of this world, and the perspective that emanates from it as a source of legitimation or validation for the new self. A new consciousness emerges as the person identifies with a new set of others. Finally, for it to endure commitment is a must. Nelson Foote (1970:347) writes: "We mean by identification the appropriation of and commitment to a particular identity, or a series of identities. As a process it proceeds by naming, its products are ever-evolving self-conceptions with emphasis on the con-that is, upon ratification by significant others."

Regarding the earlier point that identification means motivation the statement needs to be clarified. Identification of a given object can activate behavior toward that object, as Foote notes (Ibid:385): "If the regularities in human behavior are organized in response to situations which are classified more or less in common by actors, in this way then, names motivate behavior." Only identification with however, provides for some continuity, for some consistency over time in a particular course of action. This consistency is maintained because of a growing commitment (Becker, 1960) that is established as one comes to identify with a particu-

lar group and to take on their perspective as one's own. Again from Foote (351): "...it is only through identification as the sharing of identity that individual motives become social values and social values individual motives." What must now be considered is how the processes of identification and commitment serve to strengthen and maintain the client identity.

Naming is a necessary step for identification with eventual commitment to a client self. People entering group counseling probably have at least some knowledge of what goes on, of what they are supposed to do and what the therapist is supposed to do. This knowledge may or may not accurately portray what awaits them. What is of importance is that it provides a general guide of how to proceed. If this were not the case the ability of people to plan a strategy for managing their performances while in therapy, as well as their exits from it would be limited indeed. The point is that SPDD clients come into the program with a vocabulary already in use that serves to make sense out of the therapeutic situation. It is the use of this vocabulary, i.e., naming, that is automatically done, and that yields an identification of SPDD as a place where people are required to talk about their problems and where the therapist in his turn is to provide solutions to these problems. Talking performs a subversive function. Once talking begins the foundations for identification with group and/or therapist are laid.

It is through talk both public and private that the

realization comes about which says, "Ha! these people have the same problems I do." Once this statement has been made it is just a matter of time and words before the person tries on for size the problems of other clients and the ways they tried to solve them. The group becomes a "sounding board." "A place where I can come and feel at ease with people and not be ridiculed about my problems," or "I like to hear what problems others have and their solutions to them and I may find out about my own." Up to this point the client is probably doing more listening than talking. The point where the client starts talking about his problems is a final and key step in the process of identification of for the client. It is at this time that the client identity comes into full view. It also can mark the beginnings of identification with others in therapy. "Once I began to open up and to talk about my problems this helped." The making public of problems is important for another reason. This making public signifies to other members of the group that the person is willing to begin to do something about his plight. Validation from others increases. Both therapist and other clients take a more active part in trying to help the person verbalize his problems and to find solutions to them.⁷ In contrast, those who do not talk, or talk only when asked are looked on critically by the talking members of the group. And in one instance observed, members of a group asked for the removal of a non-talking client. As this validation continues a new social ground is uncovered on which the individual can

rehearse future alternative lines of action. The end result is the enhancement of the growing identification with and commitment to a new self and identity.

Things do not run as smoothly as one might hope however; obstacles are thrown in the path of those on their way to becoming committed clients. These obstacles make the road for some bumpy and precarious at best. One such obstacle is the manner of entry into the program: arrest and conviction of drunk driving. As discussed earlier those screened out or who note no transformation in subjective experiences are those who fail to make a meaningful link between arrest and treatment, between being punished and being helped. Typically, for those who enter SPDD and remain a meaningful link is made. The reconciliation between being treated and being punished is made by such statements as: "If I had not been arrested I would probably be dead;" "If a guy needs help and he won't do anything about it, he should be forced to make a choice;" "I was going to seek help anyway;" "It may be forced but at least it's a choice between jail and treatment a choice some of them may not have had."

These statements do not always appear upon entry, they may come later. An initial period of resentment, of "being pissed off." may precede such sentences. If these initial feelings cannot be neutralized helping comes hard or not at all. "I looked upon this as punishment. I was not too excited at first but the more I came, I started to enjoy coming down to talk to (a therapist)."

"I thought it was

voluntary, when I learned it wasn't I flipped and walked out the door. For about three months I told people to get fucked. But during this time I began to notice changes in myself and my resistance lessened." These examples point out that even with some initial bad feelings, if changes are noticed or some attachment is engendered to a therapist or group members the un-co-operativeness brought on by the fact of punishment can be reduced. As time passes, the idea of coerced involvement diminishes. It is in a sense compartmentalized, pushed to one side while treatment is in session. It surfaces occasionally but not enough to do harm to the helping relationship. One final and key element serves to minimize the experiencing of the apparent conflict between being punished and being treated, and this is the statements of ASAP-SPDD staff. At staffing the decision to go into therapy is often placed on the individual. For example, "Would you like to go to therapy?" "It's your choice." In some instances the following is said, "It's your choice, nothing will happen to you if you don't go to therapy."

This element of choice is also emphasized by SPDD people. The degree to which it is voluntary and the degree to which the possibility of some kind of judicial sanction is stressed varies with each staff member. It is conceivable that a client could go through one phase of the screening process with emphasis on "it's your choice," through another where the element of choice is downplayed and so on. No such experiences were mentioned. But that some people can be in

group sessions before they find out that it is "coerced" suggests that this can and does happen. The belief that therapy is voluntary as many so asserted suggests that in these cases statements of staff members were similar, thereby creating for the prospective client a "volunteer" image. Whether or not a volunteer image is constructed by staff depends largely on the co-operativeness of the client. Thus for some who were not enthusiastic about SPDD involvement or ASAP definition of them the possibility of official sanctioning is often made known and a "volunteer" image does not appear.

With the compartmentalization of the element of punishment identification processes continue. Identification with the client identity continues to grow as validation from others and evaluation and re-evaluation of self continue. Dramatic rehearsals within the group sessions increase. Within group sessions clients discuss problems they are trying to solve. This discussion often includes an acting out, a rehearsing, of given solutions to the problem which will then be enacted live at a later date. If transformation is to take place and be maintained changes must occur in the day-to-day goings on of the client. Rehearsals must become live performances. Only then can there be commitment to the client imagery. Commitment (H. S. Becker, 1970:264) has typically been used as a tool for the understanding of consistent lines of action. A person is said to be committed when he exhibits a particular line of action at the expense of other possible

alternative courses. In this regard Howard S. Becker (Ibid: 266) goes on to suggest that the committed person is one who has made a "side-bet." That is, there are activities "extraneous to" the consistent line of behavior which depend upon the latter for their continued presence. For example, a successful businessman may find himself committed to a non-criminal line because of the loss of money and reputation if he is caught. In this case, money and reputation are side-bets to a non-criminal line. If neither of these were valued he could not have a commitment of this sort and the way would be open for criminal activity. A committed person is one constrained to behave in a certain way for fear of losing other things of value not directly linked to that activity. On this point, Becker (1970:266) writes:

Thus, whenever we propose commitment as an explanation of consistency in behavior, we must have independent observation of the major proponents in such a proposition: (1) prior action of the person staking some originally extraneous interest on his following a consistent line of activity. (2) A recognition by him of the involvement of the originally extraneous interest on his present activity, and (3) the resulting consistent line of activity.

This brief look at commitment provides a clue to how the individual becomes a "total client." A total client, as noted on page 60, is someone who leaves an old drinking world for one less oriented around such behavior; this is in contrast to those who do not nor do they have need to leave their previous world behind. The total client becomes committed to a non-drinking line of behavior designed to "help" him. The decision to follow such a course is partially the

result of conscious decision making processes, and in part the result of accretion, a slow cumulative process where each act commits the person more and more to being a client. As the person becomes more and more involved in doing what clients do he drops old interests and picks up or tries to pick up new ones. "I don't know how (sic) but I don't like going to taverns anymore and my drinking has cut down."

Processes of commitment speed up as his group rehearsals become live performances. A particularly important move for would be total client is the dissociation from old friends and settings where drinking behaviors took place. A push toward commitment comes about simply being in the program. Failure to follow a non-drinking line can result in official sanctioning, in revocation of driver's license. In some instances Antabuse is required, and in this way the program staff makes the initial decision for the client as to his following or not following a non-drinking line. Renunciation of the old drinking milieu is recognized by both clients and staff as one important way of solving the drinking problem. Such a move however, is not easily made in times of personal ambiguity, even with an increasing identification with group members and the orientation they represent. This move is made easier if crises or turning points have been experienced, in which case the crisis marks a lessening of commitment to drinking behavior and in which drinking and the interests it supported no longer seem viable. That the leaving of the old

world is not without its trying moments can be inferred from the following comments.

21. _____ after having to stop seeing old drinking buddies and reducing the number of stops to a local tavern he had to take a lot of kidding. Others would tease him and try to coax him into having a beer.

22. _____ lost all of his drinking buddies. "They don't come around anymore. It makes me and _____ feel kind of sad. I don't enjoy going there (taverns) anymore. It's just not the same. Those guys there sure make asses of themselves."

As the last example implies even if the client does not completely reject old settings, e.g., taverns, "It's just not the same." They may only drink Coke but the experience is different and to some embarrassing to drink pop while others drink beer.

Moving out of a drinking milieu is made even more difficult when no satisfactory alternatives have been found. In many instances, the group becomes not only a sounding board but a "social get together." It takes on an expressive as well as instrumental function. "It's more like a social hour. [My spouse] always says I'm in a good mood when I come home (22)." Clients may try to get together outside of the group sessions. One group attempted to arrange a picnic but failed because of scheduling problems. This same group of people, individually and collectively are actively searching for alternatives. One couple planned a camping outing in hopes of meeting future friends. This seeking of new others is of importance because participation in the group will end and the necessity will arise for a new set of others to validate

what has come to pass in SPDD. If this does not happen continued commitment to a non-drinking line is doubtful.

With the leaving of the old drinking world comes as well an abundance of time.⁸ Drinking, stool sitting, and other related activities take up time, when they are no longer engaged in something else must fill the temporal void left in the daily-weekly-monthly schedules. New hobbies, new chores, and new friends constitute a new social world; the necessary ground on which the transforming non-problem drinker self and identity must be established. It is from here that validation of a self one has tried so hard to develop must come. The following is an example of a client who has failed to locate these alternatives, illustrating importance of a new social ground as well as the ambiguity that results if such is not found.

17. _____ is a self proclaimed "loner." He has no close friends, nor does he want any. In fact, he dislikes the group because of its emphasis on "buddy-buddy stuff." He just doesn't know whether he will go on to Skid Road or back up to something better--to a skilled position. He has no real desire to go either way. He used to square dance and he only lives a couple of blocks away from where the dances often take place. But he says he knows that if he gets dressed up and goes he'd get no further than the corner tavern.

The transition to a non-drinking world does not always require such dramatic strategies as the renouncing of previous worlds. For some this transformation is made less problematic by validation received from family and friends outside of the therapy situation. If significant others such as wives, children, and close friends, are supportive,

if they are willing to acknowledge the client's attempts to "change," the transition can occur without leaving old social worlds. In such cases, friends remain the same, spouses do not leave, leisure time activities may be altered but not drastically. In cases such as these, following a consistent line of non-drinking does not conflict with other areas of commitment, rather it enhances already established areas. For example, non-drinking does not mean the losing of friends, instead it may mean their increased support. It is suggested by these findings that the cultural milieu of these clients is different from those of "total clients." In the latter, drinking is believed, again by the writer, to hold a central position in the culture. Drinking not only functions to establish manliness, but to establish a "fun-loving, good guy" identity. In the former, drinking does not hold such a position. Being a drinker does not constitute a sign of maleness, of good guy identity. It is done or it is not done with little consequence for self or the reaction of others. It is more an adjunct to other behavior than important in and of itself. In a drinking oriented world to be a problem drinker in therapy or to be an ex-problem drinker places such strains on the individual that he has no other choice but to leave. The cultural framework either does not provide for such an identity or if it does, does provide easy transition to it. In contrast, in the non-drinking oriented world to be a drinker seeking help may be a readily acknowledged identity; one that can be readily taken on for others to see and

applaud. It is suggested that the working-class culture closely approximates a drinking oriented world, while the middle-class world stands in opposition. This is of course an empirical question. But if this is indeed the case this would indicate the importance of cultural career contingencies for treatment-moral careers.

Becoming a committed client then requires a series of adjustments or adaptations to a non-drinking client course of action. It involves not only alteration in subjective experience but changes in objective situations. Commitment requires adjustment to obstacles that come from simply being in the Services for Problem Drinker Driver Program. One such hurdle is the forementioned punishment-treatment dichotomy built into the structure of the organization. The revocation of a driver's license is a second problem that must be faced. A partial solution to this problem is Antabuse, as it may allow the client to hold an occupational driver's license. Not everyone makes use of this answer however, some decide to go without a license. This decision produces obvious inconveniences: the inability to meet certain engagements, the necessity of taking the bus, having one's mobility left to the fancy of the licensed driver. These can be embarrassing situations but they are usually tolerated. Such things are expected but there is at least one consequence that is not. That is, not having a license can have the effect of altering power relationships between husband and wife. The licensed spouse, having achieved new found control, may seek

to preserve the other's non-licensed position. This can be done for instance by denying money for payments of insurance policies. One client in just such a circumstance complained: "I felt like she had me at the bottom and she knew it." This newly acquired control can be readily displayed by such simple acts as refusing to drive the other to a social event the former does not wish to attend. "It's a long way to walk." Taking away the person's driver's license then cannot only be embarrassing, it can also be threatening through the impact it may have on interpersonal-power-relationships.

The question of stigma is a final subject deserving consideration. The stigmatizing effects of SPDD participation appear to be minimal. In only one instance was the strategy of passing (Goffman, 1963) brought to light. In this case passing was attributed to past drinking behavior not to program involvement. The following strategy was used when filling out job application forms. "I'd write in something about personality conflict with my boss or that I was doing work on my own. But nobody bought it (15)." The reaction of others to a person's involvement was often one of curiosity, or of indifference, or in a few instances hostility. However these responses were not of such intensity as to require the hiding of client identity. This is not meant to say that stigmatizing consequences do not exist. The study does not allow firm conclusions to be made in this regard. Nevertheless, there is knowledge sufficient to suggest that those most likely to suffer the pains of stigma have found their way out of the

program at an earlier point in the screening process. Thus deniers and "paranoids" who were hostile toward staff are perhaps more likely to be those who would encounter stigmatizing reactions from others. This would account for the minimal recounting of stories of stigma.

One can only guess as to what happens to the client after leaving SPDD. It is evident nonetheless that clients, especially those who are making or have successfully made a transition to a non-drinking world, are apt to find themselves facing a new and trying turning point. Throughout their client days they have been engaged in rehearsals and performances of alternative lines of action. This was done knowing that the group and the therapist were there to go back to, not only for designing new strategies if performances failed but as a place to be sociable. With the leaving of this milieu and the instrumental and expressive services it provided the client is on his own. He faces adapting to his chosen world which he may still be hesitant about entering. He faces meeting new people not knowing whether or not they will validate his new self and identity. They may not know the transformations in subjective and objective experience he has gone through as a client and therefore may not give him the support he desires and has grown accustomed to. As worlds change subjective experiences change. The "recipes" and consciousness that emerged out of SPDD participation may not work as new situations and new problems arise. If they do not, ambiguity may result; and the former client finds himself facing experiences similar to the ones that made him amenable to ASAP-SPDD manipulation.

NOTES

1. Metaphor as used here is a series of statements describing an ideal-typical situation which is then applied trans-situationally to order one's behavior in those other situations. A metaphor includes a rhetoric, that is, a vocabulary for communicating the particular metaphorical view (Ball, 1970). It includes a series of selves and identities as well as recipes for acting.
2. Berger and Luckman (1966) use "alternation" the way in which conversion is used here.
3. This discussion and much of what follows illustrates the impact of the long known dichotomy between treatment and punishment as it affects the interaction between clients and staff. Typically this dichotomy has been spoken of in organizational rather than interactional terms.
4. Gregory Stone (1970) in an article entitled "Appearance and the Self," uses the term "nonsense" in his discussion on the variability of "meaning." He writes: "Meaning, then, is always variable, ranging from nonsense, on the one hand-the total absence of coincident responses-and what might be called boredom on the other-the total coincident of such responses (Ibid:396)."
5. The definition of treatment as punishment has been suggested to be class-linked. Jane R. Mercer (1965) in her study of the "mentally retarded" notes that lower status people are apt to oppose official definitions of retardation and to conceive of hospitalization for the retarded person as "serving time."
6. Charles Kadushin (1969:316) in Why People Go To Psychiatrists writes that people with previous experience and/or knowledge of therapy are more likely to behave in ways consistent with ideas held by therapists.
7. Similar processes are said to go on in Alcoholics Anonymous (Chafetz and Demone, 1962).
8. Jacqueline Wiseman (1972) points to the importance of managing "sober time" if non-drinking activity among Skid Road people is to be maintained.

CHAPTER IV

CONCLUSION

Sociology is in essence an interpretative discipline. It is trite but at the same time necessary to stress as well that sociology is but one of many interpretations of social activity. Its "validity" comes in the usefulness it provides for the understanding of such processes. Phenomenologically it is a sense-making device that people who call themselves "sociologists" have a stake in using and maintaining. The goal of this particular study was to "make sense out of" the activities of clients in the Services for Problem Drinker Driver Program. As an aid in this direction the concept of career was employed. In Chapter Four the results of this enterprise will be discussed, as well as problems encountered in carrying out the research, and lastly mention will be made of the implications if any for other sociological concerns.

Methodology

Sociological works, as they are reconstructed in book and article form often give the impression of a research methodology that unfolds without difficulty. Rarely are the obstacles encountered during the study brought to light. The demands of people and of organizations as they have influenced the research process are given limited attention. In

this section these demands and their effects on the study will be considered.

One problem area stands out immediately. When the research design was developed it was hoped it would be possible to interview people in varying phases of the treatment experience. Six individuals who had been in the program 3-5 months were interviewed; seven people who had been "clients" for 6 months or longer were also talked to. However, only two people were interviewed who had been in SPDD 2 months or less. Because therapists viewed the first two months as important for the establishment of a working relationship with their "clients" they were reluctant to have them participate in the study. Furthermore, the people themselves were apt to be more suspicious, less trusting of staff than those who had been in the program a longer period of time. This had the effect of precluding any outpouring of volunteers from this group of "clients." The end result was that much of the information about the beginning phases of SPDD involvement came from reconstruction by "clients" farther on in their program activities. But, since staffing occurred prior to SPDD placement and because questions similar to those asked during interview sessions were asked by ASAP diagnosticians it was possible to arrive at a fairly clear picture of what the experiences and reactions of the beginning SPDD "client" might be.

A second problem area which had an impact on the results of research was the apparent similarities of the people who

took part in the study. Those people who volunteered consisted largely of persons who acknowledged some benefits following from program involvement. This does not mean that they had no misgivings about what had and was happening to them but it does suggest the possibility of eliciting different experiences from those who were benefiting little from therapy or from those who were labelled by therapists as "unco-operative." Observations of staffing helped in some small way to fill this knowledge gap by being a source of information about and from "unco-operative" individuals. Furthermore, if the description of the screening process is correct, the preponderance of "co-operative" respondents was partially the result of staff decision-making in the screening process itself. The importance of the screening process in this regard suggests that a desirable strategy would have been the interviewing of people at earlier points in the process. This would not only have supported or discounted the interpretation of the screening process but would have also brought into clearer focus the apparent amenability of certain people to SPDD participation and the characteristics that served to heighten this amenability.

The above statement leads to a question that may be raised by some: How does one know whether or not what happened to people as a result of their participation in SPDD was not largely the result of "characteristics they brought into the program?" Indeed, as Chapter Three points out what happened prior to program involvement did effect the treatment

career. People who faced particular kinds of experiences, was found themselves surrounded by ambiguity were likely candidates for a "client" identity. It was also shown that people coming from given cultural worlds had varying careers. Here too pointing up the importance of pre-program experiences.

Finally, the seasons had their impact on the outcome of the research which was carried out during the months of June and July. Summer months do not find organizations or their clients on a routine schedule. Summers are different. People take vacations, they stay home and work around the house, or sleep under a cool tree. Organizational schedules are altered to adapt to vacationing employees and reluctant clients unwilling to "waste" an afternoon or evening in helping conversation. More than once when attempting to contact various staff people a frequent statement was: "He's on vacation." Group therapy sessions often had small turnouts with sometimes only one-third the average attendance. That the research was done in the summer should be taken into account then, as the knowledge gained during these months may have provided an imagery of SPDD and its "clients" different from what one might receive if the study had been carried out during any of the remaining seasons.

In closing this look at methodology it is hoped that what results out of reading the above and the thesis is an imagery of methodology as both problematic and emergent. It is an activity that must adjust to obstacles encountered in the world under study. Tightly knit methodological designs

that unfold as smoothly as they read are unique and rare happenings.

Findings

Initially it was expected that organizational processes would be important for the development of client careers. As was evident the screening process ultimately determined who was or was not to become a SPDD "client." It was here that the appropriateness of a person for a client identity was established. If the statements of staff and would-be clients coincided to some degree their placement became a reality. If they did not, any further involvement in the ASAP-SPDD complex was precluded. To receive a client identity required recognition by defining agents at four distinct phases in the screening process. First, the judge by requesting a pre-sentence investigation opened the door for a "client" typification. This was then followed by Probation and Parole Department acknowledgement of such a typification by making a referral of the individual to ASAP for a problem drinker evaluation. If ASAP staff agreed with previous definitions the person, from the staff's point of view, became a "client." The main thrust of the screening process then was to establish a client identity by placing the individual in the Services for Problem Drinker Driver Program. What led the person to accept such a placement and to take on a "client" self provided the beginning stage in the treatment-moral career.

Stage one was marked by the experiencing of a turning

point or problematic situation and the recognition that "something's wrong." These turning points were the product of marital difficulties, work-related activities, life-career decisions, etc. What was common to all of them was the challenge they posed to previous conceptions of self. Having been committed to a certain style of living and then to discover that it is no longer a viable alternative can have self shattering consequences. Ambiguity often resulted and the foundations were laid for a transformation in subjective experiences. As ambiguity increased a search for motives began. A readily available motive is alcohol; especially for those who had spent most of their time in drinking oriented worlds. It then became feasible to say to oneself: "I have a terrible problem, I've been drinking more too-I wonder if they go together." With statements similar to these a sufficient condition for entrance into SPDD is made. It most importantly provided the link between the causal model of diagnosticians and therapists and that of the would-be "client." All these events occurred prior to contact with ASAP-SPDD making becoming a "client" a likely occurrence.

Stage two involved receiving validation from staff of self-appraisals made in stage one. ASAP-SPDD people served as chorus with each new voice reinforcing the individual's recognition that he has a "problem." For those people who were uncertain these voices served to minimize whatever hesitancy the person might have had about his self-appraisals and the taking on of a client identity. For those individuals

who denied any problem the loudest voice in the chorus was the judge. If they managed to enter therapy it was conceived of as punishment and no self-transformation was noted.

Faced with these definitions of himself as someone who has a problem in need of help the person became a "client." The third stage in the treatment career involved on the part of the "client" both identification with other group therapy members or the therapist as well as commitment to being a "client" and to uncovering alternative lines of action. Identification with group members or therapist came as the person recognized that "these guys have problems just like mine" and with the making public of one's own problems and solutions to them. As talking increased so did validation from others and in turn the likelihood of identification with others increased. Commitment came in doing what clients do, rehearsing solutions to life problems and trying out these solutions in their daily lives, that is, commitment came as rehearsals in group became live performances. Commitment required for some the leaving of old drinking worlds, of drinking buddies, of taverns, etc. Commitment however was a sometimes thing. It necessitated the development of interests around non-drinking lines of action. In this regard the group provided both instrumental and expressive services. When the client left the therapy situation however he had to locate a new set of others to replace the group. Thus a goodly portion of client time was spent searching for such a replacement. If one was not found the ex-client might find himself in situations similar to the one(s)

highlighted in stage one.

Numerous hurdles were found to be placed in the path of clients. One in particular stands out and that was the dilemma inherent in the structure of the organization; the presence of both treatment and punishment components. Early on in the study it was expected that the definition of treatment as punishment by clients would preclude or at least alter the development of a treatment-moral career. It was found that only clients who made some meaningful link between being punished and being treated acknowledged changes in subjective experiences. The ability to compartmentalize punishment aspects of program involvement also served to neutralize the impact of punishment on the careers of people.

The notion of career contingencies was given considerable attention in Chapter One. The study allows for only suggestive statements in this area. Cultural contingencies were found to influence the course of the client career. People coming from a drinking oriented culture often had to leave this previous world. They often became "total clients" in search of a new milieu to take on as their own. In contrast, people coming from a cultural milieu that did not place such an emphasis on drinking activities did not make such drastic moves. They were able, with the support of others, to maintain much of their previous activities, friends, and to continue frequenting familiar settings.

Both situational and individual contingencies as well had an impact on careers of clients. Organizational contin-

gencies such as the resources of SPDD to deal effectively with the problems of the individual, the scheduling of therapy sessions, and decision-making processes utilized in placing people in given therapy groups, all influenced the course of the treatment career. For example, if a client could not be placed in a therapy session in a time slot agreeable to both him and his therapist his attendance might be sporadic, he might then be labelled "inappropriate" by staff and alternative services would be located for him. Similarly, if once placed in SPDD if their resources were not sufficient to deal with the clients "problem" alternative programs would be sought out.

The demeanor of the client, his responsiveness to the demands of the therapist, or his lack of it, were key individual contingencies. The interaction skills of the person also affected his career. Group therapy sessions require conversational skills, the ability to follow the course of conversations, and in turn to take an active part in helping talk. If such skills were lacking treatment was often cut short. At the least, the changes that were occurring were not publicly displayed. This lack of public displays would affect the reactions of other session participants and in turn the needed social support they would provide. The result was to make problematic the maintenance of a "client" self and identity.

The treatment-moral career of SPDD clients then consisted of a series of changes in both objective and subjective

experiences. These changes were dependent upon: (1) the cultural milieu from which the clients came; (2) on the organizational processes of ASAP-SPDD; (3) on the outcome of therapist-client interaction, and (4) the conversational and interactional skills of the individual client.

Implications and Summary Remarks

Proponents of the labelling perspective often provide a "billiard-ball" imagery of people who come under the supervision of treatment-punishment agencies. Official activities and definitions are said to force the individual into taking on a particular conception of self. The result is to reinforce the deviant activity patterns that originally brought the individual into the hands of official sanctioning agents. The "client", the "patient", the "inmate" are pictured as passive agents with little control over the definitions others have of them and by implication the person's definition of himself. Such remarks as the above typically surround the affects of "total institutions," of prisons and mental hospitals. What the impact of community treatment programs might be on conceptions of self, on identity has not, as far as this writer knows, been systematically considered by labelers." It is hoped that one of the consequences of this research is to provide suggestions for further thought and research in this area.

In direct contrast to the ideal-typical view of total institutions as places where the flow of information from outside sources is almost completely cut off, a community

treatment in their typical settings, in the presence of familiar others. They receive immediate face-to-face feedback not only from program staff, but from family, friends, and strangers. The result of this situation is to give the client greater control over how he wishes to define himself as well as over the activities he engages in. A further consequence of this is the ability of the client to deny whatever "problem" he is assumed to have by staff. Denial undoubtedly takes place within the walls of total institutions; however, denial as a strategy, should prove more viable on the "outside." This is so because the person can readily seek out others who will validate this interpretation of things. He has a greater selection of audiences and settings from which to choose his reinforcing "chorus." Thus, as was found in SPDD, people could deny and maintain denial to the point of forcing the therapist to concede to client definitions and giving him his "freedom." Denial as a strategy, for countering official definitions of reality and the processes involved in denial maintenance deserve considerable attention. Research along this line would serve to offset the one-sided view of definitional processes often received in deviance literature. It would as well bring to the foreground the truly interactional character of these processes. People do not automatically take on the interpretations of treatment-punishment functionaries as their own. Rather, the definitions agreed to by clients, if agreed to at all, are the product of negotiations between client and staff.

If the definitional game is played well by the client his interpretation will take precedence. This leads to a final statement in this regard; official definitions are precarious, and require a degree of complicity by the object of these definitions if they are to be accepted.

Not everyone however disagrees with a program's staff definition of them. Some readily go along with what is being done to or for them. Many of the statements they make about themselves coincide with those used by staff. What of these people? Are they "brainwashed" by program manipulation? Are their statements about themselves the result of program experiences alone? Or were their statements already present in their vocabularies making them amenable to program "tinkering?" Labellers frequently write as if helping agency staff provide a script for the "client" or "inmate" that is said to have emerged only from within the setting where he is being treated or punished. As this study suggests, for some, their lines were brought with them, the result of experiences outside of and prior to submergence in the treatment world. These statements are not made to limit the importance of situational factors but it is to say that characteristics brought into a program are as important. They are important because they provide a general plan of action for the person as he enters this new world. Situational elements have their import in making specific this general plan of action.

Finally, considerable attention has been given to the treatment-punishment contradiction inherent in the structure

of the ASAP-SPDD complex. This contradiction has long been recognized in treatment programs tied to judicial systems. What perhaps may set this research apart has been the emphasis on the reactions and interpretations of clients to this contradiction and on the consequences it has had for participation in the program. The ability to make a meaningful connection between treatment and punishment components marked the "successful" client. Those people who were able to make statements "normalizing" punishment were the ones who made positive remarks about treatment. When punishment remained an overarching relevance the positive affects of treatment were negated, or at the least made difficult to achieve. A suggestion follows from this that the clients of such programs should be provided with, or already have, statements to effectively neutralize this treatment-punishment contradiction if their participation is to be of use to them in their everyday lives. How people experience the situation of being at once punished and treated deserves serious consideration; especially in a time when "treatment" and "rehabilitation" are heralded by various sanctioning agencies as the means to an orderly end for the "individual" and "society."

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APPENDIX A

Interview Guide

Introduction

My name is Chuck Forster. I am a graduate student in sociology at Portland State University. I am here because I want to know something about your perceptions of the program and the effect it has had on you, on your relations with family and friends.

If you agree to help me I would like to ask you some questions. You should know that some of the things you say may find their way into a written report but it will be written in such a way that no one will be able to associate you with it; your name will not be used. Also, although the program staff has given me permission to do this study it is not sponsored by them, that is, I am not doing it for them, I am doing it to help fulfill the requirements for a master's degree and to help me to understand what it's like to be in a program of this kind.

This is not an interview schedule, it is a guide. Questions will not always be phrased in the same way nor asked in the same order. It is designed to sensitize me to areas of concern.

I. History

- A. Please tell me about the circumstances surrounding your arrest, your trial, experiences with Probation Department and your introduction into SPDD. In short, I want to know how you got here.

II. The Program

(Let me remind you that this is not being done for staff of the program.)

- A. What was (is) your first impression of the program? That is, what do you think are its goals? Of the staff?
- B. How do you think your therapist sees you at this point?

- C. Have you noticed any changes in the way your therapist or anyone else on the staff act toward you as you have continued in the program? What do you think brought these changes about?
- D. We both know that you are here because you've been convicted of drunk driving. Has this influenced your feelings about therapy? About the drunk driver program in general?

III. Self-related questions

- A. At different points in the history (I):
Did you at this point see yourself as having a problem?
- B. At the end of history:
At what point (if ever) did you see yourself as having a problem? Having a drinking problem? Drunk driving as a problem?
- C. What do you hope to get out of therapy? Have your goals changed as you have continued on in therapy?
- D. In general, have you noticed any changes in the way you see or feel about yourself from the time you were placed in therapy to the present? If so, describe them. When? What do you think brought them about?

IV. Significant Others (family, other relatives, friends)

- A. How do you think your _____ see you at this time, based on your participation in the program?
- B. What were the reactions of _____ when you were arrested, convicted and placed in ASAP?
- C. Has this affected your family life? If so, how?
- D. Has _____ changed in the way (he/she/they) act toward you? If so, when did these changes occur? Why do you think they happened? How have you adapted to these changes?

V. Work

- A. Did conviction have any consequences for your employment? For the way your employer or the people you work with relate to you? If so, how were these dealt with? If not, why not?

VI. Daily Routines

- A. What has the loss of a driver's license meant to you in your daily life?
- B. Do you find yourself acting differently at parties, at taverns, etc., since conviction? Since therapy?
- C. Do others who know of your situation behave differently toward you at such places and events?

APPENDIX B

TO: Committee for the Protection of Human Subjects
FROM: Chuck Forster
Graduate Student in Sociology
Subject: Utilization of Enclosed Interview

In order to partially fulfill the requirements for a M.A. degree in sociology I have proposed a study on the "moral careers" of clients in the Portland-based Services for Problem Drinker Drivers (SPDD). The enclosed interview guide is designed to serve as an aid in the research. Joseph F. Jones, Professor Sociology, is chairman of my thesis committee.

What follows is a response to the questions from the Review Application of the Human Subjects Review Committee.

Principal Investigator: Chuck Forster, graduate student, sociology.

Date of Application: 24 May 1974

Signature of Principal Investigator: _____.

1. Will human subjects participate in this study? Yes
2. Will the research involve administration of personality tests, questionnaires, or inventories? No
3. Will participants below college age be participants as subjects? No
4. Informed Consent:

The researcher will be introduced to prospective respondents by their therapists whereupon the purpose of the study will be explained and they will be asked to participate in the research. In no instances will other than voluntary subjects be used. Furthermore, respondents will be told that if at any time during the interview session a particular line of questioning proves embarrassing or too personal they need not respond. Finally, permission has been given by the staff of SPDD to use program files; those to be interviewed will be told of this and any objections they have will be complied with.

5. Deception, as implied in the question, will not be part of the research strategy. Discomforting consequences of the study should be nonexistent.

6. Anonymity:

The names of subjects will not be divulged. This will be insured by utilizing code numbers for those interviewed. Information gathered from the interviews will be used, because this may be of a personal nature the final report will be written to preclude the association of particular individuals with such information. In using files here too code numbers will be used in lieu of personal names.

APPENDIX C

The court has judged that you are guilty of Driving Under the Influence of Intoxicating Liquor, and you have been referred to the Department of Parole and Probation of the City of Portland for a pre-sentence investigation. While at Parole and Probation, you will be interviewed by your parole and probation officer and will be asked to fill out an intake questionnaire. He usually will make an appointment for you to be seen by the clinical staff of the Oregon Problem Drinker-Traffic Fatality Project. They will evaluate your situation and your drinking patterns as part of the pre-sentence investigation.

The Oregon Problem Drinker-Traffic Fatality Project's purpose is to reduce the number of traffic fatalities caused directly by problem drinking. This problem is of concern to the community because it is known that in Oregon over half the people killed in accidents have been drinking or the person with whom they have been riding has been drinking.

Because of the number of people being referred, project and court schedules, APPOINTMENTS MUST BE KEPT and cannot be rescheduled. At your appointment hour, you are to report to the receptionist in the Alcohol and Drug Section, on the sixth floor of the Henry Building, 309 S.W. Fourth Avenue, Portland. You are to bring your spouse or closest family member with you for the first interview. This appointment may last up to 1 1/2 hours.

After your Initial Interview, you will be scheduled to come to the project sometime during the next few days by yourself and at that time you will be given a series of tests. You should allow four hours for testing. During the few days between your initial interview and your testing, you can expect that a field worker will be contacting friends, relatives, former employers, hospitals, community agencies, etc., in order to look at the part that alcohol plays in your life and how you are doing in other areas as well. The staff will then put together all the available information that relates to the decision as to whether or not you are a problem drinker.

You will participate in the staff's decision at a Disposition Interview which will be scheduled by the receptionist after you are tested. Again you are expected to bring your spouse and should allow approximately 30 minutes for this interview.

The information used for the decision will be sent to Parole and Probation in the form of a written report. This report will be given to the judge before sentencing.

What this means to you: If the clinical staff of the Oregon Problem Drinker-Traffic Fatality Project finds that you are not a problem drinker, the sentence that you will receive will be determined in the usual way by the judge.

If you are found to be a problem drinker, however, the judge may request that you participate, up to one year, in the project in addition to any other sentence. If you are sentenced to the project, you and your spouse can expect to be involved in planning for your treatment so that your drinking and driving habits will be improved. We hope you will find that other parts of your life will also improve.

was studying them and their work. This, too, was unexpected and once again the suspiciousness of organizations and the people in them, as often noted in sociological folklore, was not present, at least overtly. Concern, however, was expressed by some therapists about interviewing clients in the first month of therapy. It was decided to have the therapist present in this interview.

Unraveling Organization Processes

Studying the careers of people necessitates knowledge of the settings in which they spend their time. In fact, as will be shown in Chapter Three, some knowledge of organizational processes was needed in order to make sense out of the kinds of people interviewed and their treatment-moral careers. Therefore, prior to the construction of an interview guide and actual interviews, considerable time was spent groping my way through the ASAP-SPDD world.⁷

One of my initial concerns beyond straightening out the relationship between ASAP-SPDD was to uncover the screening process through which prospective clients must pass before entering SPDD. At first I assumed that people were convicted and sent straight to ASAP for a series of interviews and staffing. After conversations with ASAP staff I learned that the Parole and Probation Department also did screening at the time of the pre-sentence investigation. An interview was set up with the supervisor of probation officers handling these cases. From information gathered here I learned that judges

also made evaluations of the individuals when they decide who should or should not be the object of a pre-sentence investigation. These findings increased the screening process by two phases. Uncovering who was screened out and why was another matter.

Who was screened out and motives behind these decisions emerged after observing staffing sessions and listening to staff discuss their cases. Words like sociopath, schizophrenic, and psychotic were often used to refer to people rejected from the program at this point. The results of this search are found in the earlier setting description and in the next chapter. Suffice to say, these people have at least two things in common: (1) refusing to go along with program rhetoric, and (2) refusing to accept a judgment of them as problem drinkers. These findings as well as further conversations with staff and a close friend led to the notion that those screened out and those sent to SPDD had differing perceptions of the problem drinker driver process. It was further inferred from this that those screened out totally refused a problem drinker identity while those that remained either accepted this identity or at least showed no outward resistance to it. Other lines of thought began to develop at this time as well. Again through conversations it was suggested that one of the primary tasks of social service agencies was conversion; the replacement of one interpretive scheme with another.⁸ All these notions ultimately appeared to fit together. It was with this jumble of ideas and hunches that I began

interviewing clients of SPDD.

Talking With Clients

Sampling was arbitrary. This was necessary because of: (1) my own time limitations, (2) the concerns of therapists for their clients, and (3) because the research was carried out in summer months and client attendance is often sporadic during that period. An attempt, however, was made to question people who had been in the project varying lengths of time: 0-2 months, 2-5 months, and 5-to termination. The time period was divided into these sections because of conversations with staff and observations of clients in these periods. The first two months in the program is considered by therapists to be crucial. From looking over program statistics this was confirmed in that the greatest number of people to leave SPDD and return to ASAP occur at this time. The period of 2-5 months was, for those that remained, seen by staff to be a period of transition for clients. Those who remain five months or more are, at least according to one program member "good" clients. These are people who are cooperative and apparently benefiting from therapy sessions. The number to be interviewed was set between 20 and 25.

In practice, 15 interview sessions with clients were held, totalling around 13 hours of conversations. Additionally 11 hours of formal interviews were held with ASAP-SPDD staff as well as numerous informal discussions whenever and wherever a question arose. Five staffings were attended.

These averaged four hours in length for a total of around 20 hours of observation in this setting. Eight therapy sessions were also observed. These sessions typically lasted one and one-half hours each yielding a total of 12 hours in the therapy setting.

In obtaining respondents I would go to a group therapy session, describe who I was and why I was there, assure the clients of anonymity, and ask for their participation in the study. Only volunteers were interviewed. The interviews took place in an empty office of one of the therapists or the secretary's office adjoining the service director's office. Each interview lasted from 30 to 50 minutes, depending on my ability to call out and maintain the conversation and on the interviewee's own desire to answer questions asked.

In preparing for and holding interviews I found it useful to look upon the interview as a conversation, albeit one that required somewhat more tact on my part than most but none the less a conversational encounter between strangers. Such encounters are routine to urban dwellers for such encounters are similar to those that are so much a part of the urban world in which anonymous relations between strangers constitute such a large part of day-to-day living. Sociologists who view the interview in like fashion include Leonard Schatzman and Anselm L. Strauss (1973) and John Lofland (1969). Furthermore, as in any encounter, it is useful to be aware of impressions given and given off by one's self and by others. That is, attention must be given to both verbal and non-verbal

cues if the meeting is to come off as hoped.⁹

As to the interview itself, a number of strategies emerged as time went along. Some amount of small talk proved relaxing not only for myself but for those being interviewed. This "small talk" was followed by a request to clients for an overall description of how they (clients) got to SPDD, including such things as arrest, trial, staffing, etc. From and during these descriptions it was possible to ask questions similar to those in the interview guide. Because questions were often aimed at trying to arrive at some idea of whether or not clients saw themselves as problem drinkers it was often necessary to ask the same general question in a number of different forms. Thus if a person avoided a line of questioning it was often possible at a later point in the session to tie it into what the client was currently saying and in a manner that was apparently less threatening. This necessitated an awareness that I admittedly could not consistently maintain. It was helpful in this regard therefore to let the individual ramble on about some topic of little importance for the study while I put the pieces together to see what information I had and what else I might need.

Regarding the forementioned notion of conversion it was from the first five interviews that a decision was made to use this idea and upon which subsequent interviews were based. It was often mentioned by clients that (1) old friends had to be left behind, and (2) that they themselves had had previous therapeutic experience. This "rang a bell" in that

conversion to religious cults often necessitated the abandonment of old friends, as well as previous experience with a religious problem solving framework. If the religious metaphor was replaced with a therapeutic one it seemed to make sense out of what I was seeing and hearing.¹⁰

In summary, the research process was an emergent kind and required a flexibility to adapt to both methodological and conceptual concerns. The end result is not the tightly knit methodological design with straightforward findings that is often said to characterize "hard" scientific research. Instead what one has is a methodological design that bears the scars of emergent sociological reality, and findings that resemble the ambiguity and uncertainty of the processes that gave them birth. In Chapter Three these findings are analyzed and the final phase of the research process is made explicit.

NOTES

1. Qualitative research comes in many disguises. John Lofland (1974) in analyzing the evaluations of 200 articles and reports makes this comment on such works: "Qualitative field works seem to practice democratic pluralism-or chaos and anarchy, depending on your moral persuasion." (109)
2. At the time of this writing federal funding of SPDD has ended and funds are now coming from the state. Further, SPDD is merging with a state Alcohol Treatment Training Clinic. ASAP, however, will still be referring people to SPDD for treatment.
3. Hyman (1968) in comparing the characteristics of people arrested for drunk driving in Santa Clara County California and Columbus Ohio notes that police bias is minimal against persons in "low-prestige" groups, e.g., Blacks and Spanish Americans. Similar findings are reported in another study of this kind by Hyman (1972). Police bias is said to be minimal because of the use of BAC level as major source of making a drunk driver determination. Hyman, however, does not bother to talk with police who make these judgments instead he uses official statistics and a quantitative methodology that precludes getting at how the police determine who to stop and who is to undergo a breathalyzer test.
4. Rhetoric is used here in the sense employed by Donald Ball (1970:199):

"Sociologically, a rhetoric is a vocabulary of limited purpose; that is to say, it is a set of symbols functioning to communicate a set of meanings, directed and organized toward the representation of a specific image or impression. Such vocabularies are not only verbal but also include visual symbols such as objects, gestures, emblems, etc."
5. Similar findings have been noted in studies of prisons where people with greater social-communication skills, (square johns), get involved in treatment oriented programs.
6. Until I was known by my first name I was conveniently referred to as "the student" by staff. In fact, on occasion I introduced myself as "the student."
7. The tenor of this phase of the research activities was that of a detective story. It involved the piecing

together of a number of diverse bits of information into a more or less coherent whole. Along this same line, Sanders (1974) has provided a collection of articles stressing the detective like manner of sociological work.

8. Appreciation goes to Annette M. Olson for pointing out the conversion practices of social service agencies.
9. See Norman Denzin, 1970 and Erving Goffman, 1959 for elaboration on these points.
10. John Lofland's Doomsday Cult (1966) was instrumental in this regard.

CHAPTER III

THE TREATMENT-MORAL CAREER OF SPDD CLIENTS

The treatment-moral career of people in SPDD consists of a series of adjustments to problematic interpersonal relationships, definitions and interpretations of others, and to interpretations of themselves and their own actions. The awareness and transformation of consciousness that goes along with this series of adjustments is largely tied to the organizational setting within which the career unfolds. It is linked as well to the experiences and subsequent interpretive framework brought into the setting by the clients involved. The process through which these behavioral and conceptual adjustments, e.g., strategies, emerge can be likened to processes of conversion; a conversion consisting of the acceptance and application of a given perspective or metaphorical view, in the SPDD case, a therapeutic one, to self, situations, and to others. Detailing how this conversion takes place and its part in the careers of people in the Services for Problem Drinker Driver Program is the subject of this chapter.

Conversion

Roger Starbuck (1895) was one of the first to associate conversion with crisis in an individual's life. He saw the apparent conversion of adolescents as related to crises or

turning points in their young lives. Gordon Allport (1961:34) further emphasizes the importance of crises for conversion:

"Where there has been a marked turn or vivid experience, we usually discover consequences of a lasting and often permanent nature... The significance of the definite crisis or emotional stimulus lies in the hunger it arouses and in the charting of a direction of search for appeasing this hunger." Similarly, Paul E. Johnson (1955) associates conversion with a crisis experience.

Thomas R. O'Dea writing on conversion notes that it often takes place during a time of dissolution of values, of changing world views. In detailing the conversion process he conceptualizes it in terms of "sinfulness, conversion, and regeneration." In writing on immigrants to the United States who underwent such experiences he notes:

The period they see as sinful is that of personal and social disorganization at the time when they were alone and in a genuine sense "lost" in the large city. Conversion means a personal reorganization brought about by identification with new group and its values. Regeneration describes the state in which as regular members of the new and highly solidary and supportive religious group they are sustained in the new values which they now share with their fellow converts. (Ibid:62-62).

Conversion may be sudden (Cassier, 1965); the result of a sudden flash that dramatically puts one's present, past and future within a different interpretive framework. Conversion can also be gradual; the cumulative product of a series of experiences, of problem solving activities, of seeking. Walter Clark (1958:191) in this regard writes: "Conversion is defined as that type of spiritual growth or development which

involves an appreciable change of direction concerning religious ideas and behavior. Most typically it denotes an emotional episode of illuminating suddenness which may be deep or superficial, though it may also come about by a more gradual process." Theodore Caplow (1964:175) stresses the social character of conversion when he writes: "Conversion may be a social rather than emotional experience, as in the case of the middle-class youth who joins a gang of lower-class delinquents and modifies his visible personality to render himself acceptable to his new peers."

Based on his study of the Divine Precepts "doomsday cult" John Lofland (1966) details conditions leading to conversion. He divides these conditions into two main categories: (1) predisposing conditions and (2) situational conditions. Predisposing conditions are those characteristics of people and situations in which they are enmeshed which serve to set an individual off toward an interest in religious conversion. Situational conditions are those that are the result of contact with members of the religious group and which serve to instill or to prevent a sense of commitment to the new found belief system. Predisposing conditions include: (1) tension, (2) a religious problem solving perspective, and (3) identification of the individual as a religious seeker. Tension is seen as a necessary condition for the initiation of the conversion process. This tension is said to result from discrepancies between what the person has or is and what he wants or hopes to be. Sources of this tension can be

anything from money, to sex, to marital difficulties. The reduction of tension may be achieved in a number of ways through the application of a number of different metaphors and rhetorics.¹ To be a religious convert a second predisposing condition is the acceptance and use of a religious problem solving perspective. Of those who converted to the Divine Precepts most were known to have had previous experience with religious metaphors, i.e., they came from religious backgrounds and had tried an assortment of religious viewpoints. This point leads to the third predisposing condition, religious seekership. Such seekership is described in the following manner: "It is a floundering among religious alternatives, an openness to a variety of frequently esoteric and religious alternatives...combined with a failure to embrace the specific ideology and fellowship of some set of beliefs (Lofland, 1966:49)."

The state of seekership coincides with a "turning point" in the person's life career. The latter is a fourth and situational condition leading to conversion. "Each had come to a moment when old lines of action were incomplete, had failed, or had been or were about to be disrupted, and when they were faced with the opportunity or necessity of doing something different with their lives (Lofland:50)." At the time of these turning points people heard about the "word" of the Divine Precepts and (5) developed a close affective relationship with members of the group. At the same time (6) extra-cult affective relationships were reduced. However,

Lofland writes (Ibid:51): "They were so effectively unintegrated into any network of conventional people that for the most part they could simply fall out of relatively routine society virtually unnoticed and take their co-seeker friends (if any) with them." (7) The seventh condition, intensive interaction with group members, serves to maintain the newly acquired religious commitment.

To summarize Lofland's arguments, for conversion a person must: (1) have strongly felt tension, (2) a religious problem solving perspective, (3) leading him to define himself as a religious seeker. Also necessary is the meeting of religious group members at the (4) time of a turning point, (5) the development of an affective relationship with one or more of the group's members, and (7) if conversion is to "total" intensive interaction with group members.

Conversion then involves the taking on of a new perspective and the self and identity contained within such a perspective. It also necessitates participation in the social world in which this new found perspective is grounded. Richard Travino (1970:601) writes: "Conversions are transitions to identities which are proscribed within the person's established universe of discourse and which exists in an universe of discourse that negates those formerly established."

Peter Berger and Thomas Luckmann (1966) provide a useful "recipe" for the transformation of consciousness that so marks conversion. While referring to total transformations in both subjective and objective spheres, the "recipe" is

useful for discussions of changes of less than total quality. The recipe includes such ingredients as: (1) a social milieu, in their terms a "plausibility structure" that serves as the foundation on which (2) a new conceptual orientation can be tried on for size, and (3) some degree of affective identification with people already into the new social world, that is, a new set of significant others with whom the conversation required to make the new perspective a reality must come. "They represent the plausibility structure in the roles they play vis-a-vis the individual, and they mediate the new world to the individual (1966:157)."

They go on to say:²

Alternation [conversion] thus involves a re-organization of the conversational apparatus. The partners in significant conversation change. And in conversation with these new significant others subjective reality is transformed. It is maintained by continuing conversation with them, or within the community they represent (Ibid:159).

A fourth ingredient in Berger and Luckmann's transformation recipe is the availability of a "legitimizing apparatus (Ibid:159)." This often involves the reinterpretation of one's biography in light of the new and still transforming subjective reality of the individual. For example, appeals to "God", to divine revelation, or other such "higher" motives that are in some way consonant with changes taking place may serve a legitimating function.

The above literature exhibits a number of notions in common, which lead to the following summation. First, conversion entails the experiencing of situations, of

feelings-states, as problematic. Old lines of action no longer work. Second, conversion includes the acceptance and application of a given perspective or metaphor, not necessarily a religious one. The perspective is phenomenally experienced as "making sense out of" the problematic situations. The work of Lofland suggests that the new metaphor may not be a totally "new" one to the individual, instead it may be one for which the person has an established vocabulary. That is, he is not altogether naive about it and may have in fact dabbled in it before. Conversion also requires immersion into the social world that maintains the particular metaphorical view of things. Not only must the person interact within this world but he must also come to identify with it and establish some sort of "we-feeling" or affective bond with the group. New significant relationships must be developed. It is only through intensive conversation with group members that the new found sense-making device can become a routine part of the individual's subjective reality. Finally, "total" conversion may require either the denunciation of old friends and their worlds or at least the neutralization of these friends. This is done for example by members of the Hare Krishna by referring to the "outsider" as a "material brother."

Before moving on to the treatment career of SPDD clients and its relationship to the notion of conversion a second look at the screening process is in order. It is ultimately the screening process which has the greatest influence on whether or not people have a career in SPDD. What follows

then will be a look at this process described earlier but in a more "theoretical" vein.

Screening Process: Metaphors, Identities, and Models of Causation

It is axiomatic in sociological writings that ideas, perspectives, metaphorical viewpoints, forms of consciousness emerge out of social activity. That is, consciousness arises out of and is maintained and altered through interaction networks (Berger, Berger, and Kellner, 1973). Accordingly it should be useful to look at the ASAP-SPDD complex and screening process in terms of the metaphors and models of causation that it represents.

The ASAP-SPDD organization was created to get the problem drinker-driver off the road. This "getting off" includes both legal and therapeutic action. The former entails arrest, conviction, and probation to ASAP and serves as the sole source of entry into the complex. Therapeutic action consists of diagnosis and treatment. ASAP, while involved in diagnosis is also part of the legal situation because of the probationary services it provides. It serves as an intermediary between the courts and the treatment component of the complex. SPDD is the center of therapeutic action. Thus it is possible to locate two contrasting metaphors at work: a legal one and a therapeutic one. The legal metaphor includes such components as: (1) a "punishment" orientation, and (2) a defendant identity. For a defendant identity an admission

of guilt is not required, instead, all that is necessary is the accusation of guilt by others. Submission to authority is required however, although trust or a large degree of cooperation is not. In contrast, the therapeutic or helping metaphor includes: (1) a "helping orientation," and (2) a client identity. To be a client necessitates the recognition of a "problem" by the person. It involves the development of a "trust" relationship between the person being helped and the "therapist." Also required is the client's willingness to do something about his "problem." Located within each metaphor is an implicit model of causation that serves to make sense out of the screening process by telling something about the kinds of people that become SPDD clients. The model follows.

FIGURE II

THERAPEUTIC AND LEGAL MODELS OF CAUSATION

It reads: a problematic life situation leads to problem drinking which leads to drinking and driving which in turn leads to arrest and loss of privileges, i.e., jail and/or fine and/or therapy. This model as illustrated above can be broken down into both legal and therapeutic components. The legal model involves making connections between drinking and driving, arrest and loss of privileges. The therapeutic one adds connections between problematic situations and problem drinking to the previous linkage.

These implicit models of causation were derived from observations of the screening process. They are used by therapists, diagnosticians, by court personnel and the people screened. They function to order what themselves and others have to say and do. If there is coincidence in usage between staff and convicted drunk driver a person becomes a client.³ That is, when the therapists and diagnosticians are able to place presentations of people within the causal model and when the person is able to or partially able to place his own displays within such a scheme the person is likely to become a "client." Where contrasting models are used, e.g., where the person being screened is using the legal one, client identity is typically denied.

Legal Metaphor

It was not a part of the study to delve into the workings of the police and courts within which the legal metaphor is dominant. Nevertheless, it is evident that the legal

model is dominant up to the point of conviction. Following conviction if a decision is made to have a pre-sentence investigation the therapeutic model moves into focus. The legal metaphor returns at sentencing and is evident in the referral to ASAP as a condition of probation. It is apparent that one of the functions served by the legal metaphor is to legitimate the use and application of the helping one. It legitimates the use of the helping metaphor by diagnosticians and therapists and also justifies the application of the therapeutic metaphor by clients who might otherwise not have had the opportunity to use it because of their living in a social milieu that looks askance at those who see fit to apply the therapeutic metaphor to themselves. In short, the legal metaphor serves its primary function as a legitimating instrument, as justification for the therapeutic metaphor and the action that it implies.

Therapeutic Metaphor

The therapeutic metaphor comes into focus when the judge requests a pre-sentence investigation by the Probation and Parole Department. It is at this point that there is some suggestion that what the person needs is "help" rather than punishment. He may need help because drinking is a problem or is the result of other problems or inadequacies in his life. It is also at this point that the defendant or convicted DWI offender begins being transformed by staff into a "client." Later in this analysis the distinction is

made between total clients and clients. Total clients are those people who must take leave of previous drinking worlds in order to establish and maintain a non-drinking line, while clients are people who need not make such a move in establishing a non-drinking pattern of behavior. It is well to keep this distinction in mind as there are distinct differences in their careers.

The helping metaphor although used by judges and those in the Probation and Parole Department, is used primarily by the ASAP-SPDD personnel. As noted earlier whether or not a would-be client holds the appropriate metaphor and model or part of them will influence whether or not he becomes a SPDD client. With this in mind it is possible to categorize those who are channelled off and those who are not.

FIGURE III

CATEGORIES OF PEOPLE EMERGING
FROM THE SCREENING PROCESS

Kinds of people in ASAP-SPDD	Model * (see page 62)	Holders of model
1	A - F	Clients Total clients Therapists
2	B - F	Clients
3	C - F	Non-clients Legal officials
4	D - F	Non-clients

* letters refer to connections in model (Fig. II)

Four kinds of people can be derived from the model. It is important to note that the population considered in the above diagram consists only of people who have been arrested, tried and are in the screening process. People in category (1) are those who recognize a connection between problematic life situations and therapy (A-F). The model they hold is similar to the one used by diagnosticians and therapists. Those in category (2) are people who acknowledge problem drinking but who are not able or willing to connect drinking with any specific situations (B-E). Category (3) includes those who acknowledge neither problem drinking nor problematic situations. They only recognize that drunk driving has led to their loss of privileges, (C-F). In category (4) are found people who do not admit to being drunk while driving but who submit to the legal process, (D-F). There is also a fifth category of people not shown in the diagram, for the sake of continuity-5-who may agree with all or none or part of the syllogism but who see treatment or the possibility of it as punishment. Those considered "paranoid" fit into this category.

People in categories (1 and 2)-the problem-oriented-become clients. They are people who acknowledge and use the therapeutic metaphor. People in (3 and 4)-deniers- as well as those in category (5) are typically screened out and returned to the courts where they once again come under the legal metaphor. Examples of these five kinds of people follow. (These examples are taken from notes made during

staffings and interview sessions).

The Problem-Oriented-(1)

1. _____ began to drink increasingly greater amounts with onset of retirement. Drinking helped to take up the time left unoccupied with retirement. He said he wanted to get into the program "to learn to make contacts with people." He was described by one diagnostician as "having good verbal ability and somewhat rational about his situations, e.g., that old ways are no longer working."

2. _____ is an unemployed professional in his fifties. He had lost his job due to drinking and was then "staying home and trying to get his drinking under control." He told staff that he would like to come to therapy. He was said by a diagnostician to be able to "talk fairly well about his problems." The following is a paraphrase of part of a conversation between #2 and an ASAP diagnostician.

2: Anything else you'd like to know?

D: Why did you develop a problem?

2: Tension at other jobs. I now drink a fifth a week due to a craving for drink. I don't know why the craving...Maybe nervous about something and alcohol calms me down.

D: What kinds of things go on to make you bring the bottle out?

2: Puzzled look on his face...no response.

D: When something is wrong will you show it?

2: I store things up. Instead of telling people they bother me. It's hard to tell people that.

D: So you build up tension.

D: You might learn something out of therapy.

3. _____ is an unemployed male in his late thirties who had been on Antabuse but refused to take it regularly. He returned to his old drinking patterns. He claimed to have started drinking again because of the effects of Antabuse. He went on to say that he would get depressed, then drink, get more depressed, drink some more, etc. "Things were all building up. I just had to get it out of my system." He said he wanted help. He was placed in therapy.

The Problem-Oriented-(2)

4. _____ is a divorced unemployed male. The diagnostician in describing him to others stated: "He didn't look crazy--seemed honest and he revealed symptoms about his drinking. He lays all his problems at the foot of drinking and will not look into psychological processes or anything else." He said he'd go along with therapy to get a better understanding."

5. _____ a male in his forties who has drank heavily since the age of sixteen. He'll do what they (diagnosticians) say. "Whatever he (diagnostician), or she thinks he needs." He said he can whip it himself--that he's strong enough now. He never wanted to quit before because there were never any "hassles" about it.

6. _____ is a man in his early forties who has spent a decade in prison. He mentioned that he was concerned about the consequences of his drinking and was interested in therapy. He, however, gave no reasons for drinking.

Deniers-(3)

7. _____ is a male in his late 20's who saw no problem in drinking nor problems in any other area of his life. The diagnostician saw him as "manipulative-always turning away from difficult areas." The latter also noted that while "there was no overt symptomology the problem is there." The man was asked to go home and think about "problem areas" in his life and to return at a later date.

8. _____ is a retired chronic alcoholic. He consistently denies a problem. He just happened to be playing pool on the night of his arrest.

9. _____ is a man in his late thirties who denies any problem. His arrest was due to "one of those days."

Deniers-(4)

These are people who deny being drunk while driving. Examples include people who justify their poor driving for any number of reasons, e.g., medical ones such as poor night vision. Another example is the individual who admits to having had some drinks driving but who claims he has a high tolerance for alcohol and therefore his driving was not impaired. Few people were observed who fit into this category.

Paranoids-(5)

These people were also not observed with any frequency. One person was however. He is a self-proclaimed thief in his fifties. He admits to a drinking problem. He says he drinks whenever and wherever he feels like it. When asked about a possible treatment plan he had this to say:

10: I don't know what would help me? You tell me. I'm here by court order.

10: Do what you want to do with me. You decide, I'll go along with it.

When asked about going into group therapy he replied:

10: I ain't gonna do it unless I'm forced to do it.
I'm not gonna get involved in it.

When told he had to make a choice between Antabuse and therapy he said:

10: Why don't you make the choice. I'm gonna leave it up to you.

The problem-oriented become "clients" of SPDD. These are people who are co-operative and who are responsive to the demands of diagnosticians and therapists. They are able to couch their "problems" in a vocabulary that is meaningful to staff. There is some degree of coincidence between the model used by staff and the "client." This meshing of conceptual and behavioral lines of action may be because of prior experience, exposure to the media, or by knowing friends or hearing about friends of friends who have taken part in therapy. They therefore have some idea of what is expected of them, how they should act and talk as well as expectations about how the therapist should act and talk. Compared to those screened out, clients are more verbally skilled and socially responsive. These characteristics make for "good" clients in a verbally oriented therapeutic situation as is found in SPDD. In this regard Jerome Frank writes (1961:135):

High intelligence, verbal skill and a capacity for self understanding, besides being generally useful for the battle of life fits patients well for therapies that stress self examination-verbalization of feelings, so patients possessing these assets can participate relatively easily in analytic therapies.

Problem oriented people then not only have the skills required for group therapies but they recognize a problem.

They may recognize that life problems are related to drinking or they may recognize drinking as a problem amenable to therapy. Additionally, these are people who are able to compartmentalize and thereby disregard the legal metaphor and the courses of action that follow from it during therapy. That is, they are willing to co-operate, to establish a "trust" relationship with the therapist and to take an active part in "helping themselves." They are willing to act with the therapist rather than have things done to or for them. They are "defendants" who "willingly" become "clients." Therapy is perceived not as punishment but as help. (These and related points are elaborated below).

Deniers and those in category (5)-the paranoids-typically do not become clients. These people refuse to acknowledge the existence of a "problem," who sometimes act belligerently and with hostility toward program staff, or from the staff perspective, respond in an evasive and defensive style. In contrast to the problem oriented, they do not accept staff definitions of them and the attempts to turn them into "clients." That such people are screened out points to the precariousness of the therapy situation. Therapy cannot work without some degree of co-operation from the client. If such is not forthcoming the therapy situation breaks down and the situation becomes nonsense.⁴ Lines of action do not coincide. Such people are seen by staff as "hard to work with," "not worth the trouble," and as requiring a considerable amount of time and effort for returns

that may be nonexistent. Similar processes have been described in both juvenile courts and mental hospitals. Robert Emerson in discussing the workings of a juvenile court psychiatric staff writes (1967:257):

Evasiveness, lack of co-operation, and hostility discourage psychiatrists from supporting and "saving" many of the "last chance" cases referred to them. If the delinquent patient reacts to the psychiatrist primarily as an authoritarian figure, exhibiting distrust and reticence he significantly decreases the possibility that the clinic will try to obtain a favorable disposition in his case. First, the psychiatrist is apt to feel that placement is inappropriate for the delinquent who behaves in this way.

Second, the clinic will not "save" the delinquent who reacts in this way by taking him on as a treatment case. The few available therapy slots are allocated to patients who are seen as co-operative, communicative and generally responsive to the psychiatrist's proffered help.

Similarly, David Mechanic (1967:31) has noted the same decision-making processes going on in mental hospitals.

...[the psychiatrist] realizes that he must convince the patient that he is indeed "sick" and in serious need of treatment... Should this patient refuse to accept the patient role and deny his illness, this resistance is viewed as a further symptom of the illness, and he was told that if he is to get well, he must recognize the fact that he is ill.

Should the patient continue to reject the psychiatric definitions of illness, the psychiatrist is likely to report that the patient is a poor treatment risk.

It is characteristic of people in these categories to see what is being done to them by staff within the legal metaphor and to respond accordingly. They are once and for all defendants, pleading not guilty to the charge of having a problem in need of treatment. Therapy is not help, it is punishment.⁵ They fail to recognize a meaningful link between the defendant and client identities. This is in contrast to

the problem-oriented who make such a link or at least are not resistant to such a transformation.

Prior to entry into the Services for Problem Drinker Driver Program then, people who do not resemble someone appropriate for therapy are screened out. Those who do become involved have acknowledged a "problem" and some have recognized the "reasons" behind it. They also have some notions of "helping" and the vocabulary for its application. Most importantly, as is the case with those in category (1) they have taken on a client identity prior to arrest or as in the case of those in category (2) they assume such an identity at some point after arrest.

These points lead to the possibility that the treatment-moral careers of SPDD clients begins much earlier than the point of entry. This consideration will be discussed as attention turns to the stages in the treatment-moral career.

Treatment-Moral Careers of SPDD Clients

The remainder of this chapter will concentrate only on those people who enter SPDD as clients and fall into the problem-oriented categories. Thus the "sociological spotlight" will be on those who at the least recognize a problem and at the most have a helping vocabulary to "explain" their problems. These are people who are clients not only in the opinions of staff but in the opinions of themselves. Discussion is limited to them because the problem of relevance is the treatment-moral careers of people whose participation in

SPDD has had consequences for their conceptions of self, of their situations and of others. Individuals who fit into the remaining categories are able to deny problems and to maintain such denial even at the expense of contradicting the judgments and demands of the courts and personnel of the ASAP-SPDD complex.

The ability to deny in the face of accusing others blocks the transformation in consciousness, in conceptual orientation, and in behavior that marks a treatment-moral career. That people of such an inclination enter the program is largely the result of respect or fear of the judicial process. As one denying individual put it: "The judge said 'go,' I said, 'Yes, sir!'" Their going, however, does not commit them to taking seriously those things and activities which constitute a therapeutic relationship. For example, a requirement of the therapeutic metaphor is the active participation of the person (client) in his own treatment. Denying clients do not take such a stance, rather they act from within the legal metaphor. That is, they are submissive-passive clients who sit in their chairs daydreaming, clock-watching and who take little pleasure in engaging in therapeutic conversation. Their definition of the helping situation is a carry over from the court process. Therapy becomes part of the punishment for drunk driving. "I go but I don't like it." What ultimately distinguishes deniers from the "good ones" in the program is their failure to make a meaningful link between punishment and treatment. In contrast, a frequent response

by clients to the fact that arrest was the source of entry was: "If I hadn't been arrested and sent here I would be worse off." To them treatment and punishment serve to legitimate each other. To the deniers punishment and treatment are one in the same. No satisfactory statements have been developed to make a distinction between the two and to bring "treatment" into the phenomenological foreground. The ability to deny and to continue to deny suggests that people and events in their daily lives play a most important part in denial maintenance. That is, those others outside of the judicial and treatment worlds and their definitions are seen as much more significant than those inside the organizational complex. It also suggests that individuals have some element of choice as to the development or transformation of subjective experience that comes with a treatment career.

Denial, then, is a viable alternative for the individual to take. It may publicly take the form of passive acceptance of one's plight while maintaining an alienated stance. Such a stance is typified in the "everything's fine" statement of deniers to queries from therapists. Denial is also exhibited by people who acknowledge the therapeutic metaphor and model of causation but who refuse to apply it to themselves. The following is illustrative.

11. _____ is a man in his fifties. He acknowledges no changes in his behavior or in conceptions of self. He does not see himself as having a drinking problem. Although he knows legally he is one. He considers himself to be different from other clients in that he drinks to be social while they drink because of their "personality." Nevertheless he has agreed to go along with whatever he is told.

Denial will continue until such time as the individual gives in or as is often the case the therapist admits defeat in this negotiation over whose definition is to become "reality," and the person gains his freedom from the helping situation. Denial precludes the transformation required for the development of a career. Nonetheless, at various junctures throughout the forthcoming interpretations note will be made of further distinctions between deniers and the people who do have careers as clients. One such distinction is the experiencing of a situation as extremely problematic, as threatening to self and identity. This distinction and others marks the first stage in the treatment-moral career.

Stages in the Treatment-Moral Career of SPDD Clients

The first stage in the careers of clients is the experiencing of problematic situations and the recognition that "something's wrong." Stage two details further the characteristics of people that make them amenable to a client identity, as well as the impact of ASAP-SPDD defining agents on their conceptions of self. Stage three describes the dynamics of group sessions, their impact on the client. Attention is also given to the behavioral and conceptual transitions made by people as they go about establishing a non-drinking course of action.

Stage One: Something's Wrong

Through the day-to-day happenings and events of living, people develop particular conceptions of themselves.

They find themselves committed to certain lines of action whether by choice or by accident. A stake is developed in what they are doing and hope to do in the future. An important part of this stake is the images they hold of themselves. As long as major stumbling blocks do not suddenly emerge things go on as usual. Life goes on routinely and matter-of-factly. If problems do arise they are made sense out of by an interpretative scheme developed as one's world developed. As long as given lines of action work and can be dealt with as part of what is familiar and valued life goes on uninterrupted and commitment to a given style of living increases. Unfortunately, or fortunately, situations do arise that disrupt this routine world. What was once considered a viable course to follow now seems a poor choice at best. Time must be taken to stand back and reappraise what has happened, what has gone wrong, and what can be done. It is important to note that in re-evaluating a course of behavior one is simultaneously re-evaluating self. In searching for alternatives it is not simply a new plan that is being sought after, it is a new sense of self, of identity. The question becomes: what kind of a person am I going to become? What is on the line in any serious deliberation as John Dewey (1922:217) writes is: "The thing actually at stake in any serious deliberation is...what sort of person one is to become, what sort of self is in the making, what kind of world is in the making." Before serious deliberation can begin however there must be recognition by the person that "something's wrong."

It was suggested earlier that many people become "clients" before actual entry into SPDD's helping arms. That is, "something's wrong" is an evaluation made independent of and prior to the series of defining agents encountered in the ASAP-SPDD complex. The following are typical of the experiences faced by clients prior to their involvement in therapy.

12. _____ is a woman in her forties who faced a collapsing marriage. Her drinking increased as marital discord increased.

13. _____ is a man in his twenties who describes himself as "very lonely" with no friends but the people he meets in taverns. He recently tried to commit suicide.

14. _____ is a retired man who, while drinking all his life, said that his problem began with retirement. Because he "had nothing else to do but drink."

15. _____ prior to his arrest had lost his job, had been recently divorced and had lost his house due to the divorce. He spent much of his time drinking in isolation.

16. _____ is a man who has been drinking heavily for years. His drinking led to marital discord and to eventual separation. He had also lost a number of jobs until at the time of the interview he was only working part-time. He had no friends.

17. _____ is a male in his twenties. While in the service he attempted suicide. His relations with his family were strained. His drinking increased as he perceived "matters getting worse." He had few friends and no close friends. Further, he had been unemployed for three years after discharge from the service.

18. _____ a businessman who was starting a business and "working too hard." He'd go to cocktail lounges after work to relax.

19. _____ is a male in his forties whose drinking was an answer to such day-to-day hassles as getting along with relatives. The end result was to disrupt his family. It got to a point where his kids would not bring friends home.

It was during experiences such as these, marital discord, work related problems, social isolation, that the

perception "something's wrong" occurred. It cannot be said whether this recognition was gradual or sudden. It can be said however that what marks these instances off from others is what they say to the individual. As one person put it after having recounted a cycle of "depression and drinking:" "I decided this was no way to live a life." Or as another said, in blunt yet meaningful terms: "I began to see that something was fucked." Such statements mark the beginning of the treatment-moral career.

A caveat is in order to the point that the above statements and much of the material presented here can be taken to be after the fact interpretations, "accounts," that make sense of what has gone before (Lyman and Scott, 1970). This should not make suspect the information provided by clients however, Interpretations or re-interpretation of the past often take on a reality far surpassing the actuality of the past. People are continually engaged interpreting and re-interpreting what has gone on in the past and what is currently going on, each has "validity" in its context, in its own time.

It is not enough to merely list the specifics, the content of these experiences, or more appropriately turning points. Rather, what is called for is a more formal consideration of them and their relationship to changes in self and public identity. What is characteristic about these experiences is the challenge they pose to previous views of self and views held by others about the person. By challenge is meant that these experiences not only fail to validate

self-conceptions but instead suggest that one's self is being spoiled and will to continue to be spoiled if such activities persist. In the realm of identity, such turning points perform a similar function for others who are engaged in some on-going evaluation of the would-be client. The knowing of these events tells those others that _____ is not acting the way he is supposed to. "He's not himself." Identity has a moral quality about it. Once a person is seen as a particular kind of individual he is expected to act as if he is that kind of person. If these expectations are not met, old identities are questioned and become open to reappraisal. At this point of questioning by others, the public dimension of the treatment career begins. This re-evaluation by others may serve to convince the person that in truth something is indeed wrong with him. As one young man said after recounting a cycle of attempted suicide and heavy drinking: "When my mother said she thought I needed some help, and when I discovered that saw me as fucked. I broke down." This is admittedly a dramatic case but that such reactions of others do play a part in the recognition of a problem can be seen if one realizes that these experiences and subsequent drinking episodes are focused on interpersonal dilemmas, on problems relating to given sets of others. Such for example is evident in those encountering marital problems, employment difficulties, or social isolation.

This challenge from significant others, if taken seriously, is a grave threat to self and identity. If of a

thoroughly spoiling kind the challenge may result in a debilitated being unable to act or if action occurs, it is drinking activity not "conventional" problem solving behavior. As G. H. Mead (1936:69) has written: "It is in the area of ambiguity that transformation takes place...without such areas, transformation would be impossible."

This ambiguity is heightened because the challenge and the recognition that something's wrong comes either at a time or is itself the reason behind a shift or at least a blockage in the individual's life career. These people are moving from a married state to a single one, from being a worker to being unemployed or retired, or for some they have yet to decide what life course to take.

Knowing that people face a turning point in their life careers or at least an extremely problematic situation is not enough to make a person a "convert" to the SPDD model. It is suggested that the experiencing of what might be melodramatically labelled an existential dilemma is a necessary but not sufficient condition for conversion to and acceptance of the helping metaphor as used by diagnosticians and therapists. The would-be clients may be drinking no more than others they know prior to the turning point experience. With the crisis the situation changes. For it is the crisis or turning point that says to the person: "Ah ha! I have a problem." This sets him off on a search for an "explanation" of what is happening to him and for how he feels. In short, a search for motives begins.⁶

A readily available motive in our culture is alcohol. This is particularly true if people in the cultural milieu within which a person spends his days and nights regards drinking as a focal activity. Such is believed to be the case within a working-class milieu. Within such a culture people who have been spoiled by drinking are readily visible. Stories about drinking and its negative consequences are numerous. There are stories of men and women whose drinking led to their falling to the "bottom of the social ladder," or to divorce, or in some instances death. If life becomes marked by ambiguity for people living within such a culture, the association of problems with drinking is a readily available link to make. Having come to the conclusion that something is wrong it becomes possible to say to oneself: "I have a terrible problem and I've been drinking more too. I wonder if they go together." At this point a most important link in the therapeutic model is made and it is considered here to be a sufficient condition for conversion. It is likely, however, from the earlier consideration of the problem-oriented that one need not make a connection between a problem and drinking or drinking and a problem; one need only acknowledge a problem and express some wish to solve it, in which case the recognition of a problem becomes a sufficient condition. This recognition may take the form of statements like: "Drinking is a problem," "I have a problem in drinking," "Drinking is not a problem, something else is." To repeat then, the recognition of a problem and or association

of the problem with drinking is a sufficient condition for conversion. Furthermore, these statements are most important because they link the world of the would-be client with the staff's world making the therapeutic relationship possible. It must be noted however that the recognition of a problem or the association of drinking with the problem may only be a hazy connection in the minds of the person ready to crystallize at the time of arrest. A few examples may be helpful in making clear some of the above points.

17. _____ has been drinking since his teens. He did time in the service where he drank heavily. He was discharged and subsequently married and started a family. Dissatisfied with the city he was living in, they moved to Alaska. It was in Alaska that he began to see that something was wrong. He had begun to drink excessively. His wife urged him to go to a doctor which he did. But his drinking continued. They separated and his drinking remained the same. They eventually got back together again. During that time his old drinking patterns returned and he received 2 DUIL's and once again at his wife's urging he decided to do something about his drinking. He volunteered for treatment. This was all prior to SPDD entry.

16. _____ had encountered a continuing series of hassles with his father. He spent considerable amounts of time in taverns. His family relations deteriorated--his drinking continued. He had no job at the time. He began to consider at this point whether or not he had some kind of "emotional problem." He received 2 DUIL's during this time and on receipt of the second he began to seriously think that he had some emotional difficulties.

In summary, people have come to a turning point and have experienced ambiguity about themselves and their situations. They have acknowledged that "something's wrong." This acknowledgement takes the form of statements like: "I've got a problem in drinking," "Drinking is not a problem something else is." With statements such as these a link is

made between the perspective of the individual and the perspective of program staff. With all this as prelude it is not too difficult a transition to becoming a client of the Services for Problem Drinker Driver Program.

Stage Two: Getting In

That the individual recognizes a "problem" is not enough to differentiate those who become clients from those who do not. What is further required is the acceptance or at least the showing of no overt resistance to the helping metaphor used by staff. One need not cherish it but one must go through the motions of accepting it, verbally if not behaviorally. The likelihood of accepting such a metaphor seems to be predicated on previous therapeutic experience, or from having vicariously experienced the consequences of a helping metaphor through others, or through books, television, movies, etc.⁷ The problem-oriented are people who most often had either previous therapeutic experience, or had taken college courses, or had knowledge of what therapy was about from others who had experienced it. Therapeutic experiences ranged from marriage counseling, to Alcoholics Anonymous, to counseling by physicians to chemical therapy for drinking. They are considered "therapeutic" because the orientation required by the client and the stance he must take are similar enough to warrant such a classification. That is, within the meaning of the previous discussion of the therapeutic metaphor, the person "treated" is someone who has a problem, who takes on a "client" identity and performs in accordance with such an

identity.

There were people however who did not have such direct prior contact. It is not far-fetched to say that this is a psychologistic culture. Psychologies are a popular device for understanding staff and others. Therapy and the client identity are readily recognized. For the problem drinker it may be to one's advantage to become someone who drinks, and is seeking help rather than to be seen by others as simply someone who drinks, whose drinking has undesirable consequences and who does not want to change. This is especially true if the person is offered such services by the court. The person can then satisfy the demands of the court while at the same time being provided by the court with a reason acceptable by significant others for his undergoing therapy. The upshot of this is that when people find themselves in the hands of the courts and ASAP-SPDD they have brought with them a view of themselves similar to the ones held by staff. The organizational handling does not so much impose upon the person a new and opposing definition of himself as it does validate an interpretive scheme already in use or one that is emerging. That a similar orientation was put into use by clients does not of course mean that such an orientation was unquestionably held. There were often doubts about putting a therapeutic orientation into practice, about whether or not one "really" did have a problem or that drinking was really out of control. In such instances organizational handling served to speed up a definitional process already in motion, although moving at