

Reconstructing Self: Using Deep Learning Groups Among Adult Children of Alcoholics

*Sandra Coyle
Research Practitioner
Working With People in Transition*

ABSTRACT

This paper explores the use of the deep learning group model in affirming the self-transformative effects often experienced among members of self-help groups for Adult Children of Alcoholics (ACOAs). A theoretical discussion of the construction and reconstruction of self is derived from the tenets of symbolic interaction, social construction and narrative theory. The deep learning group (DLG) is presented as a social context in which members' life stories can attain enhanced meaning when viewed from intellectual and emotional standpoints. Benefits from incorporating additional tenets of emotion theory, specific to emotional resocialization, in the DLG model are also proposed. The stories exemplifying changes in self-concept were shared by members of an Adult Children of Alcoholics group during a one-day DLG workshop held in January 1995.

Introduction

Members of the modern social movement commonly referred to as Adult Children of Alcoholics (ACOA) are united in their belief that growing up in a family with at least one alcoholic parent has damaged their physical, emotional, and psychological well-being. Self-help groups for ACOAs, modeled after the Twelve Steps for Alcoholics Anony-

mous, have sprung up across the nation. Using literature and exercises based on the work of many research-practitioners who focus on the problems of ACOAs (Black 1981; Cermak 1985; Woititz 1983), these groups provide safe places where “men and women who wish to heal themselves and become aware of self-destructive patterns [can do so] through sharing their experience, strength, and hope with each other” (ACA Intergroup 1985).

Being both an active member of the ACOA community and past participant in several deep learning workshops, I saw potential benefits for introducing fellow ACOA members to the deep learning group (hereafter, DLG) process. DLGs are “truth-seeking communities of inquiry that foster the maturation of members in all domains: cognitive, affectual, and ethical” (Bentz 1992, p.76). Having a deep appreciation for ACOAs’ quest for truth regarding personal history, conception of self, and current life experiences, I proposed a one-day DLG workshop to which all members of my ACOA community were invited. The workshop was held free of charge and was co-facilitated by Dr. Valerie Malhotra Bentz and I on January 8, 1995. Sixteen people attended.

Constructing the Self Amid Alcoholism: A Symbolic Interactionist Viewpoint

Although an extensive account of parental alcoholism and its effect on children is beyond the scope of this paper, a brief theoretical overview of the construction of self in an alcoholic family is appropriate to set the stage for the DLG workshop and the stories shared by the ACOA participants.

Following the work of Cooley (1902), Mead (1935), and Blumer (1969), the ACOA phenomenon can be understood as the manifestation of dysfunctional psychological, emotional, and behavioral patterns that were “mirrored” by the alcoholic parent(s)’s lived experience and subsequently internalized by the children of the alcoholic. It has been stated that the causes and conditions of alcoholism are located in self and in the emotions of self—chiefly resentment, guilt, anger, and fear (Denzin 1993, p. 58), all of which have their roots in the alcoholic’s past. The alcoholic’s past becomes a major influence on the familial environment s/he creates and in which her/his children now find themselves embedded. This family environment—frequently referred to as the “dysfunctional family”—is believed to cause “developmental distortions in the family unit as a whole and in the individual family members” (Steinglas, Bennett, Wolin and Reiss, 1987).

These developmental distortions have an adverse impact on an individual's ability to achieve "orderly growth around areas of specialization" (Steinglas et al. 1987), which can in turn rob the person of self-knowledge about their own innate or potential character and skills. Years of exposure to an alcoholic parent's abusive or neglectful behavior often leaves children with unexplainable feelings of fear and anger which can impede healthy identity formation. For these children self image is being shaped under powerful negative influences whereby alcoholic parents often, however unwittingly, convey to a child in many ways the message that "you're no good" (McKeever 1990, p. 32).

Instead of developing a promising picture of themselves as worthwhile, purposeful individuals, many children of alcoholics leave the family home with an "alcoholic identity characterized by developmental arrest" (Steinglas et al. 1987) and immaturity. Having been raised by an alcoholic who was unable to take the attitude of others (Mead 1935) or engage in open, honest communication, children of alcoholics often enter adult life poorly prepared to engage in adult relationships of their own. Even when exposed to potentially healthier environments (ie: school, homes of relatives or friends, church groups), the adult child of an alcoholic often ventures out into the world with a "vulnerable self" (Seabaugh 1983) accompanied by the ineffective patterns of thinking, behaving, emoting, and communicating learned in the alcoholic family of origin.

Relative to the experience of many ACOAs, it is hypothesized that inheritance of the "alcoholic identity" often leads children of alcoholics to display needs, perceptions and behavior patterns that reflect the meanings and belief system constructed by the alcoholic parent(s). These patterns and interpretations often precede any alcohol use on the part of the child her/himself (Cork 1969; Fine 1975). Hence, from the sociological perspective espoused by Denzin (1987), it becomes necessary to examine the connection between individual problems of ACOAs and their social/familial conditions in analyzing the construction of meaning and in deconstructing interpretations as well.

Reality Construction and Its Relation to the Alcoholic Identity: Applying Social Construction Theory

A major familial condition reported by members of alcoholic families is social alienation. This could be a function of the alcoholic parent's tendency towards self- and social-alienation (Denzin 1993). Alienation

of self and others distorts one's perception of self, objects, people and symbols that constitute one's everyday experiences, which in turn contribute to the "reality" that one constructs over time. This hypothesis is consistent with social construction theory, which contends that "the terms in which the world is understood are social artifacts, products of historically situated interchanges among people" and that "forms of negotiated understanding are of crucial significance in social life" (Gergen 1985, pp. 5,7). As the alcoholic family alienates itself from the outside world (often with the intention of protecting or hiding the alcoholic), children are increasingly influenced by the "social artifacts" and "negotiated understandings" as derived under the effects of alcoholism.

The testimonies of many ACOAs would indicate that the social artifacts and negotiated understandings, which contribute to a child's account of the world and self, become significantly tainted and misconstrued under the effects of parental alcoholism. It is precisely the need to change the debased perceptions and sub-optimal world view (Myers et al. 1991) characteristic of the alcoholic identity that forms the focus of the ACOA literature and much of the discussion at ACOA group meetings. One piece of ACOA literature offers the following explanation of the phenomenon: "These symptoms of the family disease of alcoholism made us para-alcoholics: those who take on the characteristics of the disease without ever taking a drink" (ACOA 1986). (It is not my intention here to either defend or criticize the ACOA literature; I present it only as the basis of the ACOA community narrative which will be discussed below.)

Reconstructing Reality and Self in the ACOA Community: A Function of Cognition and Emotional Resocialization

"ACOA groups provide an ideology and social support network that help members to reconstruct their lives and reinterpret them in a new way" (Rudy 1991). The group's ideology is constituent of its "community narrative" (Rappaport 1994), which is comprised of the beliefs, understandings, and language used in the group's written literature and verbal conventions. The community narrative can also be understood as the "system of intelligibility" (Gergen and Gergen 1983), which captures the essence of the community's philosophy and pragmatics. It also offers "new languages of self" (Denzin 1987, p.19), which assist members in constructing and narrating new, more positive concepts of self.

To the sociological practitioner, the ACOA community can be viewed as a rich setting in which to explore the social construction—and reconstruction—of self. Exposure to a new ideology, cognitive learning, and the development of narrative skills are critical contributors to the social reconstruction and “restorying” of self. However, the growing body of literature on the sociology of emotions (See Cuthbertson-Johnson, Franks, and Donan 1994) suggests another essential component involved in the reconstruction of self: emotional resocialization. Implied by this term is the individual’s conscious effort to alter the emotion responses—biological as well as behavioral—allied with former belief systems and behavior patterns. It requires (a) an awareness of the socially acquired factors that have dictated our emotional states and responses to date, and (b) a concerted effort to negotiate new emotion vocabularies and responses in the context of an alternative social situation.

The constructionist position taken here regards emotion and emotion responses as functions of both “real” ontological experience and sociocultural factors. It also recognizes “that many emotions can exist only in the reciprocal exchanges of a social encounter” (Harré 1986, p.5) and hence, are themselves social constructions. Viewed from this perspective, the often ineffective construction and displays of emotion within the alcoholic family are rendered temporary or “transient social roles” (Averill 1986). As such, these emotion “roles” can be changed or reconstructed in the reciprocal exchanges of new social encounters.

Compared to those of the alcoholic family, the social encounters experienced in the ACOA community are more conducive to the construction of effective emotion roles. What altered emotion roles, then, might evolve as ACOA members expose themselves to novel reciprocal exchanges characteristic of social encounters in the ACOA community? Many ACOA meetings focus on emotion topics as fear and anger. However, are members consciously aware of the need to renegotiate or “resocialize” the meanings affixed to such emotion words? As new beliefs are internalized, is there a conscious effort to reexamine emotion roles (i.e., emotion vocabularies and learned emotion responses) as processes essential to the reconstruction of self?

Although the ACOA group is regarded as a context supportive of the cognitive and narrative processes inherent in the social reconstruction of self, the DLG is offered as a context more conducive to facilitating emotional resocialization. With its grounding in both intellectual and emotional learning, it is suggested that the DLG can support self-reconstructive processes initiated by ACOA group involvement. This is

accomplished by providing a social context in which (a) the new social reality of ACOA members can be narrated, (b) the intellectual learning (i.e., incorporation of new beliefs) of members can be affirmed and validated, and (c) the significant role of emotional resocialization can be demonstrated.

The Deep Learning Group: Extending the Discursive Boundaries of the ACOA Group Experience

The DLG is designed to promote meaningful and transferable learning experiences by synthesizing the rudiments of intellectual learning and emotional learning. (See Bentz 1992, for a comprehensive overview and case study of DLGs.) One part of the DLG's approach to emotional learning is found in the tenets of Virginia Satir's (1983) "conjoint family therapy," wherein it is believed that the "emotional dynamics in current relationships are continuations of patterns learned in our families of origin" (Bentz 1992, p.75). The other part draws from Robert Langs' (1983) work on the derivative meanings of communication: "By analyzing the implications of chosen topics for sociodrama, role play, or discussion in the group, members can evoke and realize unconscious fantasies and fears as well as unacknowledged emotions" (Bentz 1992, p.75).

The intellectual learning component of the DLG process is a reflection of the truth and meaning sought by group members—that which becomes the aim of the group. In this DLG for ACOA group members, the "truth" sought reflects meaning found in what Bruner (1986) calls the "narrative mode of thought [which] establishes not truth but verisimilitude" (p.11). It is assumed here that verisimilitudes established among ACOA group members are influenced by the community narrative to which members are exposed. As discussed above, the ACOA community narrative takes on an identity of its own as it defines the purpose of the community and offers a system of beliefs comprising explanations for members' problems as well as recommended steps for problem resolution.

The emotional learning component of the DLG process invites scrutiny of the "unexamined commonsense assumptions of our local culture" (Harré 1986, p. 4) with respect to the meanings we affix to emotion words and emotional situations. Deep learning theory embraces the constructionist belief that, in the realm of human emotions, "we can do only what our linguistic resources and repertoire of social practices per-

mit or enable us to do" (Harré 1986, p. 4). As discussed above, many of our emotional roles or habits—our emotional "profile"—are products of our social encounters. Given this understanding, the DLG conducted for these ACOA members was designed to highlight the persistence of emotion meanings and responses that were learned in the alcoholic family—meanings and responses that are now incongruent with the new beliefs about self and one's social reality that are being acquired in the ACOA community.

The DLG proceeded from the position that ACOA group meetings typically provide members with a dialogic context in which narrative modes of thought—and life stories—can be organized and reorganized. It is recognized that the restorying of lives, as inspired by new beliefs, contributes to the process of identity and world view transformation (Kennedy 1991; Humphreys 1993). However, it is suggested here that enduring transformations of self occur only when one's cognitive restructuring, as resulting from changes in beliefs, is accompanied by similarly altered meanings of certain emotions and subsequent emotional responses. Specific to the cases of ACOAs, it is important to (a) understand the adverse effects of the dysfunctional communication styles and patterns of interaction of one's family of origin, and (b) neutralize the distressful emotional patterns that accompanied such interaction.

Given its emphasis on both intellectual learning and emotional learning, the DLG experience, when coupled with involvement in a self-help group like ACOA, can support and facilitate processes underlying self-transformation. The DLG can provide a supportive, learning environment in which the transformative cognitive and narrative processes initiated by the ACOA group experience can be furthered by focusing on the development of new emotional response patterns. Such an integrated approach to human growth and development is supported by the work of some contemporary theorists who are incorporating cognitive elements such as belief and judgement in their theories of emotion (See Leventhal 1980 as cited in Harré 1986).

The potential benefits of coupling the DLG process with ACOA group experience become increasingly evident in the face of clinical data suggesting that, as adults, children of alcoholics harbor high levels of anger (Kritsberg 1986) that need an outlet for expression. Although ACOA group meetings can serve as outlets for such expression, from a sociological practitioner's standpoint, the DLG can provide additional opportunities for members to (a) examine the emotional, physiological aspects of their anger; (b) understand how they use various emotion

vocabularies (Harré 1986), of which anger is a part; and (c) affirm the extent to which their ACOA experience has helped alter the “interpretive frameworks” (Goffman 1974) that underpin their life stories.

The DLG extends the discursive boundaries typical of ACOA meetings. Borrowing from the techniques of Thomas Scheff (1990), the DLG includes “discourse analysis,” which “goes beneath and beyond the words verbally expressed, to interpret the underlying emotions (Bentz 1992, p. 76) of the story-teller in the present moment. Scheff’s (1990) model of a DLG seminar reflects his linkage of emotions to the quality of social bonds and incorporates insights from his work in the areas of self-esteem, shame/pride, solidarity, and alienation— issues pertinent to the expressed problems of ACOAs. The DLG’s use of sociodramas and role play provide members opportunities for “safe” social encounters through which learned emotional patterns can be evoked, analyzed, and modified.

Given its focus on emotional and intellectual learning, the DLG can provide a context—complimentary to that of the ACOA group—where deep learning, marked by self-reflection, catharses of recognition and release (Bentz 1992), can take place. Key distinctions between the DLG process and an ACOA group meeting include (a) the presence of a trained group facilitator; (b) a more dynamic, interactive group format; and (c) the attempt to “monitor and include the responses and cues of the bodies of the participants” (Bentz 1992). Troublesome understandings and feelings shared among ACOAs—that which one researcher of self-help groups has referred to as the “emotionscape” of the situation (Borkman 1984)—are given particular emphasis in the DLG. The DLG co-facilitators in this case approached individual “emotionscapes” and human development in general from their respective training in clinical sociology and social constructionism.

The Deep Learning Group as a Context for Affirming Reconstructions of Self and Promoting Emotional Resocialization

Of the sixteen DLG participants, ten were active members of my ACOA group; there were fourteen women and two men. (Since the meeting was not taped, the discussion that follows is drawn from my notes, easel paper notations, and personal recollections.)

After a brief discussion of the theoretical foundation of the DLG model, the group was asked to write responses to the following brief

inquiries intended to get us in touch with our lingering “ghosts of childhood” (See Bentz 1989):

1. What nicknames did you have?
2. What did your parents or siblings call you?
3. What did they expect of you?
4. How did they speak of you to others?

Emerging themes from this exercise included lack of self-identity, insecurity, lack of trust, fear and shame. The exercise invited the storying of problematic childhood experiences recollected now with the new language of self offered by the ACOA community narrative. As one participant recalls:

Everything was too formal, too cold to allow the use of any nicknames. There wasn't the kind of closeness in my family to generate, you know, any terms of endearment. I was kinda the lost child of the family, you know, the one who tried to escape the chaos by becoming sort of invisible. I know now that was my coping mechanism, my survival strategy. The only thing that was expected of me was that I stay out of my parents' way. You know, you could be seen but you better not be heard. So I was a quiet and shy kid—mainly because I wasn't encouraged to talk at home and never really got a sense of who I was as a person. I certainly didn't think of myself as being of any worth or importance. I always felt very isolated—mainly because I always felt I had to protect myself.

This excerpt provides evidence of a consciously recollected childhood self—a recollection of a prior self constructed anew with conscious awareness acquired through exposure to the ACOA community narrative. New understanding of such terms as the lost child, coping mechanism, and survival strategy reveals an acceptance of some of the concepts used in the ACOA community narrative to explain “what really happened” while growing up amid alcoholism. This person's understanding of self-isolation as a means of protecting oneself can be traced back to the ACOA Problem Statement, which is frequently read at the beginning of ACOA group meetings:

Many of us found we had several characteristics in common as a result of being brought up in alcoholic or dysfunctional households. We had come to feel isolated, uneasy with other people, especially authority figures. To protect ourselves, we became people-pleasers, even though we lost our own identities in the process.

The “reconstructed self” emerging from such intellectual learning can be heard in a later segment of this person’s story:

In ACOA I came to think of myself as a worthwhile person. I started to believe that my thoughts and opinions do matter; that I have a purpose in this world. I don’t have to be so afraid all the time. It’s such an accomplishment for me just to be able to tell the story of my childhood here today, or in ACOA meetings. I could never have done that a few years ago. I would’ve thought, ‘Heck, no one wants to hear about your life; no one cares.’ Now, when I share stories about how I used to think and be, people not only listen, but they also relate to my experience and empathize with me; it’s so affirming for me. I also accept the fact that however bad things were, there was a reason for it, you know, a lesson, something I needed to learn—like a spiritual lesson—to help me be the person I’m becoming now. I’m finding a lot of peace in that.

At this point the facilitators called attention to the significance of this story as an example of a self being “reconstructed.” The story exemplifies the power attributed to the narrative process in the storying and re-storying of lives (See Bruner 1986; Gergen 1985; White and Epston 1990). It provides another demonstration of Bruner’s hypothesis that “the interpretation of [one’s] current living circumstances shifts radically with the generation of a new story that proposes an alternative history and future” (White and Epston 1990, p.10).

This segment of the DLG focused on gathering further accounts of “reconstructed” selves in the stories shared by other ACOA participants. Credit for such self-transformation was often given to the ACOA experience. Remarks prefaced by statements like “before ACOA, I believed . . .” or “after I came to ACOA, I learned . . .” became common. Participants affirmed each other’s reconstructed self by commenting on the changes they could see in one another. They freely exchanged recollections of experiences with one another that offered evidence of change in one another’s beliefs, behaviors, and emotional responses. The facilitators concluded this segment of the workshop by pointing out the extent to which the ACOA community narrative has played a key role in contributing to members’ intellectual learning and how that learning has in turn contributed to their efforts in reconstructing self.

The next segment of the workshop focused on participants’ emotional profiles. The facilitators took care in emphasizing that “changing one’s thinking” is only part of the challenge involved in the reconstruction of self. The other part involves changing one’s emotional profile—the ways in which we interpret and respond to emotional situations.

Participants were cautioned that the exercises to follow would themselves simulate emotional situations. Those feeling uncomfortable with such emotionally-laden enactments were encouraged not to participate.

Participants were asked to reflect once again on the four questions above and their answers. They were then asked to get in touch with an emotion that is evoked. One participant shared her emotion concerning the absence of direct communication in her family regarding the expectations of others for herself:

It wasn't so much what was said to me as a kid as it was the non-verbal communication. That's what lead me to come up with a lot of wrong answers. I shouldn't have had to live for so long being so scared just because I had the wrong answers. There were a lot of things they (her parents) could've taught me. It makes me mad—I feel angry—now that I think about it.

As people took turns telling stories prompted by the four questions, the DLG became a safe place for social encounters through which emotional patterns were evoked and deep feelings could subsequently be released. All group members eventually became “comforters” for each other through empathic listening and the physical embraces that were freely exchanged. The solemn, yet unspoken, rules overshadowing communication styles in the alcoholic family (e.g., don't talk, don't feel, don't trust) were broken.

The aim of this exercise was to make participants aware that “the way emotion words [like ‘anger’] are used is intimately bound up with the situations, social contexts and moral imperatives of the display, feeling and interpretation of emotions” (Harré 1986, p. 6). In the example above, the moral order of the alcoholic family is called into question as this participant expresses her disapproval of the nonverbal communication and negative messages that were typical within that social context. Her belief that such a situation “shouldn't” have happened has become the target of her anger. As discussed below, the next segment of the workshop focused on similar feelings participants were harboring about various other beliefs. The aim here was to demonstrate how (a) our emotions often reflect the emotion repertoires of the people within the culture in which we are embedded, and (b) as our social contexts and system of beliefs change, it becomes necessary to “resocialize” our emotions.

In the afternoon we engaged in an exercise entitled “Spirits of Adulthood.” Participants were asked to tell a story about a belief they once had as a child that has since been changed. An example of some of the

responses can be drawn from a composite of remarks made by several of the ACOA women:

I used to believe that men were more important than women. That women must play dumb and be perfect—while not knowing what perfect is. Now I think that those kinds of erroneous beliefs were passed down to women by men who didn't want to lose power. I used to believe that if I just knew the rules, I'd be OK. Since changing that belief, I've done so much more with my life than I ever dreamed I could have. I know I've grown in these rooms (ACOA meetings). I've become more aware and cannot be held hostage by my past any longer.

To this one of the men added,

I once believed that you had to be tough and take your own pain. I've learned empathy for others now and a new regard for myself. I am more sensitive than those in my family and now I can be sensitive yet not put a moral judgement on the insensitivity of others.

As more stories were told, the re-conceptions that the story-teller had of her/himself were affirmed by the group. One person even attempted to articulate the process she believed she went through to achieve her life reconstruction (although she did not use that term):

I started out with no core, no self-worth. Life was a fearful adventure. I never felt safe at home so how was I supposed to feel safe out there? I knew I didn't have the social skills I should have had so my art work became my therapy and my teacher. As I began to feel the spirituality of the [ACOA] program, that sense of divided self subsided. I could begin to allow my life experiences to become my lessons too.

Linking Beliefs and Emotions: Contextual Connections to Emotion Theory

As stated earlier, a significant attribute of the DLG is its focus on synthesizing intellectual and emotional learning. To this end, a role-play exercise was introduced to bridge the previous exercises that highlighted (a) changes in one's beliefs and (b) awareness of one's experience of emotion. This exercise was designed to demonstrate the critical, yet often unrecognized, link between beliefs and emotions.

The story-teller above was asked how she felt after sharing her story about being so fearful as a child. "I feel angry. I hurt. I can feel it in my neck and in my shoulders," was her reply. After receiving a brief yet

consoling back rub by another group member, the woman was asked if she'd care to engage in a role-play for the purpose of examining relational and emotional patterns that she may still be harboring related to this particular event in her past. She agreed and became the protagonist in a role-play, which she also directed, with her "mother."

The first "act" centered on her recollection of a time when she was fearful as a child—an incident she believes could have been handled by her mother in a way that could have dispelled her fears rather than sustain them. The memory and the simulated context of the DLG provided the opportunity for the woman to be in that previous time (T1) and conjure up the feelings she recalled having during that specific interchange with her mother. The second act of the role-play brought our protagonist to the present time (T2) and she was encouraged to engage in a similar dialogue with her "mother." This time she was encouraged to handle herself the way she would today if her mother were to evoke similar feelings. The dialogue that ensued was very different, however, similarities in the emotional patterns displayed at T1 and T2 were apparent. Facial expressions, diverting eye contact, and quivering voice were a few of the clues that onlooking DLG members cited as being indicative of emotional responses observed in the two role-plays.

The facilitators offered this sociodrama as a case in which cognitive beliefs had been changed—as heard in the actor's language. However, her emotional responses were still governed by the patterns learned in the family of origin. Our protagonist was surprised to realize that despite her new beliefs and understandings, aspects of her emotional repertoire had remained unchanged:

I'm no longer afraid that the things that happened to me as a kid are going to continue now in my adult life. I've come to understand that as a kid I had no choice but to remain a part of my family's system of beliefs, attitudes, and behavior patterns. Now I'm making my own choices about who I am, what I believe, and what I do. I don't think I realized, though, how I can still respond *emotionally* in ways like I did in the past. This exercise has made me aware of how I still *feel* like I did as a kid sometimes, even though I *know* better now. This is a little frightening.

To the sociological practitioner this experience supports the tenets of psychology and social psychology, which suggest that interactions with primary caregivers in childhood give rise to enduring relational and emotional patterns. It also supports the premise of emotion theory that emotion and cognition are "fused" (Franks 1989) and as such self-

transformation rests on the degree to which cognitive and emotional patterns are altered—in both their linguistic practices and moral judgments. The DLG facilitators assisted the group in recognizing that although our protagonist was able to present herself more effectively “linguistically” at T2 (evidence of change in cognition), she maintained the moral judgement (as sourced in her more deeply rooted emotional profile) of the situation that she had at T1: mother *should* have handled it better.

In varying degrees, each participant got in touch with identity-defining episodes from their past and the associated emotions that they were still harboring. Borrowing from the emotion theory posited by Harré, one could suggest that emotional resocialization was initiated through the role-play by enabling participants to assess (1) their linguistic practices in a problematic social encounter and (2) the moral judgments affixed to those practices—the two elements believed to define the emotional quality of human encounters (Harré 1986, p. 5). This particular DLG demonstrated how the DLG model can be enriched beyond its focus on intellectual and emotional learning of members. The DLG can also play a major role in facilitating emotional resocialization by focusing on beliefs, emotions and one’s beliefs *about* emotions—the point from which emotional resocialization efforts essentially begin.

Conclusions

In the course of this one-day workshop, the DLG model demonstrated effectiveness in creating (1) an atmosphere that invites affirmation of members’ intellectual learning (i.e.: incorporation of new beliefs) through narrative accounts of their “reconstructed” self; (2) the opportunity for members to process feelings associated with negative remembrances of the past in the present moment (as evidenced in the Ghosts of Childhood exercise); and (3) a clearing for further self-transformation through an appreciation of emotional resocialization and its effects on interpersonal relating (as evidenced by the Spirits of Adulthood role-play).

While having obvious benefits for many different types of groups, the DLG is particularly useful to groups that wish to process memories, feelings, experiences, emotional responses and changing life-stories in a supportive yet structured setting. As demonstrated in this case, the DLG incorporates the cognitive, affectual, and ethical domains that together foster human maturation. It was proposed that the DLG model

incorporate approaches being developed in the Sociology of Emotions literature—specifically those which focus on the resocialization of emotions—to strengthen its theoretical base.

More research is necessary to understand the complexities of self- and world view transformation when influenced by theory or a belief system as espoused by a specific community like ACOA. Further study is also warranted relative to how people alter their basic emotional profile to sustain behaviors consistent with their new beliefs. The DLG model provides a setting in which the sociological practitioner can (a) assist people in pursuing further growth and development while (b) extending the theoretical foundation for a “social psychology of self” (Franks 1988) through the study of social construction and reconstruction of self and its relation to the sociology of emotions.

REFERENCES

- Adult Children Anonymous. 1985. ACA Intergroup of Washington DC Regional Area pamphlet, p. 1.
- Adult Children of Alcoholics. 1986. “Finding Wholeness Through Separation: The Paradox of Independence.” Report #2, January 19, 1986. Torrance, CA: World Services Organization.
- Averill, J.R. 1986. “Acquisition of Emotions in Adulthood.” In *The Social Construction of Emotions*, edited by R. Harré. New York: Basil Blackwell.
- Bentz, V.M. 1989. *Becoming Mature: Childhood Ghosts and Spirits in Adult Life*. New York: Walter de Gruyter, Inc.
- Bentz, V.M. 1992. “Deep Learning Groups: Combining Emotional and Intellectual Learning.” *Clinical Sociological Review* 10: 71-89.
- Black, C. 1981. *It Will Never Happen To Me!* New York: Ballentine Books.
- Blumer, H. 1969. *Symbolic Interaction: Perspective and Method*. Englewood Cliffs, NJ: Prentice-Hall, Inc.
- Borkman, T. 1984. “Mutual Self-Help Groups.” In *The Self-Help Revolution*, vol. X, edited by A. Gartner and F. Riessman. New York: Human Sciences Press, Inc.
- Bruner, J. 1986. *Actual Minds, Possible Worlds*. Cambridge, MA: Harvard University Press.
- Cermak, T.L. 1985. *A Primer on Adult Children of Alcoholics*. Deerfield Beach, FL: Health Communications, Inc.
- Cooley, C. 1902. *Human Nature and the Social Order*. New York: Scribner Press.
- Cork, R.M. 1969. *The Forgotten Children*. Toronto: Alcoholism and Drug Addiction Research Foundation.
- Cuthbertson Johnson, B., D.E. Franks, and M. Dornan, eds. 1994. *The Sociology of Emotions: An Annotated Bibliography*. New York: Garland Publishing, Inc.
- Denzin, N.K. 1987. *The Recovering Alcoholic*. Newbury Park, CA: Sage Publications.
- Denzin, N.K. 1993. *The Alcoholic Society: Addiction and Recovery of the Self*. New Brunswick, NJ: Transaction Pub.
- Fine, E. 1975. *Observations of Young Children from Alcoholic Homes*. Philadelphia: West Philadelphia Community Mental Health Consortium.
- Franks, D.D. 1988. “Emotions in a New Key.” *Contemporary Sociology* 17, 6: 825-827.
- Franks, D.D. 1989. “Alternatives to Collins’ Use of Emotion in the Theory of Ritualistic Chains.” *Symbolic Interaction* 12, 1: 97-101.

- Gergen, K.J. 1985. "Social Constructionist Inquiry: Context and Implications." In *The Social Construction of the Person*, edited by K. J. Gergen and D.E. Davis. New York: Springer-Verlag.
- Gergen, K.J. and M. M. Gergen. 1983. "Narratives of the Self." In *Studies in Social Identity*, edited by T. R. Sarbin and K. E. Scheibe. New York: Praeger.
- Goffman, E. 1974. *Frame Analysis*. New York: Harper.
- Harré, R. 1986. "The Social Constructionist Viewpoint." In *The Social Construction of Emotions*, edited by R. Harré. New York: Basil Blackwell.
- Humphreys, K. 1993. "Worldview Transformation in Adult Children of Alcoholics Mutual Help Groups." University of Illinois at Urbana. Unpublished doctoral dissertation.
- Kennedy, M. 1991. "Ideology and Transformation in Mutual Help Groups." Paper presented at the Third Biennial Conference on Community Research and Action, Tempe, AZ. Cited in Rappaport, 1994.
- Kritsberg, W. 1986. *The Adult Children of Alcoholics Syndrome: From Discovery to Recovery*. Deerfield Beach, FL: Health Communications, Inc.
- Langs, R. 1983. *Unconscious Communication in Everyday Life*. New York: Jason and Aronson.
- Leventhal, H. 1980. "Towards a Comprehensive Theory of Emotion." *Avances In Experimental Social Psychology* 13: 139-207.
- McKeever, Lauren M. 1990. "Children of Darkness." In *Rutgers Magazine* Fall 1990: 31-35.
- Mead, G.H. 1935. *Mind, Self, and Society*. Chicago: University of Chicago Press.
- Myers, L.J., S.L. Speight, P.S. Highlen, C.I. Cox, A.L. Reynolds, E.M. Adams, and C.P. Hanley. 1991. "Identity Development and Worldview: Toward an Optimal Conceptualization." *Journal of Counseling and Development* Sept-Oct 1991, 70: 54-63.
- Rappaport, J. 1994. "Narrative studies, personal stories, and identity transformation in the mutual-help context." In *Understanding the Self-Help Organization*, edited by T.J. Powell. Thousand Oaks, CA: Sage Publications.
- Rudy, D.R. 1991. "The Adult Children of Alcoholics Movement: A Social Constructionist Perspective." In *Society Culture, and Drinking Patterns Reexamine*, edited by D. J. Pittman and H.R. White. New Brunswick, NJ: Rutgers Center of Alcohol Studies.
- Satir, V. 1983. *Conjoint Family Therapy*. Palo Alto: Science and Behavior Books, Inc.
- Scheff, T. 1990. *Microsociology*. Chicago: University of Chicago Press.
- Seabaugh, M.O.L. 1983. *The Vulnerable Self of the Adult Child of an Alcoholic: Phenomenologically Derived Theory*. University of Southern California. Unpublished doctoral dissertation.
- Steinglas, P. with L. A. Bennett, S. J. Wolin, and D. Reiss. 1987. *The Alcoholic Family*. New York: Basic Books.
- White, M. and D. Epston, 1990. *Narrative Means to Therapeutic Ends*. New York: W.W. Norton.
- Woititz, J.G. 1983. *Adult Children of Alcoholics*. Deerfield Beach, FL: Health Communications, Inc.