

Negotiating an alcoholic identity within the Alcoholics Anonymous
Twelve-Step recovery model: A Narrative Inquiry

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A thesis submitted in partial fulfilment of the requirements of the University of
the West of England, Bristol for the degree of Professional Doctorate in
Counselling Psychology

Faculty of Health and Applied Sciences, University of the West of England,
Bristol

March 2020

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Acknowledgments

I would like to express my gratitude to the participants who kindly gave up their time to share their personal stories, without whom this study would not have been possible.

I especially want to thank my research supervisors. Firstly, Dr. Miltos Hadjiosif for igniting my interest in Narrative Inquiries and for his continued patience, guidance and support which has been deeply appreciated. Secondly, Liz Maliphant for her encouragement and input on the final document.

I would also like to thank my recently neglected friends who have nevertheless continued to cheer me on from the side lines.

Lastly but certainly not least, I want to extend a heartfelt thank you to my wonderful daughter Kelsi, who has shown the most remarkable patience and understanding throughout not only the present research process, but during my entire counselling psychologist in training journey.

Abstract

Although the only requirement for membership to Alcoholics Anonymous (AA) is a desire to stop drinking, the claiming of an alcoholic identity is perceived to be the first step towards recovery within the AA Twelve-Step model. US based literature has documented both positive and negative effects of adopting an alcoholic identity, especially in relation to shame. Building on existing literature, whilst adopting a narrative epistemology, the present qualitative study explores how 4 male UK AA members who have adopted the alcoholic label, negotiate this identity through their personal stories.

The participants were interviewed face to face and were encouraged to share with me their stories of managing alcohol addiction within the AA framework. The interviews were transcribed and subjected to a narrative analysis, with a particular focus on issues of identity and how this is achieved within the data. Findings suggest that the identity transition from a drinking non-alcoholic to a sober recovering alcoholic is often an internally conflicting experience. Within the obtained accounts, the *problem* of alcohol dependence is primarily positioned within the self, thus entrenching an individualist and potentially pathologizing view of alcohol addiction. Popular imagery and discourses surrounding narratives of 'alcoholism' are explored as part of the conflicting process of claiming the alcoholic identity.

The spiritual dimension of the Twelve-Step approach is emplotted in all the stories as key to the transition towards living a more morally directed, less shameful life as a 'recovering alcoholic'. Hedonistic and eudaimonic senses of well-being are identified and compared within the alcoholic identity transition narratives, within the context of the spiritual aspects of recovery within AA. The reconstruction of the self from a drinking non-alcoholic, to a sober alcoholic in recovery, encompasses much more than the behavioral change of not drinking. It appears to involve embracing a *relational* identity from where new meaningful connections to others are forged and both personal and communal agency are heightened. In contrast, feelings of powerlessness and isolation are woven through the participant narratives prior to adopting the recovering alcoholic identity. Findings also suggest that the valuable community identity and support that the AA fellowship provides, could also be offered in other areas through changes in community infra-structure. Including social enterprises that are easily accessible for those who do not see AA and the Twelve-Step model as suitable for them. These types of systemic change may provide fruitful ways to balance the potential shortcomings of more individual psychological approaches employed in the treatment of alcohol dependency.

Introduction

The aim of this qualitative study is to present new understandings of how current UK members of the mutual aid fellowship of Alcoholics Anonymous (AA) make sense of assuming an alcoholic identity. A narrative analysis of AA members' stories can provide subjective insights into how individuals negotiate this identity against the cultural backdrop of dominant discourses which surround the construct of 'alcoholic' (Taleff & Babcock, 1998; Jordan, 2015). A particular interest is directed towards the link between shame and alcohol dependence (Potter- Efron & Caruth, 2002), in exploring how this is managed in accepting the potentially stigmatizing alcoholic label (Gray, 2011; Schomerus *et al.*, 2010; Carp, 2013; Liezille & Jacobs, 2014). There appears to be a divide in the relevant literature as to whether assuming an alcoholic identity in the Twelve-Step treatment model is a shame releasing, or shame enhancing process. The present study takes a social constructionist stance in examining the negotiation of alcoholic identities. Thus, the concept of 'alcoholic' is not assumed to be something that exists outside of discursive practices or resides within an individual as an essential part of their nature but, like all knowledge especially those surrounding normative categories, is historically and culturally contingent (Burr, 2003).

Labelling oneself an 'alcoholic' is the first step in recovery from alcohol addiction within AA's Twelve-Step recovery model (Borkman, 2008). Indeed, in the AA meeting rooms up and down the country and throughout the world, as often depicted in popular media, before anyone speaks out in AA meetings they generally introduce themselves by saying "Hi my name is X, I am an alcoholic" (Robert, 2015). The only requirement necessary for membership to AA however, is a desire to stop drinking (AA Fact File, 1956). Previous literature has provided varying accounts of the consequences of assuming an alcoholic identity within AA's Twelve-Step recovery model. These include; positive and negative accounts of adopting the disease model of addiction (Suissa, 2003; Schomerus *et al.*, 2010; 2014; Kvaale, Haslam, & Gottdiener, 2013; Wiens & Walker, 2015), the significance of the acceptance of being powerless over alcohol (Kurtz, 2007), a cybernetic explanation of the relationship between 'alcoholic pride' and 'the will' (Bateson, 1972) and more sociological (Room, 1983) and critical perspectives (Peele, Brodsky & Arnold, 1992; Suissa, 2003; Jordan, 2015) regarding the practice of placing alcoholism within the individual self. There is

however, little research that has focussed on the process of claiming an alcoholic identity within AA's Twelve-Step approach for UK members. Although there is some literature from the US that has explored the significance of how AA narratives are instrumental in the identity reconstruction of AA members (Borkman, 2008; Cain, 1991; Humphreys, 2000), to my knowledge none have provided a recent detailed focus on the personal identity transition of AA members from non-alcoholic to alcoholic. In addressing the neglect in this area Valencia-Payne (2018) in an unpublished thesis, has recently explored the self-identification process of the adoption of what she refers to as the 'deviant' identity of an alcoholic. Her study however, did not focus explicitly on AA members, and like most of the research that will be presented in the literature review section of this thesis, was conducted outside of the UK. The present study therefore, hears from individual UK AA members who themselves have negotiated an alcoholic identity, and explores what effects this may have on their recovery from alcohol dependence. A deeper understanding of this identity transition process can help inform therapeutic relationships, clinical interventions and service policy.

Personal interest in the topic

My interest in this area of inquiry was ignited during my first counselling placement as a trainee counselling psychologist at a UK substance misuse residential rehabilitation centre. The core of the centre's treatment model was based on the Twelve-Step approach central to AA philosophy (AA World Services Inc, 2001). The residents were regularly escorted to AA, Narcotics Anonymous (NA) and Cocaine Anonymous (CA) meetings in the local community and were strongly advised to regularly attend these meetings once they had left the centre. As I had little knowledge and no experience of the Twelve-Step programme my clients were so strongly involved in, my lack of understanding motivated me to engage in researching the area. This involved attending a couple of open AA meetings where all are welcome. I was struck by the unchanging declaration of an alcoholic identity before any of the anonymous members spoke to the group. I became particularly interested in exploring links between shame and alcohol misuse, being acutely concerned about the possibility of re-shaming clients who already carry "toxic shame" as an internalised aspect of their identities (Bradshaw, 2005) due to their formative experiences. On another personal note, I was quite shocked at times by the somewhat punitive measures that were employed by some of the staff at the rehabilitation centre and the general understanding that appeared to me to

pervade was; that the recovery workers knew what was best for the service users. I felt that this was potentially not a fantastically therapeutic stance, especially for highly shamed clients, and not one that is in keeping with the humanistic underpinnings of my counselling psychology training (Strawbridge & Woolfe, 2010).

These feelings appear to be echoed in Gray's (2011) article entitled, *Shame, labelling and stigma: Challenges to counselling clients in alcohol and other drug settings*. She conducted a grounded theory study interviewing counsellors in drug and alcohol treatment centres. This research was motivated by the author's professional experience of working in a drug and alcohol setting in Australia. The article explored counsellors' perceptions of shame as they related to the negative labelling of their clients as "addicts". The findings suggest that the interplay between shame and stigma compounds the challenges of counselling clients in such centres. For example, the directive and punitive strategies employed by the counsellors' colleagues' in substance misuse settings towards their clients, were perceived to be potentially shaming and to go against the tenets of counselling. Moreover, these measures appeared somehow to be legitimized by the "addict" or "alcoholic" label attached to the clients (Gray, 2011).

Taleff and Babcock (1998) have also demonstrated that dominant discourses surrounding the stigma of addiction in the US, not only influence everyday life but also "float around the therapy room without notice" (p.34), informing therapists' understandings of substance misuse, regardless of the client's reality. British research has also suggested that health care professionals in the UK could afford to revise their understandings of alcohol dependence. Using a grounded theory approach and content analysis of alcohol dependent participant accounts, Dyson (2007) found participants felt the 'illness' carried stigma and that they had undergone negative shaming experiences connected to health care professionals.

For the sake of reflexivity and openness, I want to state that I have had personal experience of the pain that alcohol and drug dependence can bring, due to losing a family member and two close friends who have died as a direct result of drugs and alcohol dependence. Due to this experience, I feel that I am in a better position to see beyond the labels and am more motivated than many to add to knowledge that can help drive away potential barriers to effective treatment. I intended to do this with the present study by bringing real life stories of alcohol dependency to life, and more specifically by hearing from

individuals through their personal narratives; what it has meant for them to claim the potentially stigmatizing alcoholic label (Dyson, 2007; Jordan, 2015).

Overview of the structure of the thesis

This thesis is divided into five main chapters, including this *introduction* section. In order to aid the interpretation and discussion of the participants' narratives, following the introduction section, I will outline in more detail some of the *relevant literature* to serve as contextual background information for the exploration of alcoholic identity negotiations. The literature review finishes by asserting clearly the research rationale, aims and questions. The *method* section follows the literature review. This chapter includes an explanation of the philosophical assumptions underpinning the present research, ethical considerations, a detailed rationale for having chosen a narrative method of inquiry and the general design of the study, including the participant sample and analytical procedure. The following main chapter is the *analysis and discussion*. These are combined as this appeared to be the best way to present and make sense of the data whilst referring to relevant literature in addressing the research aims. This sections begins with being more grounded in the data by retelling the participant stories into narratives relevant to the research questions. There is a movement through the analysis and discussion section as it progresses from being less focused within the narratives and becomes more contemplative concerning them. The final chapter is a *general discussion*, which provides a summary of the findings, suggested therapeutic implications, perceived strengths and limitations of the project and suggestions for further research. The final section of the general discussion ends with a reflexive conclusion.

Literature Review

This review begins with introducing AA's approach and some historical background to provide a contextual setting for the model in which this project is exploring identity negotiations. For clarity, the twelve steps of the recovery model are also clearly set out. It will then examine the disease discourses that appear to help construct what 'alcoholism' means to members of AA, while considering the historical role of AA in the paradigm shift from alcohol being perceived of as a moral failing to a medical illness. Literature concerning issues of power, pride, humility and shame and the alcoholic identity will be also explored from various perspectives, including conflicting accounts of how adopting this identity can be beneficial or impedimental in these areas. Previous narrative studies on both addiction and potentially stigmatizing identities will then be reviewed before finally considering other research that has explored the topic of constructing the alcoholic self.

Alcoholics Anonymous: Background and approach

AA was founded in Akron, Ohio in the United States in 1935 (Humphreys, 2000). It has grown into a multinational organisation with over two million members worldwide (Alcoholics Anonymous World Services Inc, 2019). As of 2015, there were 4487 meetings taking place in the UK (AA Great Britain & English-Speaking Continental Europe, 2019). Rather than a treatment method, AA is better understood as a Twelve-Step recovery programme within a voluntary, mutual aid organisation of self-defined alcoholics (Borkman, 2008). AA's approach in part, reflects its founder's involvement in an Evangelical Christian organisation known as the Oxford Group (Humphreys, 2000) and has developed into a "fellowship" displaying characteristics of a therapeutic spiritually based community and social organisation (Young, 2011). According to AA philosophy, sobriety can only be maintained if the alcoholic accepts their essential limitations (Humphreys, 2000) and takes a leap of faith in placing their trust in a "Higher Power" (Denzin, 2009). Although the word God is used in the twelve steps, a Higher Power is often the preferred term (Carroll, 1993). The understanding of this is left up to the individual to decide how they wish to define it with no rules except that it must be a power greater than the individual (Arnaud, Kanyeredzi & Lawrence, 2015). Many US members understand this in Christian terms, but conceptualizations vary widely across members and countries (Makela *et al.*, 1996). In one of the rare studies involving research

with AA members in the UK, Thematic Analysis of ten transcribed AA member interviews, found that *Love* was cited by most, either directly named or as a quality of a Higher Power (Arnaud, Kanyeredzi & Lawrence, 2015).

AA's main text is a book entitled *Alcoholics Anonymous* (Alcoholics Anonymous World Service Inc, 2001) and is referred to affectionately by its members as *The Big Book*. 'Alcoholism' is described in this manual as a spiritual, mental and physical illness and therefore recovery requires healing on all these levels (Borkman, 2008). The process of recovery is deemed possible through the support of the fellowship and by following the Twelve-Step programme.

The Twelve Steps of Alcoholics Anonymous

1. We admitted we were powerless over alcohol - that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs. (Brande, 2019 p.3)

Alcoholics Anonymous and the disease of 'alcoholism'

Alongside the spiritual threads of AA rhetoric, many AA members talk of their alcoholism in terms of physical disease (Kurtz, 2002) which is also portrayed as such in AA literature. The AA pamphlet *44 Questions* (A.A. World Services Inc., 1952) provide the fellowship's definition of alcoholism as; "*an illness, a progressive illness, which can never be cured, but like some other diseases, can be arrested*" (A.A. World Services Inc., 1952 p. 7).

Although this definition was first offered in 1952, a medical model of alcoholism has continued to weave through AA discourse (Cain, 1991; Kurtz, 2000; Denzin, 2009; Young, 2011). AA's early understanding of alcoholism was presented by Dr William Duncan Silkworth in the introduction to *Alcoholics Anonymous* (the Big Book) entitled, "The Doctors Opinion" where he describes alcohol dependence as the expression of an *allergy*;

... the body of the alcoholic is quite as abnormal as his mind. It does not satisfy us to be told that we cannot control our drinking just because we were maladjusted to life, that we were in full flight from reality, or were outright mental defectives. These things were true to some extent, in fact, to a considerable extent with some of us. But we are sure that our bodies were sickened as well. In our belief, any picture of the alcoholic which leaves out this physical factor is incomplete. The doctor's theory that we have a kind of allergy to alcohol interests us. As laymen, our opinion as to its soundness may, of course, mean little. But as ex-alcoholics, we can say that his explanation makes good sense. It explains many things for which we cannot otherwise account.

(Alcoholics Anonymous World Service Inc, 2001 p.26)

AA is the most commonly accepted treatment programme for individuals with alcohol problems in the US (Jordan, 2015) where The Institute of Drug Abuse (NIDA) promotes the view of substance dependence as a disease of the brain (Volkow, 2018) and where abstinence has widely been viewed to be the only legitimate intervention goal (Harrison *et al.*, 2003). A brief look into the historical and cultural context of the emergence of the widespread embracement of the concept of 'alcoholism as disease' (Williamson, 2012) uncovers an early linking of this notion to the AA fellowship (Jellinek, 1946; 1952). This is discussed further below. The paradigm shift from alcoholism being viewed as a moral failing, to a medical illness (Mann, Hermann & Heinz, 2000) was not a result of the accumulation of scientific discoveries (Room, 1983). What has become accepted as empirical indicators of an underlying disease of addiction consists of a broad range of social behaviours which have been interpreted as symptoms (Reinarmann, 2005).

One could argue that the shift from alcoholism being perceived of as moral failing to a chronic disease, may be largely responsible for an historical reduction in the stigma directed towards, and shame felt by alcohol dependent individuals (Kvaale, Haslam, & Gottdiener, 2013). Although this appears to be not necessarily the case. For example; Schomerus *et al.* (2010) demonstrate that individuals suffering from alcohol dependence or what is now

referred to as Alcohol Use Disorder (American Psychiatric Association, 2013), were generally perceived of as being more responsible for their condition compared to those suffering from other mental health issues. Also, Weins' (2012) experimental research on the comparisons of internalizations of both the *disease* and *psychosocial* conceptualisations of addiction, showed weaker personal agency associated with the disease model and equal amounts of shame and stigma associated with both notions of addiction. Moreover, Williamson (2012) posits that although the medical paradigm has existed for many years, it has not significantly affected negative social attitudes that surround substance dependence.

The cultural perceptual transition of alcoholism from moral to medical appears to have been crystallised by Dr Jellinek- a consultant to the World Health Organisation, when he published *The Disease Concept of Alcoholism* in 1960 (Strobbe, 2009). Room (1983), points out that the crucial papers which underpinned the move towards the disease concept, rather than originating from a scholarly source, were in fact collated from members of AA themselves (Jellinek, 1946; 1952). So, it would appear that the widespread endorsement of the disease discourse of addiction which introduced new ways of interpreting problematic alcohol consumption (Reith, 2004) and possibly the shame and stigma surrounding it, was predominantly informed by members of AA in the 1940's and 50's. The fact that historically, AA philosophy is not only informed by, but also informed the chronic disease model of alcohol dependence (Jellinek, 1946; 1952) appears to be a clear example of Ian Hacking's (1995) 'looping effect' in action. He theorises that new classifications of people induce changes in self-perception and the behaviour of those classified. These changes subsequently demand revisions of the theories, expectations, and causal connections of the categories of people, leading to a looping or feedback effect in how categorized people construct themselves and are subsequently categorized.

In taking a social constructionist stance it is important to critically examine the cultural and historical context in which psychological phenomena develop (Tyson, Jones & Elcock, 2011) especially in exploring assumptions which inform behaviour as pathology. Alternative sociological perspectives question the disease model of placing alcoholism within the self of individuals, and the subsequent focus on individual treatment to be an adequate response to alcohol problems in wider society (Room, 1983). It could appear that medical discourses surrounding the aetiology of addiction such as genetic factors and brain disease,

divert attention away from potential cultural causal connections (Dingel, Karvazis & Koenig, 2011). The examples of the high incidences of alcohol dependence among; Native Americans (Beauvais, 1998), Australian Aborigines (McKnight, 2002), War Veterans (Jakupcak, Tull, McDermot, Hunt & Simpson, 2010; Murphy & Turgoose, 2019) and the survivors of child abuse (Evans & Sullivan, 1995; Guo, Hawkins & Abbott 2001; Schwandt, Heilig, Hommer, George & Ramchandani, 2013) would seem to demonstrate that social and political factors can at least play a role in addictive behaviour. It could therefore be argued that the shame that infests the domain of addiction (Potter-Efron & Caruth, 2002), is transferred to substance dependent *individuals* within cultures that often act shamelessly.

Considering the potentially shaming effect of accepting the label of “alcoholic” (Gray, 2011; Schomerus *et al.*, 2010; Carp, 2013; Jacobs & Jacobs, 2015), and the negative stereotypical images that often continue to surround the construct of ‘alcoholic’ (Jordan, 2015), it could appear counterproductive to assume the identity of something that an individual is trying not to be in attending AA meetings (Robert, 2015). There is however, a wealth of literature based on theory, research and personal experiences outlined below which suggest that the act of assuming an ‘alcoholic’ identity within AA’s Twelve-Step approach can be an extremely positive practice in recovering from alcohol use problems, and particularly how this can be effective for healing shame. (Bateson, 1972; Knapp, 1996; Kurtz 2007; Potter-Effron & Caruth, 2002).

Power, humility and shame

The difference between labelling *oneself* an alcoholic within the Twelve-Step approach and a diagnosis of Alcohol Use Disorder (American Psychiatric Association, 2013) being given by someone outside making expert pronouncements, appears to be of primary significance in relation to shame (Denborough, 2005). At the very core of this self-diagnosis within AA, there are issues of power and humility. The first of the twelve steps; “*We admitted we were powerless over alcohol - that our lives had become unmanageable*” (AA Fact File, 1956 p. 8) requires accepting that one *is* an alcoholic which involves surrendering to the power that alcohol has over one’s life (Kurtz, 1991). In his book entitled; *Healing the shame that binds you*, John Bradshaw (2005) provides a personal account of how accepting an alcoholic identity within AA’s Twelve -Step recovery model, initiated his healing from what he describes as ‘toxic shame’ and subsequent recovery from alcohol addiction. He explains

toxic shame as the transformation from shame as a healthy human emotion into shame as a state of being when it takes over one's whole identity. In the AA meetings once he had assumed his alcoholic identity by accepting his powerlessness over alcohol, he confessed how bad he felt, thus exposing his shame, vulnerability and pain. When this was met with acceptance in the mirroring eyes of others who understood, he began to accept *himself* (Bradshaw, 2006). What had been festering in dark secretive places was exposed, and instead of the exposure being further shaming, it was in fact healing.

Moving from a subjective to a more theoretical explanation of the apparent paradoxes in becoming empowered by accepting powerlessness, Ernest Kurtz (2007) has written extensively on the relevance to this; of the acceptance of *essential human limitation*. He claims that the success of AA in dealing with alcoholism and addiction flows directly from its effectiveness in healing shame. Accepting that "*I am an alcoholic*" is admitting the personal essential limitations of powerlessness and unmanageability. The honesty and humility in accepting the limitations of powerlessness over alcohol means accepting that when drinking, an alcoholic does not 'have a limit' but *is* essentially 'limited'. In accepting and reinforcing their *essential limitation* by the consistent reconstruction of an alcoholic identity in AA meetings, individuals are sharing and accepting the perceived limitations of their powerlessness over alcohol. As Potter-Efron and Carruth, (2002) put it; someone who has accepted this powerlessness can say to themselves:

I am human in recognising that some things in my life are beyond my control. I do not have to feel ashamed because I am not perfect. I am an alcoholic, but I am not ashamed" (p. 202).

By admitting powerlessness over alcohol and assuming an alcoholic identity within the Twelve-Step model, one is accepting that complete abstinence is the first and best course of action (or inaction) towards recovery. Rather than having to assert that one will never drink again, a balance of power and humility wavers in; just not picking up the *first drink*. Attending AA meetings as often as possible especially to the newly abstinent is seen to be crucial to the success of this where fellow members can continue to co and re-construct alcoholic identities through AA discourses, and where they are reminded by each other's stories that their acceptance of their powerlessness over alcohol means that they will be again out of control, if they *do* pick up that first drink (Strawbridge, 2007).

A cybernetic perspective: Alcoholic pride and humility

Placing alcoholism *within* the self is a constant reminder that no matter how much sobriety is achieved, there is always the capacity to relapse (Bucker, 2003). This is expressed in the AA mantra of “*once an alcoholic, always an alcoholic*” (AA World Services Inc, 2001). The humility in accepting this personal limitation, is what can counteract what Gregory Bateson (1972) described as ‘alcoholic pride’. In his article entitled *The Cybernetics of “Self”: A Theory of Alcoholism*, he provides an early systemic perspective on the significance of assuming an alcoholic identity to the efficacy of AA. Bateson (1972) suggests that within ‘the alcoholic system’ there is a relationship between ‘alcoholic pride’ and ‘the will’. Alcoholic pride, as Bateson (1972) explains is characterized within AA as not the kind of pride structured around accomplishment, at least for alcoholics who have not placed alcoholism within the self. Rather, it is more of a fatalistic pride that asserts the unrealistic achievement within an alcoholic system, that *I can* control my alcoholic consumption, because I am not an alcoholic. Thus, alcoholism is placed outside of the self. The ‘will’ cited within the relationship with alcoholic pride, is the elusive but temporarily available self-control called upon in the first order change, when an alcoholic manages to resist drinking for a while. This relationship can be either *symmetrical* (similar and competitive) like the relationship of nations involved in an arms race, or *complementary* (dissimilar and mutually beneficial) like a sadomasochistic relationship. Whilst an alcoholic is still struggling to *control* his/her drinking, this relationship is symmetrical. It is a battleground where ‘alcoholic pride’ asserts that “*I can* control my drinking” and relies on ‘the will’ to do so. Alcoholic pride places alcoholism *outside* of the self, insisting on the ability to resist alcohol, which is not seen to be possible within an alcoholic system. For a second order change of lasting healthier behaviour, what Bateson (1972) terms as an ‘epistemological shift’ must occur. This is when the complementary relationship between the ‘alcoholic pride’ and ‘the will’, replaces a symmetrical one. The epistemological shift from a symmetrical to a complementary relationship within an alcoholic system can be seen in the adoption of an alcoholic identity (Bateson, 1972) and therefore the acceptance of an *inability* to exercise any power over alcohol. This humility allows the individual to cease battling with the alcoholic pride, thereby enabling one to become motivated towards complete abstinence rather than the first order change of trying to control, or temporarily resist drinking (Dombeck, 2000).

Both Kurtz (2007) and Bateson (1972), are not only united in their appreciation of the shame healing process of AA, but both speak about 'the alcoholic' as a fixed entity that is fundamentally and perhaps physiologically different from non-alcoholics. The healing of shame that arises is rooted in the acknowledgment of this difference, which occurs in the humility of the acceptance of the essential limitation of an alcoholic self.

A more critical outlook

The perspectives described above, provides a convincing account of how labelling oneself as an alcoholic within the Twelve-Step approach can be an extremely positive practice in recovering from alcohol use problems, and particularly how this can be effective for healing shame. Other research, however, paints a more negative picture of the act of placing 'alcoholism' within the self. This includes the suggestion that claiming an alcoholic identity can have a negative impact on the self-esteem, confidence and the autonomy of individuals in alcohol recovery (Taleff & Babcock, 1998). Also, according to Rodner (2005), the medical and spiritual disease discourse that permeates AA literature can instil negative traits upon the members such as; sick, disabled and damaged. Moreover, AA discourses that pathologize addictive behaviour, may cause individuals to see themselves as essentially defective and in need of repair (Thompson, 2012). These accounts of potential AA influence on alcoholic identity construction appear to be far removed from breaking the spiral of shame inherent in alcohol addiction (Potter-Efron, 2012), especially as it would appear that once an alcoholic identity has been claimed, it is difficult to drop (Young, 2011).

In contrast to the disease model of addiction, encouraged and embraced by AA, Suissa (2003) explores the social construction of alcoholism as a disease in the US. He critically illustrates the pervasiveness there of the view of alcoholism as a permanent disease, in spite of, he claims, accumulating scientific evidence to the contrary. He presents an alternative paradigm to the dominant disease discourse in America where an individual suffering from addiction is not perceived as an object with loss of control on a permanent basis (once an alcoholic always an alcoholic) but rather a responsible social subject who can be capable of deciding to stop, reduce, or continue to drink according to one's own personal or social circumstances. This is echoed by Peele, Brodsky and Arnold (1992), in their strong critique of the concept of alcoholism as a disease and the Twelve-Step recovery model. They argue instead that people become vulnerable to addiction when they feel a lack of

satisfaction in life, an absence of strong connections with others, a lack of self-confidence or a loss of hope. Thus, they posit that alcohol dependence is not a lifelong condition caused by some essential limitation within the alcoholic individual.

In Jordan's (2015) critical discourse analysis of AA texts and members accounts, she suggests that AA methods and principles may not necessarily be based upon what is beneficial for members' individual well-being but rather on powerful dominant cultural ideals and beliefs in Canada and the US. AA declares that it is not a religious organisation (AA Fact File, 1956) but offers a type of universal spiritual approach that can co-exist with any religion or none (Kurtz, 1989). Despite this, Step 3 of the twelve steps states: "*make a decision to turn our lives over to the care of God as we understand Him*", and God is again mentioned in steps 5, 6, 7, and 11 (Brande, 2019). As previously mentioned, a Higher Power is often the preferred term (Carroll, 1993) and the understanding of this construct is up for individual interpretation (Arnaud, Kanyeredzi & Lawrence, 2015). Jordan's (2015) findings however, suggest that at least in Canada and the US, AA specifically encourages Christianity, and prefers members to follow this religious orientation too. She also highlights discourses along the lines that abstinence and encouraging it in others, do God's work by promoting better and more productive citizens. It could therefore be suggested that the placing of alcoholism within the self in accepting an alcoholic identity is encouraging the majority of individuals who seek support for their alcohol dependency in the US to see the 'fault' as residing in them, and their atonement through total abstinence allows them to become more dutiful neoliberal subjects. Of course, drinking culture (Brown, 2013) and religiosity (Voas & Ling, 2010) are both different practices in the UK, and I suspect they vary enormously throughout the US too. Therefore, it was anticipated that the experience and practises of current UK members of AA may present different discourses throughout their narratives to what Jordan (2015) discovered. As did Arnaud, Kanyeredzi and Lawrence (2015) on their findings of British UK members interpretations of their Higher Powers, to be "Love".

Narrative Inquiries

Previous narrative research in the domain of addiction by Hanninen and Koski-Jannes (1999), revealed five different narratives derived from fifty-two autobiographical stories from people who had recovered from various addictions. These are; the AA, the growth, the co-dependent, the love and the mastery narratives. The aim of their study was to explore ways

in which people who had recovered from various addictions understood the change process. Each of these narrative types, were shown to help in various ways to make sense of addiction and recovery. It was assumed likely, that the participant narratives of the present research will all share to some degree the classic AA story structure of for example; hitting rock bottom before turning to the support of AA where a recovery process was fostered (Humphreys, 2000). It is however, not the recovery process change per se, that is the primary aim of exploration of this study, but more the way in which claiming an alcoholic label is given significance during the recovery process, and how this identity transition is negotiated around issues of stigma and shame.

Master narrative engagement (Hammack, 2008), provides a useful framework for exploring the way personal identity transitions are negotiated around potentially stigmatising social categories. This approach to the study of identity provides a cultural psychological perspective that focuses on the relationship between master narratives and personal narratives of identity. McLean, Shucard and Syed (2017), offer their definition of master narratives as;

Master narratives are culturally shared stories that provide guidance for how to belong to and be a good member of a given culture; they are useful frameworks that guide personal story construction. (McLean, Shucard & Syed, 2017, p.2)

Within this definition there appears to be a clear socialisation element to master narratives, in providing strong moral cues in the value of 'the good life' (Hammack & Toolis, 2015). Due to the authority that master narratives hold, stemming from their historical weight and pervasive use, they may require some effort for individuals in accepting or especially in resisting or rejecting their power in identity negotiation (McLean, Schucard & Syed, 2017). An excellent example of the application of the theoretical notion of master narrative engagement is provided by Toolis & Hammock's (2015) in their study on homeless youth in North America. They demonstrate how individuals through their personal narratives, resist identity contamination from the stigmatizing dominant discourses surrounding homelessness in the USA. The present study will also employ the concept of master narrative engagement in examining how this is performed through the personal narratives in negotiating a potentially stigmatizing identity.

Constructing the alcoholic self

This review will now present previous literature that has specifically explored the negotiation of an alcoholic identity for AA members. As previously noted, the knowledge gained from the following presented studies and theories has not been rooted in findings from UK members accounts.

In an exploration of identity transition within the AA process, Pollner and Stein (2001) posit that on accepting the alcoholic identity the AA member allows another 'twin self' to be born; the 'recovering alcoholic self'. This self is other than and aware of the 'alcoholic self' as dangerous and compelling. The negotiation of these twin selves certainly appears to be consistent with the identity transition narratives that are prevalent in AA literature (AA World Services Inc., 2001) and appear to weave through AA participants' narratives in previous research from the US (Humphreys, 2000). Sharing narratives in group storytelling within AA appears to be a very important part of reshaping identities and recasting individual life stories in which there can be hope of a happy ending. The identity transition occurs within the context of AA meetings where members hear and identify with each other's stories. Thus, they gain an experiential learning of the alcoholic self from which they can re-frame their pasts, and develop their own story (Borkman, 2008).

Carole Cain's paper (1991), is to my knowledge, the most comprehensive account of how significant the personal stories shared in the AA community are to the identity transition towards claiming an alcoholic self. Although her findings have also derived from North America, due to the relevance of the topic of the present study they are worth recounting in some detail here. She posits that the 'AA Story' is a cognitive and social tool; a device for self-understanding that provides a cultural vehicle for identity transition. The AA story structure and content are learned through the social interactions in AA meetings. The internalisation of the AA story allows the newcomer to reconstruct their personal narratives to fit this framework. During this process, Cain argues that the individual goes through stages of identity diffusion and reconstruction. The identity acquisition involves learning to see the new identity as a desirable one which the individual can form a positive emotional attachment to; Presumably from the sense of connection and hope that is provided by the fellowship of people identifying as recovering alcoholics. From forty-six published accounts, Caine, (1991) identified a general AA story structure that includes:

- The first drink
- Negative effects of drinking
- Progression of drinking
- Suggestion (by others) that drinking may be a problem
- Denial
- Attempts to control drinking
- Entering AA
- Giving AA an honest try
- Becoming sober

Cain (1991) suggests that over time, individual members learn to fit their own personal circumstances into the AA story prototype. Thus, new members begin to reconstruct their own identities in line with other 'recovering alcoholic' authors.

A further explanation of how identity change occurs within the context of AA is a mechanism referred to as *doubling back on the self* (Borkman, 2008). This involves listening to one's self talk and discovering an experience of the self that is perceived of as both object and subject. Doubling is notably practiced with self-deprecating humour, employed as a means of reinforcing the twin selves in AA identification (Pollner & Stein, 2001). Humour is aimed at the *active alcoholic self* (the drinking alcoholic) with mockery and belittlement from the *recovering alcoholic self* (the sober alcoholic) hence placing a distance between them. Pollner and Stein (2001), also reflect that humorous accounts of incompetence and clumsiness provide a means of affirming individual and communal identities thereby providing a source of entertainment simulating the effects of alcohol. The present study builds on this literature by exploring how individual current UK member narratives construct their alcohol related life stories and identities outside of the fellowship rooms.

Research rationale, aims and questions

Having examined literature both supporting and critiquing the practice of accepting an alcoholic identity, the intention of the present qualitative study is to provide a voice for current UK AA members to tell their stories concerning the process of identity transition from non-alcoholic to alcoholic, and how significant (if at all) this process has been for their

recovery from alcohol dependence. Most of the qualitative general inquiries into AA have been conducted outside of the UK, for example by Strobbe (2009) in Poland; Gray, (2010) in Australia; Carp, 2013 in Finland and Liezille and Jacobs, (2015) in South Africa. As cited in the literature review, the majority has taken place in the US where AA was established and the Twelve-Step recovery model is the most widely accepted treatment plan for alcohol issues (Jordan, 2015).

Due to the recent British political climate of funding cuts for substance misuse services in the UK (Brookes, 2014; Belnheim, 2016; Collective Voice, 2017; Rhodes, 2018; Livingston, 2018) it may be assumed that AA's popularity is set to rise in Britain as it is a widespread and freely available option of support. Furthermore, Twelve-Step abstinence based supportive programmes are increasingly being relied upon in treatment centres in the UK for individuals with problematic alcohol consumption (findings.org.uk, 2018). Therefore, the time now appears ripe for a rich exploration into the stories that current UK members of AA tell who manage their alcohol consumption, and in doing so have assumed the identity of an alcoholic. Especially as this label has been shown to be a potential barrier (Taleff & Babcock, 1998) to the types of therapeutic relationships prized by counselling psychologists (Rizq, 2010; duPlock, 2010).

One of the aims of the present study is to challenge the often taken for granted ideas surrounding the construct of 'alcoholism' by hearing from individuals who are experts by experience in this area. It was also anticipated that subjective understandings would provide insight into the master narratives of AA. The primary aim of this research was to explore how UK members of AA make sense of constructing their alcoholic selves, how shame is negotiated when adopting a potentially stigmatizing identity, and how this process might impact on recovery. To that effect, the research questions posed by the present study are;

1. How do current UK members of AA narrate their transition towards adopting an alcoholic identity?
2. How is shame negotiated in claiming a potentially stigmatizing label?

Method

This section begins with outlining the philosophical assumptions that underpin the present study. It is important for qualitative research to be clear about the assumptions it makes as part of the reflexive process (Braun & Clarke, 2013). A detailed rationale for why a narrative inquiry was the chosen methodology adopted for addressing the research questions will then be provided. Ethical issues involved in the design of the study are addressed before describing the participant sample, recruitment procedure and how data were collected. Finally, the analytic strategy that was crafted in order to most fully attend to the research aims of the present study is described and discussed.

Philosophical assumptions

The epistemological stance of social constructionism underpins the present study. The ontological position of relativism has traditionally been associated with social constructionism, where no one objective 'truth' awaits out in the world to be discovered, rather there are multiple constructed realities (Braun & Clarke, 2013). However, assuming a purely relativist stance in conducting research can be perceived as problematic if the underlying assumption is that no findings can ever be claimed to have any real credence over any other ways of understanding social phenomena (Andrews, 2012). Social constructionism however does not cling tightly to any ontological position (Berger & Luckman, 1991). So, the position on 'reality' taken within the present study is that although it is perceived as constructed within social interactions, it is not a purely relativist stance. For instance, real social practices and structures are assumed to exist beyond social interactional constructions that have tangible effects on people.

The theoretical framework of social constructionism encourages a critical position towards taken-for-granted ways of understanding our worlds and urges us to be aware and cautious of our assumptions concerning the way 'reality' appears to us. Furthermore, the essentialism of more traditional social psychology is contested. For example, there is not seen to be potentially discoverable essences inside people that determine what they are.

Rather investigations carried out through this epistemology instead focus on how understandings are dynamically generated through social interaction (Burr, 2003). In Western cultures there is often a strong value placed on the individuality of identity (Gergen, 1973), where an essential kernel of uniqueness is often perceived to reside inside an individual. The widespread notion of an authentic, unitary and enduring 'inner self' can carry with it a certain moral undertone of desirability, because the alternative of a multiple or transient self can be perceived of pathologically or at least, considered to be shallow. The idea of a unitary and fixed self has however, itself been a transient construction that has changed throughout history (Richards, 2002). The social constructionist stance on identity is one of multidimensionality, the construction of which occurs through culturally available discourses (Burr, 2003). We weave the fabric of our identities through discourse during our interactions; the boundaries of these identities are the categories available to us at any given time and place. Thus, the present study employs a narrative inquiry to explore the active process that creates meaning in the construction of AA members' alcoholic identities in the telling of personal stories. A narrative study is I believe the most suitable method with which to explore identity negotiation within a constructionist epistemology, as the approach does not assume objectivity but instead prizes positionality and subjectivity (Reissman, 2002). Hearing, analysing and re-presenting individual's stories as a means of accessing academic knowledge challenges the more traditional positive views of truth, reality and personhood. Rather, personal meanings and sense of self and identity are understood to be negotiated as stories unfold (Etherington, 2013).

In contrast to the more specific individualist approach of narrative constructivism, (Sparkes & Smith, 2008, cited in Smith, 2015) within which narratives are conceptualised as cognitive structures that people *have*, and where stories are seen to provide a window into experience and identity, the philosophical underpinnings of the socio-cultural approach of narrative constructionism are more in keeping with this study. Rather than attempting to try and discover and interpret the 'truth' or reality of stories and experiences, people are perceived to construct meaning through narratives accessed from the social and cultural arena. Thus, within this work narratives are viewed as crucial resources in interpreting, shaping, establishing and communicating our experiences and sense of who we are (Smith, 2015). The ontological underpinnings of this research are not the truth and causality of

logical positivism (Sandelowski, 1990). Our selves are not seen to be able to discover the reality of the world but rather, our worlds are the dynamic products of our selves in interaction with others often performed through stories. The language of narratives are not recognised as individual creations but, are themselves social interactions in which the action of others (the supporting cast, and the audience) are an integral part of the construction of the narrative, along with the linking and interpretation of events in time and space.

As Gergen and Gergen (2013) illustrate nicely below, what *actually* happens in bodily movements in time and space, is not particularly relevant even in 'factual' historical accounts. Rather, it is the meaning associated with these movements that is of concern.

To say that in 1215 King John sealed the Magna Carta at Runnymede makes reference to intentions, and not to the actual movements of pressing wax to parchment. If John's hands had been pressed to paper by his companions, or he had accidentally sealed the document while believing it was some other, one would be disinclined to say that he had sealed the Magna Carta. In effect the description refers not to the spatio-temporal event, but to the intentions underlying the movement.

(Gergen & Gergen, 2013 p.182-3.)

What absorbs the storyteller and the aim of this research, is not how to reach truth but instead how experience is endowed with meaning (Bruner, 1986). Working within a constructionist perspective discovery is not about the verification of facts but more about the changing meaning of events for involved individuals, and how these are located in history and culture. According to Reissman (2002), personal narratives are the core meaning making units of discourse. The interest lies precisely in the narrator's interpretation rather than factual reproduction of the past and the shifting connections formed between past, present and future. Accordingly, narratives are not seen to merely represent but to reconstruct lives in the very act of telling (Sandelowski, 1990).

Methodological rationale

As the focus of this study is to explore individual identity transitions towards accepting the alcoholic label as a member of the AA fellowship, listening to and analysing participant's stories in relation to this is appropriate. Other research methods such as interpretative phenomenology analysis (IPA), discourse analysis (DA) and thematic analysis (TA) were considered as alternative methodological approaches in addressing the research

aims of the present study but were discounted in favour of a narrative inquiry for various reasons. All three of these methods could sit quite comfortably with the philosophical assumptions underpinning this study. IPA lies within the light end of the social constructionist continuum (Eatough & Smith, 2008), DA is aligned very well with a constructionist epistemology (Burr, 2003), and TA can also be performed well through a social constructionist lens (Braun & Clarke, 2013). However, firstly this research wanted to hear and represent the participant stories as fully as possible without being broken down into semantic and thematic coding inherent in the other approaches. Secondly, although individual lived experience expressed through personal stories is salient in identity negotiation, there is an interest in how the sense of self is constructed and performed through the narrative texts rather than these accounts being perceived as the window into interpreting subjective lived experience. Furthermore, there have been consistent claims in the function of narratives as having a key role in the construction and maintenance of identity (Hiles & Cermak, 2008).

As Linde (1993) states;

Life stories express our sense of self: who we are and how we got that way. They are also very important means by which we communicate this sense of self and negotiate it with others. Further we use these stories to claim or negotiate group membership and to demonstrate that we are in fact worthy members of those groups, understanding and properly following their moral standards. (Linde, 1993p.4)

Through our narratives, we participate in the construction of our own identities and therefore have the power to renegotiate our identity by altering our stories (Hiles & Cermak, 2008). Narrative inquiry is especially fitting in exploring this area as within the AA fellowship the sharing of personal stories is seen to be an integral part of the healing process (O'Reilly, 1997). Moreover, Humphreys (2000), suggests that a narrative stance could fruitfully guide future investigations of mutual help organizations. In order to provide a deeper rationale for the chosen methodology, I will now provide more detail and clarity over what narratives and narrative inquiries are and can do.

There are numerous ideas about what constitutes the definition of a narrative. Generally, they are understood as personal and culturally situated stories in which some

significance is assigned within the temporal ordering of events (Sandelowski, 1991). Murray (2003) defines narratives as an organised interpretation of a sequence of events involving attributing agency to the characters in the stories and inferring causal links between the events. He also asserts that we exist in a storied world, living our lives through the creation and exchange of narratives. Our individual attempts in comprehending life events, are rendered more understandable by locating them in a sequence of unfolding incidents. Most experiences are not perceived as abrupt and unintelligible revelations, but better understood through narratives as a comprehensible sequence of temporal events (Gergen & Gergen, 2013). Thus, meaningful narratives need to establish coherent connections between life events within a movement through time.

Although the terms narrative and story are often used interchangeably including within the present study, there are subtle differences between the two that are worth unpacking here. A story is more like a specific tale that is told. Whereas, narratives are crucial cultural resources that provide a template with which one can structure personal experience, and through which we can understand the stories that are heard and seen (Smith, 2015). Stories are therefore not in themselves narratives, but more like particularized accounts that draw from the cultural menu of narratives and can be collectively assembled into them (Smith, 2015). A conceptual examination into how the *content* and *structure* of accounts can provide valuable insights into how individual stories can be interpreted and represented as recognisable narrative forms.

As already stated, meaningful narratives establish coherent connections between life events within a movement through time. An examination of detailed distinctions between various narrative structures can provide a good basis for a more comprehensive inquiry. Gergen and Gergen (2013), offer an inspired theory and language of narrative form in explaining this. They declare that an essential aspect of narratives in accomplishing coherence and directionality is the depiction of a clear goal for the protagonist/s. They note that successful narratives are produced in the way that life events are situated as movements towards, and away from a *desired state*. There are three basic narrative forms which pertain to this; the progressive, the regressive and the stability narratives. The progressive is movement in the plot towards a desired state, the regressive is a movement away and the

stability depicts no significant movement towards or away from an aspired achievement. There are numerous variations of more sophisticated narrative forms which can employ a number of these prototypes in any sequence within any singular narrative. An example is the 'romantic plot', seen as series of progressive and regressive phases, which may play out as an ongoing battle of loss and triumph. Exploring the narrative structure within the data analysis in this study, provides an initial platform for how negotiating an alcoholic identity is performed through personal narratives, and what significance this practice holds for individual participants in their struggle with alcohol dependency. Within prototypical narrative frameworks like the progressive, regressive and stable structures, individual narratives are fleshed out. For example, the protagonist often becomes a hero within the development of a progressive plot. Listeners are more easily able to connect to the story in the recognition of a culturally familiar narrative structure. Thus, the analysis section of the present study includes looking at how protagonists navigate becoming a hero in moving towards a desired state of 'recovery', whilst accepting a potentially stigmatizing identity.

Ethical considerations

Ethical approval was sought and granted by the University Research Ethics Committee (UREC) at The University of the West of England, Bristol (see appendix A). Ethical considerations were given priority in the design of this research. Including addressing the following concerns.

Any risk to reputational damage was addressed by anonymising personal data. As the participants were invited to talk about personal experiences regarding their relationship with alcohol, there was a concern that this may have a negative impact on their psychological and emotional well-being. This may be in the form of reawakening difficult issues or reliving painful past events, especially as many individuals who experience alcohol dependence have a history of trauma and/or abuse (Evans & Sullivan, 1995; Guo, Hawkins & Abbott 2001; Schwandt, Heilig, Hommer, George & Ramchandani, 2013). In order to protect the well-being of the participants, I encouraged the participants to choose a 'safe space' to conduct the interviews. Where I sought to create a welcoming, non-threatening environment to address somewhat, the inevitable power imbalance between participant and researcher in face to face interviews (Karnieli-Miller, Strier & Pessach (2009). I also drew upon my

experience in a counselling placement at a residential drug and alcohol rehabilitation centre, where I learned to be sensitive to issues of re-shaming substance misuse clients and on my experience as a practising psychological therapist to validate and contain any challenging emotions that arose for the participants during the interviews. I had to hand a list of up to date local support services, any of could be utilised to signpost participants for further support, if required. Before arranging the interviews, during telephone and email contact, the participants were encouraged to inform their AA sponsors about their participation in this project, and to ensure that they would be available for them to contact following the interviews, if required. Lastly, I checked that they were feeling OK to carry on with their day following the interview, before ending the process.

Participants

The participants in this study, are male attendees of UK AA meetings who identify themselves as 'alcoholic' and who have not consumed alcohol for at least one year. I decided that in exploring identity, it would be beneficial for the participants, especially in such a small sample to all identify as the same gender. This is because gender is such a fundamental aspect of our sense of selves, and gender variation of identity construction is not a focus of this study. Male participants were chosen rather than females for a study that would explore heavy alcohol consumption; a practice that has more historically been traditionally associated with masculinity rather than femininity (Lennox, Emslie, Sweeting, & Lyons, 2018). Moreover, due to women's changing drinking practices in the UK there has been a plethora of research specifically concerning female drinking over the last decade, for example; Rolfe, Orford & Dalton, (2009); Shipton, Whyte & Walsh, (2013) and Gutzke, (2014). On page 104 Appendix C, I indicated that female participants would also be invited to participate in the present study. However, this form was submitted early in the research process, prior to having considered the points regarding gender outlined above.

More details of the participants are provided in the introduction to their narrative outlines in the Analysis section of this study. Four participants were recruited between the ages of 41 and 59 years old. This is an appropriate number of participants as the rich analysis of the data is at a level similar to that of IPA, where the guidelines of between three and six participants are deemed to be a reasonable size (Smith, Flowers & Larkin, 2009). The target

age range between 25 and 65 years old was chosen to exclude older adults who may be more physically and/or mentally vulnerable due to perhaps having been dependent on alcohol for a longer period of time, and to exclude younger adults who may be more prone to risky behaviour (Horizon Scanning Programme Team, 2014). Other exclusion criteria included any participants who have: a mental health condition other than alcohol dependence, any organic illness, an acquired brain injury, or have a developmental or learning disability. The aim of these criteria is to reduce the risk of harm to the potentially more vulnerable individuals of the target population.

Recruitment Procedure

I had initially planned to attend more open AA meetings where all are welcome and where I hoped to recruit participants. However, following a consultation with AA's public relations officer at AA General Service Office, I became aware that this was not an appropriate recruitment avenue. I was informed that the organization does not endorse nor discourage individual members of AA from taking part in research, but they must be recruited as individuals and not through fellowship events. The revised recruitment strategy, therefore, was to post a recruitment invitation (see Appendix B) on face book using a specific page for this project, and in local newspapers and magazines. Ultimately though this was not necessary because snowball sampling was employed; participants were recruited through my networks and networks of participants (Braun & Clarke, 2013). When making initial contact with the participants, I provided more details regarding the research topic and aims and sent copies of the participant information sheet (Appendix C) and informed consent forms (Appendix D). Once I was convinced that the participant had been fully informed and met the criteria to qualify as a potential participant for the study, we arranged to meet in person. Before starting the interview process, the participants were given the opportunity to ask any further questions and provided me with their signed informed consent forms.

Collecting the narratives

The main source of collecting narratives for research is through interviews (Murray, 2003). This was the form of data collection for this study. The interviews were audio recorded and subsequently transcribed verbatim for later analysis. See Appendices E- H for a

transcription sample page from each interview. I decided that it would be advantageous to carry out face to face interviews with all the participants for this qualitative study rather than using Skype for example. Even though it has been demonstrated that in employing this technology to perform interviews, the pragmatic benefits can outweigh the drawbacks (Sullivan, 2012). I felt that the potentially sensitive nature of the participant narratives would be better, and more ethically communicated through the presence that close proximity brings. I also decided that this would provide a more advantageous position in which to check for vulnerability, and therefore suitability of the participants for this study by meeting with them face to face. Moreover, in face to face interviews I felt I would better able to support any individuals who may become upset upon discussing distressing material.

The participants were invited to tell me the story of their relationships with alcohol and AA. It was revealed to them that I was particularly interested in what it means for them to self-identify as an alcoholic. I adhered to the challenge of narrative researchers in attempting to congruently convince the participants that I am genuinely interested in their stories (Murray, 2003). Gathering data by recording and transcribing narrative interviews with participants individually, was deemed to be more beneficial than for example holding a focus group. This is because literature has shown that outside of AA meetings, individual members' discourses may not be as harmonious with formal AA philosophy as they are within the meetings (Kitchin, 2002).

Analytic Strategy

There is widespread agreement among narrative scholars that there are neither formal guidelines nor a predetermined set of steps to be followed in conducting any variety of narrative analysis. Most researchers follow their own plan and often do not describe the details in their published work (Lichtman, 2013). Murray and Sools (2015), do provide some guidelines for conducting narrative analysis but they also challenge their readers to engage creatively with data rather than rigidly following their outline. In heeding this, I have drawn on various sources (Bruner, 1991; Gergen & Gergen, 2013; Reissmen, 2002; Murray, 2003 & Smith, 2015) in crafting an analytic procedure within the broader realm of *performative* narrative analysis that I felt could best address my research aims. This acted as a springboard

into starting the analysis of the transcribed interviews and gave me some sense of security with which to proceed. I can certainly relate to Brett Smith's (2015) admission that due to the lack of a step by step procedure to follow, many narrative researchers including him have experienced bewilderment and anxiety prior to performing narrative analysis. I was also however, encouraged by his assertion that it is a craft that requires practical wisdom in so much as a lot of the learning on how to proceed comes from actually doing the analysis.

As Murray (2003) puts it, narrative analysts need to *play* with their data, and as Frank (2010) asserts, without a set of rules or steps to follow, narrative analysis encourages *movement of thought*. That said, I will now outline in some detail the analytic strategy that I crafted *prior* to collecting or engaging with the data, which was intended to be held loosely. Although all the steps were followed to a greater or lesser degree, the results they drew were not all included in the final write up of the analysis, but the following guidelines were invaluable in facilitating the initial dive into analysing the raw data. A summary of the steps taken during the data analysis are provided at the end of this section.

The first stage entails several close listenings to the audio recording of the interviews and readings of the verbatim transcriptions and making notes of any first impressions. This immersion in the data is taken a stage further by attempting an *indwelling* (Smith, 2015). In doing this, an aspiration is held to see the participant stories less as material to be analysed and more like relationships to be entered. Indwelling attempts to habituate oneself to another's perspective by leaning more towards an empathic rather than a sympathetic position (Maykut & Morehouse, 1994 cited in Smith, 2015). I liken this to the 'method acting' of data immersion and feel this approach in the initial stage of the analysis sets the stage for remembering that narratives are data with a soul (Brown, 2010).

Step two concerns discerning narratives from the participants' accounts. Interview transcripts may or may not flow as narratives depending partly on how much prompting within the interview process is required. On deciding what determines a narrative from transcriptions, a look to the structure of the transcripts for signals of beginnings and endings (Smith, 2015) can be useful. Brown's (1985, cited in Coopman & Meidlinger, 2000) definition of discourse that constitutes a story is; a sense of temporality in the past which is brought into the present including a preface, the recounting of events and a closing sequence, that

may include the moral of the story, and can also be a useful framework for discerning narratives. Furthermore, Bruner's (1991) ten features of narrative accounts may also be a useful tool for identifying narrative segments for analysis which according to Riessman (2002) is often a complex interpretative task. I particularly feel that Bruner's (1991) *canonicity and breach* feature of a narrative account may be fruitful in looking at participants' alcoholic identity negotiation. By exploring the canonical script in what constitutes a 'good life' (Taylor, 1989) a breach of this could be perceived as a descent into alcoholism. Where the acceptance of the alcoholic identity in the participant narratives is positioned within the canonicity and breach feature, can help to shed fresh light onto the alcoholic identity negotiation process.

Once, the narratives have been identified in the data, each of the participants' personal stories can be given a title. This may be in the form of a quotation taken from each of the accounts in a similar way that Toolis & Hammond (2015) did in summing up each of the narratives identified in their study on homeless youth. The next stage in the analysis involves identifying narrative themes, or patterns that run through any individual or multiple narratives, focusing here on the content of the narratives (Smith, 2015). This does not involve a line by line categorizing of the data, but more a process of developing themes in relation to the research aims (Riessman, 2002).

After having directed attention to the content of the narratives by developing patterns across the data about '*what*' is said, the '*how's* and '*where's*' can be focused on more by attending to the structure of the narratives. As previously described, the structure of personal narratives can prove insightful to the construction of the self. Gergen & Gergen's (2013) theory of narrative form can provide a robust framework in attending to the structure of the narratives. Where the acceptance of an alcoholic identity is placed within the movement towards and/or away from the presumably desired state of abstinence or freedom from 'alcoholism' within the prototypes of the progressive, regressive and stability plots, can provide insight into this identity negotiation.

On exploring the narrative's content, more culturally available scripts employed within the narratives may be identified. These can often help the audience and speaker to make sense of personal change. For example, the prodigal son (Hanninen & Koski-Jannes,

1999) and the redemptive self (McAdams, 2006) plots may be drawn upon in the participant narratives, both canonical scripts surrounding personal liberation, freedom and recovery. McAdams (2006) outlines *six languages of redemption* that often feature in redemptive narratives. These are atonement, emancipation, upward mobility, recovery, enlightenment and development. Identifying such languages within the participant accounts could signal that a redemptive self is incorporated into an alcoholic identity negotiation.

The final stage of the analyses, which in effect is likely to also run through the previous steps, involves opening up the analytic dialogue further by asking a series of questions and by paying particular attention to the performance or the 'why's of the narratives in attending to positioning (Reissman, 2002). Asking additional questions exposes what may have previously been unnoticed in the participant stories and may or may not be included in the final writing up of the report (Smith, 2015). The relevant supplementary questions that can be floated around the narratives pertaining to this study surround the topics of causal or explanatory accounts of alcoholism; identifying moral and ethical talk; agentic positioning (e.g. victim or transgressor); and the resistance and/or embracement of master narratives surrounding alcoholism. In exploring the performative element of the narratives, questions can be asked about the positioning of; the scenes, the narrators to their alcoholic and other selves, to the other characters and to the audience. Focusing attention on these areas can shed light on how shame is negotiated in accepting a potentially stigmatising identity.

There are numerous varieties of narrative analysis (Holstein & Gubrium, 2012) that focus on different types of narratives (Smith, 2015) and may choose to highlight and foreground the various features of the content, structure and function of narratives (Bamberg, 2012). In order to best address the research aims of exploring how alcoholic identities are negotiated through a social constructionist lens, I chose to analyse the participants' personal accounts with a potent focus directed on exploring the *performance* of the narratives; that is, why a particular story is being told in a particular way (Reissman, 2002). Personal narratives can perform many functions. For example, they may serve; to remember, to argue, to convince, to engage, to connect or disconnect from a group, to elicit emotion or simply to entertain (Smith, 2015). In analysing narrative practices, also referred to

as *narratives-in-interaction* (Bamberg, 2012), efforts are made to understand what speakers are attempting to accomplish when employing narrative performance features. Therefore, both the structure and the content of narratives are explored in examining how alcoholic and other identities are performed through the participants' personal narratives. Working within the narrative practice perspective (Bamberg, 2012) and in analysing personal narratives performatively (Coopman & Meidlinger, 2000; Riessman, 2002), narratives are typically seen to be told for a purpose. In analysing *what* is performed by exploring narrative content, and *how* it is performed by analysing narrative structure, valuable insight can be gained into answering *why* it is performed in that way.

A major premise of the narrative practice approach is that individuals' identity navigation is analysed with a keen eye to how speakers would *like* to come across (Bamberg, 2000). In keeping with a social constructionist epistemology, this approach does not perceive an essential self to be revealed through narratives, but more that they enable the performance of a preferred self. Emphasising the performative element in identity research is not implying that such identities are inauthentic (Riessman, 2002), but like all identity construction they are viewed as multiple, dynamic, situated in time and place and accomplished through interaction (Burr, 2003). How speakers chose to position; scenes, other characters, the audience, and themselves within their personal narratives can reveal a great deal about the presentation of self (Riessman, 2002).

In keeping with the epistemological underpinnings of this study I adhered to steer away from over coding the data into bite sized chunks. Although this is often a pragmatic way to manage data, some subjective and nuanced meaning making of particular narratives can be lost in leaning towards this more reductionist approach (Lichtman, 2013). In exploring personal narratives, researchers can aspire somewhat to let go of the power in attempting to control meaning, by being able to more follow participants down their own paths, rather than possibly perceiving some aspects of personal stories to be digressions from the research questions (Reissman, 2002). In respect to this, an attempt was made during the analysis to keep the participant narratives intact as much as possible (Smith, 2015) whilst still addressing the research aims. Due to the relatively small number of participants I feel that this was a realistic approach.

Summary of analysis steps

- **Step 1:** The “method acting” of data immersion: Indwelling (Smith, 2015) Empathic rather than sympathetic relationship with data was entered. Narratives are “data with a soul” Brown (2010).
- **Step 2:** Narratives from the participants’ accounts were discerned, employing Brown’s (1985) definition of what constitutes a narrative as being; a sense of temporality in the past which is brought into the present.
- **Step 3:** The *Canonicity & breach* feature of the narratives were considered. (Bruner 1991)
- **Step 4:** Each participant narrative was assigned a title directly relating to their alcoholic identity negotiation story.
- **Step 5:** Themes & patterns were identified for example; *the problem, the solution, belonging, rejection, spirituality and religiosity*. Focus was directed on the content of narratives –**What** is said. Also, a sense of the ambience and atmosphere of the narratives was considered.
- **Step 6:** The structure of narratives was attended to using Gergen & Gergen’s (2013) Theory of narrative form-**How** and **Where** what is said
- **Step 7:** Throughout all steps, attention was payed to performative practices features i.e. **Why** is what being said, in the way it is? What is the positioning of the self and others and within the story and what function does this perform? Including how alcohol as an object is cast in relation to the protagonists.
- **Step 8:** Culturally specific scripts were looked for and the *redemptive self* (McAdams, 2008) was identified within the narratives.
- **Step 9:** The analysis was opened up further by asking a series of supplementary questions pertaining to the topics of **causal** or explanatory accounts of alcoholism; identifying **moral** and ethical talk; **agentic** positioning (e.g. victim, transgressor; hero, villain); and the resistance and/or embracement of master narratives and dominant discourses surrounding alcoholism.
Focusing a more probing attention into these areas was deemed relevant to understand how **shame** is negotiated in accepting a potentially stigmatising identity.

Analysis and discussion

Introduction

The analysis section of this thesis is combined with a discussion. This appeared to me to be the most pragmatic way of making sense of and comparing the individual stories while relating the findings to relevant literature. The salient aspects pertaining to the research questions are not extensively coded out of the narratives, so are discussed as they arise more organically. The structure of this chapter begins by introducing each of the participants in turn followed by a re-storying (Cresswell, 2007) of roughly two-hour long interviews into individually titled narratives that each tell a personal story of the negotiation of their alcoholic identities. The re-telling of the interviews into narratives are given the subheadings of *narrative outline*.

After having introduced, Graham, Russell, Adam and Peter (all pseudonyms) and outlined their narratives, the themes of agency and causality are explored and compared between each narrative. In a study exploring alcoholic identity construction, these are significant topics that both arose within the narratives and were given focus within the analysis because how much agency one can perceive to have surrounding alcohol dependence is interwoven with what is constructed as causal. The themes of religiosity, spirituality and morality are then focused on. In a study exploring shame and the construction of the self as 'alcoholic' in AA's spiritually based Twelve-Step programme these topics are significant. The final subheading of this chapter is the *Redemptive self*. The redemptive narrative (McAdams, 2008), within the participant stories appeared to be a prominent means of distancing past regretful behaviour and managing the associated shame. The redemptive self for all the participants, signalled the reconstruction of a sober alcoholic identity that involved more than the behavioural change of not drinking alcohol.

Graham's Story

The "quest" narrative: A journey of self-discovery

Introduction

Graham is a 59-year-old white male, who is a very active member of AA, having set up meetings in various parts of the country and been a sponsor to many newer members. I had not met him in person prior to conducting the interview. He has been abstinent from drinking alcohol for the last sixteen years. Graham is a qualified counsellor who embarked on his training some years after having stopped drinking. He has been married to his current wife for ten years. She never knew him when he was drinking. The interview was conducted in the space where he hosts his independent counselling practice.

During the interview, Graham's story unfolds within two halves, divided by the climactic acknowledgment of his alcoholic identity. This can be perceived as a *dual* (Haertsch, 2011) or *split* narrative (Johnson, 1990) in structure; a strategy allowing a story to be told from two different narrators or time periods and perspectives. Although Graham is the only protagonist, the two different positions offered within his life story are expressed through his pre and post claimed alcoholic self. Thereby illustrating the significance of this identity transition. The first half of the narrative is constructed within a *quest* for Graham to discover what is wrong with him. "I knew there was something wrong. I knew there'd been something wrong with all my life." The climax of his narrative is reached once Graham acknowledges that he *is* an alcoholic thus discovering what he presents to be his 'true self' and reaching his long-held goal of understanding why he feels different to others. Although the culmination of Graham's quest for this understanding, is described as "*a lightbulb moment*" that happened "*all of a sudden*", it is preceded by many often-painful scenes of consciously rejecting the alcoholic label, even whilst initially attending AA meetings.

The second half of Graham's story is conveyed from the position of his post alcoholic self and AA member identity and is told as a *tale of atonement*. This narrative allows him to transcend his personal journey to include deeper spiritual insights leading him to take responsibility for the behaviour he cites within the first half of his story, sanctioning him to make amends to others and to ultimately undergo a positive personal transformation. This transformation is a similar framework to what Frank (1998) defined in the "quest stories"

within his narrative exploration of individuals living with deep illness. The future is cast as hopeful, certainly in comparison with the past. There is however, a strong caveat surrounding Graham's optimistic future. Because he positions himself as having always been, and will always continue to be an alcoholic, there is an enduring emphasis in communicating how vital it is for him to remain "*spiritually fit*", and to continue to expand his personal awareness; qualities he inexorably links to his continued involvement with AA.

Narrative outline

Graham's narrative takes the form of a mostly chronological life story beginning with recounting his first experience of drinking alcohol at 16. He had stolen and drunk a bottle of whisky on Christmas eve, and "*came to*" on boxing day with no memory of Christmas and "*two very irate parents*". This sets the scene of asking one of the fundamental questions underlying his quest: "*what I couldn't understand at the time was why. You know, it was a bit strange. Why did I do that?*" A sense of confusion continues into the story as Graham becomes increasingly "*baffled*" by what is "*wrong*" with him. The narrative content darkens as he goes on to confess his responsibility for "*two completely wrecked marriages*" and over having been a "*selfish neglectful father*". The dramatic emplotment builds as he recites drunken blackout driving, and his despair descends into shady remorseful, morning mirror glances. The tension mounts with the portrayal of a petrifying inebriated suicide attempt where he awoke in a motel room to a half drunk bottle of whisky and five unopened bottles of paracetamols he had no recollection of buying, "*The fear was just unbelievable because it was like a nightmare*". He confided this to a cousin he was very fond of, who insisted that he needed help, foreshadowing a desperate dialogue with a GP which ultimately leads Graham to begin attending AA meetings.

The meeting with the GP is a significant scene in Graham's narrative surrounding his transition towards adopting an alcoholic identity;

"I just told him that, you know, I wanted to kill myself, I was so depressed, then I was honest with how much I drank and how long I had been drinking for".

The GP responded by giving Graham two phone numbers; one was a drug and alcohol counselling service and the other was AA. Graham explains why he chose not to contact AA.

“but I didn't choose the Alcoholics Anonymous one because it had the word, Alcoholics. The other card had alcohol and drug, so that was more of an issue or problem, the label of being alcoholic, wooh! that's not me. It's ironic how things turn out [laughs] I didn't choose that because, I'm not an alcoholic.”

Graham is clearly resisting the alcoholic label offered to him by the GP during this scene. Also, he places his *problem* as residing within the substance rather than within him. This is the only point in his narrative when he does this. Graham draws upon dominant British discourses (recovery.org.uk, 2019) to partly explain the rejection of an alcoholic self; *“Alcoholics are tramps on park benches with rope around their waist”*.

In order to access the free drug and alcohol counselling service however, Graham must agree to attend AA meetings. His first meetings are therefore attended hesitantly. These initial meetings prime a tempestuous denial of being an alcoholic to his wife at the time, demonstrating the force with which he was then discarding an alcoholic identity.

“Standing over my then wife, my second wife-in a real threatening manner you know, pointing at her, and saying, “You've got nothing to worry about. I've got nothing in common with those people, I'm not an alcoholic”

The penultimate scene of the first ‘half’ of Graham’s narrative is strewn with the wreckage of this denial;

“I wasn't out on the street, so therefore I wasn't an alcoholic, because I've convinced myself I was not an alcoholic, and my drinking was bad anyway. But within three weeks it went off the scale. It was 24/7. Absolutely off the scale.”

The building tension and deteriorating climate of the plot, emphasises how dangerous Graham portrays his relationship with alcohol was becoming;

“It got worse. You know, so I carried on drinking. Then I got to a point where I was pissing blood, and I was vomiting blood in the morning.”

The potential ensuing crescendo of chaos and catastrophe is positioned well in conveying the sense of relief that Graham communicates through him eventually claiming his alcoholic identity. This happens unsuspectingly for Graham during an AA meeting that he reluctantly *“crawled into”*. Not only does the process of claiming an alcoholic identity during this meeting answer his quest to discover what is wrong with him;

"There was something that switched inside me, it was the acceptance. All of a sudden, it was this huge relief to me, I'm an alcoholic. That's been my problem all my life. That's what I've been looking for. Why did I feel the way I did? Why did I do the things I did? All of these questions that was buzzing around in my head, the one answer was "You're an alcoholic." I found my problem".

The discovery of what he believed to be his problem: the realization that he is an alcoholic, led him to take the action necessary to change:

"So, something happened at that meeting, I've never had the need or want to pick a drink up since then..... Yeah, that was it, bang".

The claiming of an alcoholic identity is also deemed by Graham to be so crucial, that this act is positioned as virtually being responsible for him being alive today.

"I am so grateful that I am an alcoholic, because a lot of people don't get that recognition and acceptance and they stumble on to a horrible and miserable death".

Both 'halves' of Graham's narrative provide divergent atmospheric backdrops. The clarity he gains in understanding his alcoholism sets the scene for driving away the dark doubting clouds of confusion. Once he really engages with AA and starts working the twelve steps, the narrative climate and language grow increasingly warmer and brighter. Depicted here in how he introduces the character of his sponsor;

"He was happy, the life, the laughter in his eyes, you know, that's what I wanted. Fantastic guy".

With the help of his sponsor, he undergoes a spiritual awakening. His world becomes focussed on acceptance of himself and others and on taking responsibility;

"the commitment to things, taking responsibility, you know. I took responsibility for me, for what I did, my actions, all the things I did, and in the program, trying to make amends"

Graham's telling of his story so far, ends with his life presently having become infused with hope, positivity and love which is directly attributed to his identification as an alcoholic and with AA.

"I think for me to say, "My name's Graham, and I am an alcoholic." means everything to me today. It really does, because that's the reason I am happy, that's the reason I don't cause any hassle in people's lives anymore. I don't upset people anymore and I've become more selfless and helping other people"

There *are* painful aspects within the atonement narrative, like making amends with his son for abandoning him when he was 4 years old, but the positive outcome is what is focused on. The shift in Grahams' relationships with others could not be presented more differently from the first half of his life story.

"I have a fantastic relationship with my son today, absolutely brilliant, and my grandson. I've got a grandson as well now. Yeah, he's four, and yeah, a fantastic relationship, which is fixed"

The only intimate relationship portrayed prior to Graham accepting his alcoholic self, had been the self-abusive one with alcohol.

In plotting his life story, Graham pretty much follows the AA master narratives around causality, heavily focusing on the deterministic stance that alcoholics have an incurable disease that left unchecked leads to death (Cain, 1991). Graham describes himself and other alcoholics as having an *"allergy"* to alcohol thereby explaining why they are unable to drink moderately: the explanation of alcoholism provided in the introduction to AA 's Big Book. (AA World Services, Inc., 2001). Graham does however offer another more personalized life story, which does not adhere to the more typical AA narrative structure (Cain, 1991), featuring the characters of his parents and brother, none of whom are still living. His father is the only family member who is cast as being *good* in any way. He tells a tale of manipulation and abuse at the hands of his mother and brother. This chronicle does not in any way weave through Grahams' life story. Rather, it is bracketed off and recounted as a separate narrative although it is still caged within his quest for self-discovery it is initially represented as outside of his AA identity and located as a post sobriety breakthrough encountered on his path to become a therapist.

"I do know now with my journey becoming a counsellor, that a lot of it was my childhood and my mother, I know that. So, a lot of my problems stemmed from all my childhood. It really did. And I know that now. But I didn't know it at the time, and I found that out outside of AA"

Graham positions himself as having gained an epiphanic self-discovery during the AA meeting where he claimed his alcoholic identity and has not touched alcohol since. This understanding provided him with an explanation of why he had felt *"different"* to others and hadn't previously experienced any sense of belonging. However, as Graham clearly

understands now as a counsellor having gone through years of personal therapy, the abuse he suffered at the hands of his family provide an alternative causal explanation as to why he had difficulties fitting in.

“And my mother, being the manipulative person she was, and a control freak, why I was so miserable and discontent and restless. Bear in mind, I couldn't bear to be in the room longer than ten minutes with the woman. Um, because she was everything I wasn't. She was racist, homophobic, bigoted, cold, loud, you know? I was the very opposite. And I think that's part of why I felt different as well, you know, and that was the big thing, that was why I felt you know, lost as a child.”

Apart from bracketing off the relationships he had with his family and with AA as almost two separate narratives, Graham negotiates the incongruence in the causal explanations for this and for the “restless discontent” that had plagued him (and all alcoholics), by bringing the two stories back together in demonstrating how AA has helped him to accept his life and thus enabled him to find more inner peace.

“And to realize happiness actually comes from within was a revelation...And it was the power of the program again, doing what was suggested and doing what the sponsor suggested. By not getting involved in these things, all of a sudden, my life becomes manageable, and I'm not trying to manage it... But something changed in me through that. She [mother] enabled me to have her live here... So, it was the acceptance... It was accepting her as she was. When I took a step back out of life and allowed life to step up and around me without me interfering with it, all sorts of remarkable things happened!”

This shows how Graham, by ultimately entwining the two parallel but seemingly incongruent stories together help to make sense of himself, and his life, and his past and current relationships.

Russell's Story

A narrative of rebirth: From fear and rejection to love and acceptance

Introduction

Russell is a 57-year-old white man who is a well-respected stone mason in his local community. He lives with his wife and their 17-year-old daughter in a rural cottage. He has two adult children from a previous marriage. Russell is an acquaintance of mine who I have met on several occasions at mutual friend's gatherings. He is also an active member of AA, regularly attending two or three meetings a week. He has been abstinent from drinking

alcohol for the last ten years, not having picked up a drink since attending his first AA meeting. The interview was conducted at my home.

Russell's story is a tale of rebirth undergone through his identification with AA, and the sense of safety and belonging he achieves through the fellowship. The themes of fear and rejection are heavily implicated throughout the narrative preceding the rebirth scene. His overall narrative is also constructed as a life story with clear temporal structure including a well-defined beginning, climax, current time-period, and hoped for future, with salient markers of crucial turning points in the plot. In a similar way to Graham's, the atmosphere and language of his narrative vary enormously with the movement of the plot towards and away from the climactic scene of his "rebirth" during his first AA meeting. It is during his "rebirth" that he personally claims and publicly states for the first time that he is an alcoholic. There are however, certain points in the plot where Russell illustrates that preceding his rebirth as an alcoholic, this identity was already developing.

Narrative outline

At the start of the interview, I asked Russell to just begin where he likes. His opening line is; "My name's Russell and I'm an alcoholic". Thus, demonstrating immediately that there is no current ambivalence about his alcoholic identity and his strong identification with AA, as this is what is generally declared in the meetings before anybody speaks (Robert, 2015). In the opening scenes of Russell's life story, he positions himself as a lost and lonely fearful child;

"My brother and sister are six and seven years older than me. So, I was pretty much an only child, which meant that, I developed some kind of strategy to cope with being alone, which involved building a little fantasy world"

As he moves the narrative through his school years, fear and loneliness continue to feature strongly;

"So, when I hit primary school, very confused about how to interact with other kids. Um, you know, you could see them all playing on the really scary climbing frame and altogether and chatting and interacting. Well, how'd you do that? You know? Um, so I struggled through primary school"

Puberty is also portrayed with trepidation; "13, u-uh, puberty, girls [screams] Even scarier!"

The theme of rejection features heavily within the accounts of Russell's marriages. He specifically illustrates the rejection he experienced within both marriages when the children

arrive. During his first marriage, he signals becoming a father as a significant event related to rejection;

“This is a crucial moment, a kind of fairly new marital relationship, I think I enjoyed being the centre of her attention. And the kids come along. Boomph, all of the sudden I'm not. You know, kids equal no sex-you know? Great! uh, I was only young.”

Other challenging life events also occur around this time; *“kid number one born, uh, diagnosed diabetic, wife's father diagnosed with cancer”*, and this is the point in Russell's story when he describes himself as beginning to drink abnormally;

“This is taking it to the next level of, drinking secretly, so I keep a bottle of whisky in the workshop, um, which was very close to home, so any time I fancied a drink, I just pop up to the workshop and take a nip. A lot of alcoholics will talk about crossing a line. And, you know, that's crossing a line. From normal drinking to abnormal drinking. I don't think it's normal for people to have a bottle of whisky in the workshop and take nips of it. And no one, just you on your own, secretly”.

When Russell's first marriage breaks down, he describes the rejection he felt as *“very dangerous”*. This clearly points to the reciprocal relationship between experiencing difficult emotions, and alcohol consumption that is woven into Russell's narrative; the more fear and rejection he encounters, the more he drinks which leads to experiencing more fear and rejection.

During Russell's account of meeting his second wife, he provides a contextual hedonistic backdrop to his drinking behaviour;

“Mary and I got together and uh, there were wild times. It was kind of a singletons row and it was just party after party every fucking night, to be honest with you. And also, I was drinking honestly as well, Also, she drank you know, fantastic!

Despite the potential self-legitimization of his increasing alcohol consumption due to the cultural setting, this is the point in the plot where Russell first depicts a glimpse of his internal battle with an alcoholic identity;

“really, at this point I know I'm an alcoholic. I know, deep inside I know, no you're not, no you're not, go and have another one”

Russell also portrays himself through his 11-year-old son's eyes at this stage in his story, helping to demonstrate how strongly he was on some level, wrangling with the alcoholic label because, it seems, he did not want to consider stopping drinking.

"He'd be calling me an alcoholic to my face he was disgusted by me. Yeah, so he knows I'm an alcoholic and he is telling me and I'm in denial. I'm in denial on the surface but in my heart, I know what is going on and I don't know how to stop it. Fuck, I wouldn't have that internal discussion with myself. It was conscious but I refused to address it, Um, because having another drink was an easier option".

Russell's story is infused with other's perspectives. Their 'gaze' helps him to reframe his own past perceptions through the eyes of others, especially at points in the story when he was still denying his alcoholic self. This allows his accounts to be viewed through the lens of the more typical AA story content even while conveying his own position at these points in the story as contrary to AA's. Thereby permitting him to easier fit his personal story into the AA master narrative structure, including the inevitable rejection of the alcoholic label (denial) before hitting "rock bottom" (Caine, 1991).

As the chronological life story progresses, the drama elevates in direct proportion to heightened alcohol consumption and more intense portrayals of fear and rejection. Russell experiences rejection once more in his second marriage as his daughter is born;

"Um, at this point I suppose um, you know again Mandy was born, same thing as before, I was pushed outside".

Following this, he places himself as being; *"so far beyond socially acceptable norms now that I'm in a different world"* and his wife as *"gradually realizing what a prize she's got"* and he is persuaded by her, to go and see a GP about his drinking. Russell's self-deprecating humour here can be seen as an example of *doubling back* (Borkman, 2008) where he is positioning himself as both object; *"a prize"* and as subject; the storyteller. The humour is aimed at his alcoholic "twin self" (Pollner & Stein, 2001), a past self that is distant enough to be objectified and laughed at from a present self who now has the self-reflection that was lacking prior to his *"rebirth"*.

Russell points to the meeting with the GP as a *"really important as part of my story"*. The GP gave him a post-it-note on which he had written AA's national telephone number. At this point in the narrative, he somewhat acknowledges that he may have a drinking problem because *"to appease Mary"* he accesses a local drug and alcohol service, described as *"lovely but clueless"*. However, he further demonstrates his inner conflict around accepting the alcoholic label that had literally been handed to him by the GP. This is achieved by on one hand, emphasising how vehemently he rejected the doctor's suggestion that AA may be

helpful for him; *“fuck you, you know fuck you, fuck off, fuck off, no, no”*; *“What, he thinks I’m that bad!”* But on the other, he also stresses that although he didn’t call AA for a further eighteen months, he *still* attached the label to himself, but in an out of the way place, namely, in his *“back pocket”* which he repeats three times.

“Which I kept in my back pocket. I don't know why although I rejected it. How come this Alcoholics Anonymous [post-it-note with AA phone number] I kept in my back pocket? I didn't screw it up or throw it away, I kept it in my back pocket. But it was still there 18 months later. Weird. Went through the wash a few times, um, but it was still there and its disintegrating, you know, that message was just disintegrating really”

This helps to illuminate that; the suggestion that he may be an alcoholic, offered by a character in his story (the GP), whom Russell describes as a *“respected figure of authority”* and *“A clever man, lovely-lovely guy”* was instrumental in nourishing his embryonic alcoholic identity.

Consistent with the typical AA narrative content (Caine,1991), Russell recounts his *“rock bottom”* scene. He had been home with his daughter and stepson while his wife was at work but had become too drunk to feed them. He explains that this incident led to his wife leaving him (they reunited once he became sober) and him feeling alone and afraid and thoroughly rejected; *“No one wanted anything to do with me, hurt like hell”*. Again, following the structure of the characteristic AA story (Cain, 1991), Russell describes contacting AA after experiencing his *“rock bottom”*. The most pronounced account of fear throughout the entire narrative is described as he walked into his first AA meeting; *“Um, at the time I was so full of fear. I was almost wetting myself”*

The fear is also described as being accompanied by intense shame;

“When I walked through the door, you know. The shame. Don't look at me, you know. Um, don't shake my hand. Fuck off, you know I'm a pariah”.

As Russell sits down in the meeting, his fear rises to a monumental crescendo;

“Then share round the room. So, you take it in turns to share back. But, to me, boom, boom, boom! Oh, yeah. The fear of that, of it kinda coming towards you like a wave of palpable, a horrible fear”

The effect of building up the powerful emotional drama at this point in the narrative, projects the sense of a climax approaching. The climax which indeed follows is Russell’s public declaration of being an alcoholic and his subsequent *“rebirth”*;

“a horrible fear, uh, that goes really quickly or did for me anyway. Um, boom. ‘My name is Russell and I’m an alcoholic and I can’t talk now’”.

“So, you know, we turned up for my first meeting, when I would go back to the room, I described it as a re-birth. That room’s kinda really special for me now. So, I described the door into that room as being the birth canal. Yeah I was rebirthed!”

So, Russell’s intense fear is described as having been quickly dispelled once he internally whole-heartedly embraced, and outwardly expressed his alcoholic self. The acceptance in the eyes of others seemed to provide him with a sense of hope and belonging, at a time during his life story when he *had* conveyed feeling so desperate and rejected.

“so, yes, um, a massive kind of relief and sense of, um, actually, I wanna belong here... It was like, uh, an enormous sense of relief at having actually gone through that birth canal”.

The dramatic plot development immediately preceding Russell’s outward declaration of his alcoholic identity also, provides a sharp juxtaposition to the emotions and language that immediately follow the rebirth. This emphasizes that something profound had occurred. Indeed, he refers to himself not having drunk since his first meeting as miraculous; *“you know, this is a miracle. That an active alcoholic isn’t drinking. It’s a miracle, I don’t use that word lightly”.*

This is similar to the expression and atmosphere that are so diverse between Grahams pre and post alcoholic identity narratives. Russell describes his fear and shame dissolving, as he feels genuinely accepted with love and compassion by AA;

“I was welcomed with love and, um, and honesty. The level of honesty is extraordinary..... Very welcoming and loving atmosphere”

It is also reminiscent of Bradshaw’s (1991) account of his shame releasing process, referred to in the literature review of the present study.

The drama of the rebirth scene is also enhanced by the references that Russell makes to his deteriorating health immediately prior to attending his first meeting, where he places himself as being in denial about how sick he was, due to his elevated levels of alcohol consumption;

“at this point I was having the most appalling chest pains. [coughs] I felt like shit every morning. Dry heaving, shaking like a leaf, um, I justified the first drink so that my hands could calm down, so that I could work. I’d work for about two hours, I thought I had an upset tummy every morning”.

Positioning himself as being close to death “*I know I was really near death,*” makes his rebirth more significant, suggests as Graham does, that AA saved his life. Indeed, in case this juxtaposition of death and rebirth is lost on the audience; Russell does explicitly pronounce that AA saved his life; “*A life saver? Absolutely! Without a doubt*”.

Adam’s Story

A chronicle of movement through chaos to consciousness

Introduction

Adam is a white man in his 40’s who earns a living as a mechanic. He lives alone in a UK city but has a female partner and co-parents a young son from a previous relationship. He has not drunk alcohol for fourteen years but still regularly attends AA meetings both at home and when he is abroad. Although we have a mutual friend, I had not met him prior to conducting the interview which took place at his home.

In contrast to both Graham and Russell, Adam does not provide a detailed account nor any defining moment where he claims an alcoholic identity. Indeed, this identity is not portrayed as a core aspect of his self but instead is split off into a group identity “*For me it’s [alcoholic identity] just about in that peer group*” and does not outwardly identify as an alcoholic outside of AA. The distance that Adam places between his AA group identity, and himself outside of AA is managed by providing an account of having two lives; “*I have two lives, in a sense my motocross friends, normal life, normal people, then my AA friends*”. On several occasions throughout Adam’s narrative he refers to non-alcoholics as “*normal*”. This distance is also echoed in how Adam casts alcohol in relation to himself in his story. Although he does position himself as an alcoholic rather than a “*normal*” person, he depicts having had a stronger connection with less socially acceptable substances. He places alcohol almost like a second-class cheap alternative to more illicit substances like heroin and crack, “*alcohol is pretty shit compared to other drugs*”. This detaching of himself from a “*socially acceptable*” substance that he became dependent on, is paralleled in his rejection of mainstream culture.

Before Adam decided to fully engage with AA and managed to stop drinking, he portrays himself as a rebel, who was totally at home amongst chaos and confusion. His story depicts a movement away from the chaos surrounding his tumultuous drinking behaviour.

After a significant period of attaining complete abstinence, achieved once he fully committed himself to AA, Adam describes an experience of an unfoldment in the expansion of his awareness and consciousness. This appears to have replaced the need to explore other dimensions by “*getting off my face*”.

Narrative outline

Adam’s narrative is a departure from the more typically chronological life story offered by both Graham and Russell in their interviews. He does not begin with an account of his childhood experiences nor provide many personal details that are not directly linked with his experiences around alcohol use and abstinence. He begins his story by introducing alcohol in his first sentence “*I guess alcohol then is for me just a substance, a drug as well*”. He highlights the point of it being a drug, by describing the availability in a way that one may more usually associate with sourcing more illicit substances “*it was on all street corners*” and by having consumed it in a manner associated with illegal recreational drugs “*I have injected alcohol intravenously*”. Adam’s succinct explanation for the start of his relationship with alcohol is that although he portrays it as a poor cousin to other substances, it is easily available and much more socially acceptable;

“When I had problems with other substances, I was encouraged by my family and friends and people I was working with “Why don’t you just drink then?” was the term, but socially I didn’t really like it. Also, the effects are all right. But after I had exhausted all other substances then I used that, because it was readily available; it’s cheap and people don’t seem to mind you using it too much. That’s how I got into it”.

Although Adam does say that initially, he drank heavily at the early age of 13, this practice was soon replaced with more rebellious behaviour;

“At that time, I was still experimenting with solvents. I was just hanging out with the punks and stuff and sniffed glue, skived school. That stuff was quite good as well. I quite enjoyed that, the effect of it, because the three of my mates, we used to have these hallucinations where we’d be in the same hallucination. Then, we were doing hallucinogens later on and stuff like that and they all became heroin addicts. It was just a part of peer pressure or whatever. Alcohol was in the background, but it was not really the issue because everyone else, we were just trying to be rebellious at that point”

Adam’s distancing of himself from alcohol compared to less culturally tolerable substances, is analogous to his rejection of mainstream vanilla culture;

“Then alcohol was the one that was socially acceptable, because I rejected that whole pop culture thing and the house the holiday 2.2 kids and all the rest of that”.

His early reluctance around alcohol is also portrayed in him not strongly relating to others who were dependent on this more socially accepted substance; *“then I remember going through rehab, there are lots of drinkers in there, but I did not identify as one of them”*

While Adam does now identify as an alcoholic, there remains a certain ambivalence and distance around this, by him only positioning himself as such when he is in AA meetings;

“I call myself an alcoholic when I'm in the meetings and stuff like that, but when I'm in other situations, I don't identify myself as an alcoholic”

This is in stark contrast to Graham and Russell who both presently construct their alcoholic identity as a defining and enduring aspect of their selves. One possible explanation for the difference in Adam's narration of his alcoholic identity is that he takes a less essentialist stance on identities, instead understanding them to be more fluid (Brubaker & Cooper, 2000). His alcoholic identity may therefore only be constructed and remain, within the cultural discourses available (Burr, 1995) within AA. Adam, however, alludes to master narratives surrounding alcoholism, in explaining why he does not claim this identity outside of AA;

“saying that I am an alcoholic, people, I know what their perception of an alcoholic is, so they see me they'd be like “What are you on about” It won't make sense to them.”

Adam's narrative is not imbued with the heavy sense of drama characteristic of Graham's and Russell's stories. It is more of a chronicle of events that serves to makes sense of where he is today, even though one may assume that a considerable amount of the content within his narrative could have been instilled with much dramatic darkness. For example, he has been through two rehabilitation programmes to deal with substance abuse, mostly heroin and diazepam; he provides an account of being close to becoming homeless only narrowly escaped by having social work support; his eye socket was *“blown out”* from being in a fight; he broke both collar bones from doing cycle stunts when inebriated with alcohol; and after losing his keys, had broken into his own home with a group of strangers only to have his possessions stolen. Indeed, the nearest sentiment that Adam attaches to these distressing events, when not portraying them as solely factual, is humour; for example; *“I had broken into my own house, to get robbed. Go on rob me, I'll break in for you”*. Adam is taking a narrator-

entertainer position at times when describing these incidents, which can be interpreted as another example of *doubling back* (Borkman, 2008), as the current narrator self is sharing humour with the audience concerning his previous heavy drinking self. Perhaps Adam is also using self-deprecating humour as a means of negotiating victimhood and deflecting pity (Harper, 2014). According to Simpson's (1998) interpretation of a tragedy narrative, the protagonist's demise comes from some personal error or decision that evokes fear or pity in the audience. Adam's use of comedy deflates this potential reaction from the listener. This, of course, is more easily accomplished because his life story so far, ends with a rise in fortune as he moves towards the desired goal of not being dependent on alcohol, and can therefore like all the other participants stories be perceived of as a *progressive* narrative in structure (Gergen & Gergen, 2013). But unlike the other narratives, the claiming of an alcoholic identity in the progression towards this *desired state* is not inextricably linked with this identity acceptance. Self-pity within AA discourse is heavily discouraged due to it being perceived as a potential prerequisite to relapse, encapsulated within the AA maxim; *"poor me, poor me, pour me another drink"* (Addiction Helpline, 2019). So, consistent with AA's stance, Adam with humour may be signalling to the listener; *do not feel sorry for me, as I do not feel sorry for myself* when he is recounting distressing incidents.

Adam instils his accounts of his previously chaotic, alcohol-infused lifestyle with interest and enthusiasm, often depicting these times as *"fun"*;

"I like the effect of it in a way, because it would just make me do lunatic things like jump naked over bonfires, some of this stuff was quite good fun"

"It was a fun place to work for me. I was just like this is great. The smell of crack and heroin and just people off the face...I just thought it was fantastic!"

The way that Adam often juxtaposes pleasure and danger in his narrative can be interpreted as a continued means of signalling his discontentment with normalcy. Indeed, the current alcoholic identity, shared with his AA peer group, provides him with a sense of self that sets him apart from *"normal people"* who can drink safely. There also appears to be a sense of connection derived from being around others who have chosen to, or who are unable to fit in with the *"pop culture"* he explicitly declares to have rejected in the second sentence of his account. He derives such a strong sense of belonging within the anti-establishment *"punk"* sub-culture, that he shared the same hallucinations with his friends in his early years when they

were “sniffing glue” and “skiving school”. He also describes a strong connection with others when he was working at a substance harm reduction service, after having gone through the rehabilitation programmes when he stopped using heroin and diazepam, but prior to attending AA and stopping drinking;

“I worked there, and I liked it because I liked the chaos. The people who work there, they were all like me off their faces, all in recovery. It was like I was lucky in a way because it was just a place where I was accepted again”

Even though Adam depicts his early years of substance use as a pleasurable connection to others, his increasing use of alcohol after having stopped taking other substances is what he cites for being largely responsible for him becoming disconnected from his friends;

“at that point and just becoming more isolated. Just my friends won't invite me around because whenever I go to a party, people will be all chilled out and they'll be in a garden, around the pond or wherever fairy lights and chilling out music and just smoking and drinking sort of socially. I would rock up and it would just be a nightmare and just end up thinking it's funny to jump into the pond and bomb the pond out. My friends at the point just had enough of me.”

The incident where he had broken into his home and been robbed, appeared to be a defining moment when Adam’s close friend decided to break ties with him, and when he first started to hear from others that he had a serious problem with alcohol;

“I went see my friend afterwards and he just said, “Adam, fuck off, I've had enough now,”.... “Look, you're accepting alcohol too much.”

On inquiring about whether the alcoholic label was suggested to him at this point in his life, he introduces his sister into his narrative who ultimately becomes an important character in him remaining sober;

“My sister and my brother-in-law saying that, you need to stop, and I would just be sweating and going like, “Shut up. I just don't want to hear this”.”

Although Adam was rejecting the alcoholic identity at this stage, there was a creeping realization that all was not well, and that perhaps he was not really enjoying “getting off the head” as much as he was convincing himself; *“I think I did know [he had a problem with alcohol] I knew it wasn't right. I was lost at that point, I was just like, “Oh, man!”*

The motivation that Adam provides in his narrative to begin engaging with AA was ignited by his girlfriend at the time. She was a member of Narcotics Anonymous, another abstinent based Twelve-Step fellowship. She had informed Adam that she was concerned about his level of alcohol consumption, and as he did not want her to leave him, he began attending AA meetings;

“She said you need to sort yourself out. At that point, I guess I was listening to her because I didn't have anyone else in my life apart from her. I wanted to keep hold of her. I said all right, I go to try AA. I went to AA and stopped. I managed to stop drinking for a little while, just doing it just because she was going to leave me, I think”.

So, his motivation to first start attending AA appears to have been less about him thinking of himself as an ‘alcoholic’, but more about being driven by his increasing isolation and fear of rejection by the only person he then had a connection with. His girlfriend left him although he stopped drinking at the time. The reason he provides for this; *“She got fed up with me a bit because I was getting fat and boring”*. Once his girlfriend left, Adam decided to *“Fuck it”* and not only descended into heavy drinking again but also smoked some crack cocaine. He was still attending the AA meetings, had a sponsor and had episodes of abstinence, but kept relapsing because, he explains *“I didn't know how to be in society or around people and be sober”*

In contrast to the more typical AA narratives (Cain, 1991) and the accounts provided by both Graham and Russell, the darkest scenes of Adam’s narrative are not imbued with intense drama surrounding a descent into heavier alcohol use, but are the times when he initially *stopped* drinking. In contrast to many AA chaotic and destructive tales of “rock bottom” that often *precede* a penetrating desire to stop drinking (Cain, 1991; O’Reilly, 1997), it is the intense boredom, isolation and lack of chaos infused in his imagery of sober sofas and soap operas, that Adam portrays as his darkest empty space;

“I can remember just whenever I would stop drinking or something, I was just like this boring person who just watched EastEnders and got fat and just sat on the sofa and didn't do nothing, no chaos but just bored. I'm just on the sofa just bored out of my skull, It's just a horrible space”

Although Adam does not explicitly say this, the motivation to keep sober appears to have come from the threat of rejection from his AA sponsor;

"Then my sponsor was saying to me like, "Adam, I'm not sure if I'm helping you, because you keep on relapsing.""

Once his girlfriend had left him, the only other connections Adam had with others at this point in his story was at AA meetings. So, following waking up from his last relapse fourteen years ago, it seems like the depression accompanying the danger of total isolation became more distressing to him than the space he occupied as a boring sofa-sitting, soap-watching person;

"I can remember feeling like I felt so horrible and beyond depressed, so I felt like I want to get back to that to depressed, bored state because at least I knew where I was at with that"

Adam recounts committing more to AA at this point in his narrative. He starts to work the Twelve-Step program with his sponsor and manages to leave alcohol alone. Unlike Graham's self-discovery and Russell's rebirth scenes, there is no striking change in position to Adam's sense of self as an alcoholic that accounts for him fully embracing AA and becoming sober. The real shift in his sense of self appears to be in choosing the boredom and conventionality he associated with sobriety, over the chaos and rebellion previously associated with imbuing substances. Where once the latter had served in forging strong connections with others, it had morphed into him occupying a space that was pushing others away. Once Adam fully committed to AA, he started to form bonds with other members, found that with he could be around AA friends when sober, and began to get involved in activities outside AA meetings. Thus, life slowly became more interesting and less lonely.

"I had two friends there, we just hang out as a trio in AA, just did things. All of us just started traveling, doing walks, going here, there, and everywhere, going to different meetings everyday., It just felt like it was more interesting than actually just being at home, watching EastEnders or bloody Emmerdale"

Life having become more interesting is a key theme in Adam's narrative that makes sense of his changing relationship with drugs and alcohol. Boredom is positioned as his enemy. He explains that life is kept interesting by exploring different places in the world and levels of consciousness beyond the bounds of normalcy, thereby rediscovering life again as sufficiently stimulating without intoxication.

"To me my head's pretty tripped out already so I don't really need to do it [drink alcohol] because I go to 5Rhythms, it's a dance thing, and I can kind of get myself into quite a euphoric state there and just explore in life, going on trips, organizing something. I'm going

to a motocross race in Turkey. I do these little things where I'm kind of like life's interesting and I don't need to get drunk anymore."

Adam also accounts for the change in his movement away from the attraction to chaos by simply explaining; *"Now, I've grown up a bit as well, I guess"*.

Peter's Story

Alcoholic pride and prejudice: An account of an internal battle.

Introduction

Peter is a white 41-year-old male, who earns his living as a nutritionist and personal trainer. He lives in a UK city with his wife and two sons, who are 7 and 9 years old. He has abstained from drinking alcohol for the last six years, since the day he went to his first AA meeting. He is an active member of AA, attending meetings three times a week and has also been a sponsor to newer members. He has been married to his wife for many years, so she has accompanied him on his journey to sobriety. Peter is a personal trainer for an acquaintance of mine, and I had not met him prior to the interview which took place in the therapeutic space where I host my independent psychological therapy practice.

Peter draws heavily on dominant cultural imagery surrounding the construct of 'alcoholic'. He discusses how these have been an impediment to his alcoholic identity adoption and therefore his *"recovery"*. Another considerable *"barrier"* that Peter attributes to claiming an alcoholic self, is his early associations with the word 'alcoholic' due to his family history. He describes his father as an alcoholic who gave up drinking with the support of AA, three months before he was born. This directly led to much conflict between his parents resulting in them breaking up; *"him being an alcoholic was the enemy"*. The potential shame attached to the construct of 'alcoholic' due to the associated master narratives and his personal family history, provide the basis for Peter's story of a painful internal battle around coming to terms with his alcoholic identification. But, with the support of AA, Peter provides an account of how his alcoholic identity ultimately provides him with an enormous sense of freedom, from long held intense fear and shame.

Narrative outline

Peter's account of his relationship with alcohol and AA, isn't told within the structure a chronological life story. He does provide significant life scenes, but these are not sequential. Rather, they serve more to bring to life the journey of navigating his alcoholic identity. He begins his story by describing his first association with the term 'alcoholic' and with AA;

"What I thought about being an alcoholic, prior to being in recovery, was a barrier to actually finding recovery. Therefore, prior to understanding AA, I thought that was like the most horrendous thing. I thought it would just burden my family. I had so much negativity surrounding that, it directly came from my experience. My father was an alcoholic and he left, or my mom left him, whichever. They fought like cat and dog. He found recovery through AA. Whilst he was doing that, mom took me across the other side of the country. I suppose to a certain extent, him being an alcoholic was the enemy, so we're never going to do that, make sure you don't do that. Even if those messages were unconscious or subconscious, they were there."

The conflict depicted here between his parents, following his father's association with AA, appears to play out in a battle that had been raging inside Peter, pertaining to considering himself as an alcoholic.

Peter's story paints many painful scenes in how alcohol has adversely affected him. However, when he describes discussing these concerns with his mother, he explains that she would encourage him to believe that there was nothing amiss;

"I'm worried, mom, something happens to me when I drink." Mom would say, "Peter, there's plenty of people like you, forget about it. You are not an alcoholic, just don't worry about it. Just carry on."

Peter's relationship with his mother is presented thus;

"I'd go to her for advice. Absolutely. I'd go to her for careers advice, I'd go to her for life advice, I'd go to her for everything. We had a really close relationship; it was me and her against the world".

After he had remained sober for about six weeks following him joining the AA fellowship and accepting himself as an alcoholic, he visited his mother. When she offered him an alcoholic drink, he was tempted to explain his refusal by saying that he was training for a marathon but instead he decided to tell her the truth. This is the only scene in Peter's post-AA engagement story, that is presented as painful;

"What I naively hoped might happen was that she might hug me and be very happy for me. She was devastated, it was tough, and she screamed, and she said things like. "That was the only thing I never wanted to happen. The only thing!""

Peter provides a justification for her response by explaining that she was reacting to her losing a husband to AA, and clarifies this by stating;

"I think mom had a hard time with some of the people that helped dad get sober. We often are with partners who enable our behaviour"

In direct contrast to the position that his mother takes within his account, as a prohibitor of claiming an alcoholic identity, Peter introduces his father as not only an alcoholic who has been in recovery for forty one years, but also as someone who works in the therapeutic field *"helping other alcoholics"*. He lives with Peter's step-mother who is also described as a *"recovering alcoholic"*, and who is the character who first offered Peter the alcoholic label during a Christmas gathering at their home, the morning after he had been involved in a *"fist fight"* with his brother. This scene is imbued with much drama with both Peter and his wife crying. He portrays having had been handed a label of something he had grown up believing was the worst thing of all from the *"messages"* he had received from his mother. The biggest fear that Peter initially portrays to his father after being handed the label, is around going to AA;

"I'm not going to AA." The first thing you've been told you're alcoholic, "I'm not going to AA." He said, "Don't worry about AA. Don't worry about that. In time or not, don't worry. What you need to think about is powerlessness."

Following this conversation, Peter decides that he is not an alcoholic because he feels that he is not powerless over alcohol because he is able to control his drinking. He therefore rejects the alcoholic identity at this stage in his narrative, declaring to his wife; *"Don't worry, it's okay. I don't have to go to AA, I'm just not going to drink."* He then goes onto provide many scenes of him trying to control his drinking in a seemingly desperate attempt to keep an alcoholic self at bay.

Unsurprisingly due to Peter's current profession as a personal trainer, he identifies strongly as *"a sporty fellow"*. This aspect of himself is what he clings to in helping him to dismiss an alcoholic identity when he tries to control his drinking. He starts training hard for two marathon runs which he successfully completes. He portrays himself at this time as feeling strongly that he is in control of his drinking; *"I can do it, It's OK, I got it"*. His goal is to

achieve three months of sobriety, after which he decided he would be able to drink again, without worrying that he may be an alcoholic. When he is running the marathons however, he discloses that he *“was thinking about drinking every step of the way”*. After managing three weeks of complete sobriety, he describes a scene demonstrating his internal battle around attempting to control his drinking, and the questioning of his alcoholic self;

“There is a dialogue in my head going, “This is fine. This is fine. This is pretty good, in fact. It’s Friday night, you are ironing your shirts for Monday morning. You’ve got a handle on stuff here.” Then, the voice would come in saying, “Well, if you’ve got a handle on stuff, then you could have a drink. You probably haven’t got a problem. I don’t know many alcoholics who are ironing their shirts on a Friday night ready for Monday morning. You still got a job, son. You don’t have a problem.”

Listening to *“the voice”* Peter decides he can start drinking again but would keep it under control by him and his wife harnessing rules around his drinking behaviour; *“The rules were, we won’t keep any in the house. You only drink when I’m with you”*. At this stage, he positions himself as still rejecting an alcoholic self by clinging to the idea that he is not powerless over alcohol and is able to drink, within the confines of these rules. However, he states;

“Creating rules for an alcoholic is a recipe for disaster because I want to break the rules. The more rules you make, the more I’m going to break them. It just didn’t work.”

When these rules are broken the atmosphere of his narrative becomes more sombre; *“it’s dark now, the mood has changed, it’s secretive, it’s underground, it’s dark”*. Although Peter manages for a while to hide his drinking from his wife, there appears to be no hiding from the internal battle surrounding his alcoholic identity, which rages on;

“Look at me. I’m not an alcoholic.” I would look in the mirror and I would envisage saying, “My name is Peter and I’m an alcoholic.” Those words roll off my tongue now, I have said them however many meetings in six years. It rolls off the tongue. I couldn’t say it in front of the mirror. Could not even say it. It was like playing a game of chicken with myself. It was like, if I said it out loud, it might be true”

Peter’s internal battle can be seen to bring to life Gregory Bateson’s (1972) cybernetics of self, theory of alcoholism referred to in the literature review of this study. What can be interpreted as Peter’s *alcoholic pride* is refusing to accept alcoholism into his self with the determination that he can control his alcohol consumption and calls upon his *will* to do so. Bateson (1972) would describe the relationship between Peter’s alcoholic pride and his will at this stage in his narrative as *symmetrical*; a similar and competitive battleground, in his assertion to himself that he is *not* an alcoholic and that he *can* moderate

his drinking. What Bateson describes as “*an epistemological shift*” can be interpreted to have occurred once Peter fully acknowledges his alcoholic identity; “*I know to the very core of my being, I'm an alcoholic*”. ‘Alcoholic pride’ can then be seen to be replaced with the humility of Peter accepting that he cannot control his drinking. His self-talk changes on the day he decides to go to AA “*You're out of control, you can't stop drinking when you drink*” and the battle ends with him embracing complete abstinence.

Alongside Peter’s personal history concerning his parental conflict surrounding his father’s alcoholic identity and AA embracement, he draws upon stereotypical images to explain how these were also a barrier to accepting himself as an alcoholic. He explains that he now perceives the construct of alcoholic as; “*something entirely different to what I thought it meant*” declaring;

“it meant park bench drunk. There's a couple of them out there now, they've lost their teeth, they're drinking the hard drink called special brew type stuff, they're Jobless, homeless, wearing the same clothes they've had on for a week, that's what it meant.”

Peter could not identify with this imagery of alcoholism; “*I was never that, that was not me*”. But through AA, his perception of what it means to be an alcoholic changed;

“What Alcoholics Anonymous did for me was to show me, simply, what my condition was, which was that I had craved alcohol when I put it in my body, and I was obsessed about it when I wasn't drinking.”

So challenges these dominant images surrounding ‘alcoholism’;

“that man who's decided to sit on the park bench and drink all day, there's a very good chance he might not be alcoholic. That might not be what's going on.”

Peter cites this popular imagery as the reason that he has found himself having to convince his friends that he *is* an alcoholic, which he describes as; “*One of the hardest things*”. So, following the end of the internal battle over accepting whether he is an alcoholic, he found himself engaging with others, in an external one.

The most painful scenes Peter provides in his narrative is when he is losing the battle over controlling drinking. During one, his wife has taken their car to go to work on a night shift. In keeping with the rules that they had set down, there was no alcohol in the house and Peter is alone with his young sons. He finds himself on the doorstep, wondering how long it could take him to get to shop;

"That's okay, half an hour, it's fine. I could run in a quarter of an hour, do what I need to do, get back. Surely that's okay? I can leave the kids. They were 1 and 3. I've got like a feeling over me, forget the guy on a park bench who's pissed himself now, because it's meaningless. It means nothing. I'm prepared to leave my kids to go and get this stuff."

Peter strongly identifies himself as a *"responsible parent"* explaining that since being a young child who had felt abandoned by his father, he had dreamed of being a father to boys. The shame therefore imbued in the above quotation, appears to be far deeper than any that may derive from associating himself with shameful cultural narratives surrounding alcoholism. The battle over trying to control his drinking is shown to be well and truly lost at this point in his story, and the shame is almost palpable;

"The only thing that you don't want to do, you are doing, It's unbelievable. I couldn't be with the boys when I drank because I didn't want them to lay with me, I thought they might catch it. It is weird, because I'm not stupid, I know you can't catch it like that but I didn't want them to smell it on my breath, I didn't want them to associate me with that soaked-up, drunk feeling, the smell".

"then I would cave in and I would drink. It was hell on earth. I remember on one occasion going back to the fridge and knowing I'm at that level now where the next few drinks are going to tip me into oblivion, but I'm still conscious enough to know what I'm doing and I'm in tears. I'm in tears opening the fridge, and I'm walking back going, "Don't do it, don't do it," and then I'm back at the fridge and I'm crying, drinking".

In direct contrast to what Peter believed when he was growing up, he positions the acknowledgment of his alcoholic identity as a fortification rather than a barricade for him to achieve his aspirational goal of being a responsible father, by dissolving the intense fear and shame he had previously been holding onto surrounding his earlier understanding, of navigating these two identities.

"If I'm going to pick up the kids at 3:05 from school, I'm there. I've never let them down. Never in six years of being sober. That's what it means to be an alcoholic."

Agency and casualty

The topics of agency and causality are inextricably linked within the participants' narratives. Explorations around what causes 'alcoholism', are tied up with how much autonomy one may perceive to have in dealing with it. The issues of where the *problem* resides, and how alcohol is positioned within the narratives are also associated with these themes, especially when exploring shame. For example; questions pertaining to whether the

problem lies within the addictive substance of alcohol or within social structures, practices and discourses, or whether the *problem* lies within the 'alcoholic', are pertinent in asking who or what can be blamed and therefore how much control the individual dealing with the problem can exert.

Due to the "*restless, irritable, discontent*" that Graham, Russell and Peter and AA's Big Book (AA Word Services, Inc., 2001) all describe as being essential aspects of an alcoholic personality, which is temporarily relieved by drinking, Graham positions alcohol initially as the "*solution*" to his distress. He goes on to describe other roles that alcohol plays including "*the soother*", "*the anaesthetic*", "*a memory wiper*" and an "*emotion barrier*", but it is rarely cast as the problem in his life. He repeatedly asserts that the problem lies within *him* because he was "*born an alcoholic*" and will be "*an alcoholic until the day he dies*". He recounts in some detail how he believes alcoholism is a disease in which alcohol is the allergen;

"Yeah. Till finally that was the revelation. It was that discontent, when I heard and read in the Big Book and it talked about this allergy, when we put alcohol in, it sparks off a physical craving that we are unaware of, coupled with a mental obsession, which means we carry on to drink, that answered everything!"

The role that alcohol plays is fairly constant throughout Russell's story. It is predominantly cast as an "*anaesthetic*"; a means of escaping difficult emotions, these principally being fear and rejection for him. So, in a similar way to Graham, Russell does not really cast alcohol as the *problem* even though they both clearly say that the consumption of it was killing them. The problem instead is again posted as residing *within* them. Russell appears keen to not engage in discussing what levels of alcohol consumption or any other kind of behaviours may define one as an alcoholic;

"quantities are irrelevant as far as I'm concerned. It's, um, it's what you're trying to escape [laughs] which is the crucial thing"

Rather, this definition is seen to be more appropriately constructed by an *innate* prerequisite to bury painful feelings;

"I think throughout history um, a specific but variable proportion of the population will be susceptible to using, alcohol and drugs as an escape, or as an anaesthetic."

Although Russell does define alcoholism as a "*disease*" that he was born with, his stance is less deterministic than Graham's account, which places the aetiology of alcoholism within

a purely medical model. Russell instead explains causality to be “*partly nature, partly nurture*”. He makes sense of this by explaining that he feels both genetic and environmental factors come together in leading individuals to become alcoholics, while at the same time keeping alcohol cast in the position of an “*anaesthetic*”.

Throughout both Graham’s and Russell’s accounts, they blame their alcoholic nature for their “*marriage failures*” and, along with Peter’s for not being the best fathers. Russell quotes AA’s Big Book (AA Word Services, Inc., 2001) to help display what he feels is the global destructive nature of the alcoholic;

“the alcoholic is like a hurricane roaring its way through the lives of others. Sweet relationships are dead”

There appears to be an almost knee jerk response against anything but the protagonists in all the participants stories being in any way to blame for them drinking heavily. Even though all four of them to varying degrees, portray alcoholism as a medical issue, they all appear keen to display the importance of not using the disease model as an excuse for their problematic drinking and subsequent behaviour. Instead they all focus on the necessity of taking full personal responsibility for their alcoholism. As an audience, it felt like it would have almost been a crime for the protagonists to suggest that any other person or experience could have played a part in leading them into a heavy drinking lifestyle. This may in part be due to, as previously noted, victimhood being heavily discouraged in AA rhetoric (AA Word Services, Inc., 2001).

Adam’s story offers a causal explanation for alcoholism that initially, is consistent with AA’s;

“I just think that the way they described it in the book that it's an allergy like it's a disease or disease of the minds in that you're restless, that ticks for me. I get that.”

He also cites pragmatic reasons for alcoholism being perceived of as a medical explanation;

“If it gets a diagnosis or a label as being a disease and it allows, it opens it up to different types of funding, it's a health problem then. I kind of like yes, that sounds cool to me but no the responsibility part, people not taking responsibility.”

He is drawing here upon robust AA discourses in the reference to the importance of individuals taking full responsibility for their alcohol dependence (AA Word Services, Inc., 2001). However,

at this stage in his account, he becomes aware of the certain incongruence that could be perceived in the position that, if alcohol dependency is a medical phenomenon, then individuals thus afflicted can claim that *“they can’t help it”* and are thereby, potentially unable to take full responsibility for their condition. Adam manages this possible incongruence of causality by deciding that it does not matter to him.

“Yes, ‘I can't help it’. When that, there's a level of truth to that as well, I guess. I'm not really bothered if it is a disease or if it aint”.

In response to the question of whether he thought he was born an alcoholic, Adam departs somewhat from both Russell’s and Graham’s stance;

“I don't think I was born one. I think there's environmental factors that were involved in it and, I think if I've not had my life experiences, then I might not have drunk like I did.”

Peter’s response to the same question was more uncertain; *“I can't get to the bottom of this just yet, but I thought a lot about it”*. He expands on his position of the aetiology of alcohol dependence by explaining he feels that there are three factors which collide and form the constellation for one to become an alcoholic;

“Some type of genetics. An experience through life which leaves me lacking, or wanting, or needing something that I haven't been given, and an opportunity, because nobody forced me to drink”

The role that alcohol initially plays in Peter’s narrative is similar to the *“anaesthetic”* in Russell’s and the *“soother”* in Graham’s; *“I was a fearful person, and then when I had a drink inside of me, I lost a lot of that fear.”* This position changes in his darkest scenes however, where alcohol is cast instead as the perpetrator of kindling regretful behaviour and *forging* his deepest fears;

“For me, it [alcohol] brought out the real base level of needs. I would show up at lap dancing clubs, and stuff like that. I did some stuff that was not great.”

“I had everything. I had a good job, beautiful kids, beautiful wife, and everything, and yet, I couldn't stop drinking. It's going to take it all away from me.”

The fear that alcohol initially alleviated, returned to Peter fortified with shame;

“The morning after having had a lot to drink, I was shaky, and broken, and fearful, and scared, and remorseful, and guilty, and full of shame.”

Although environmental factors are implicated in varying degrees throughout the participants stories, they all present their alcoholism as something they *are* rather than something they *have*. Despite it also being framed as an illness in which alcohol is the allergen. Once the alcoholic identity has been claimed, the disease is portrayed as a part of the self. It is ultimately defined by a powerlessness to control alcohol consumption and the destructive effect this was having on their lives, and not in any way by measures of consumption.

All the participants position their pre-alcoholic identity selves as having little agency which is described by Adler (2011 p. 4) as *“one of the major psychological forces that shape human life”* and is concerned with individual achievement, autonomy and ability to influence the direction of one’s life and strongly associated to individuals’ sense of meaning and purpose. Graham portrays his younger self thus; *“I didn’t know how to do life...Oh, I needed a book of life...I needed someone to tell me how to do life”*. Russell positions himself at many points throughout his life story as lacking in personal agency: he describes himself as a child who felt alienated, and unable to interact with others. Like Graham, he employs the AA stock phrase; *“When they were handing out the manuals on how to do life, I think they missed me out”*. He also paints both his child and adult self as being lazy; *“I’m still dealing with that, um, lazy aspect of my behaviour”*; and lacking direction, drive and ambition; *“I was, rudderless, as far as, you know a career”*, and not being at the centre of making important life decisions; *“not my decision to marry her. Her decision”*. When Russell does make the decision to contact AA however, he does this without having been prompted. After having taken this *“big step”*, he somewhat paradoxically discusses the ensuing *“powerlessness”* he feels;

“I’m beginning to understand the word powerlessness, because the decision I made to phone them up, I’m powerless about how they want to help.”

To be honest, I do not understand what Russell means by this, because a word like *confused* would have perhaps made more sense, but *“powerlessness”* is a much-employed construct within AA rhetoric (AA Word Services, Inc., 2001). However, I found it curious that he positioned himself as feeling powerless after making such an important decision. Especially, as this decision was so powerful that he cites it as having saved his life. As Adler (2011) suggests, the very act of seeking help can be understood as agentic. Russell also explicitly states that he can take no credit for making what one may think to be an incredibly difficult

agentic decision in remaining abstinent for ten years. Instead, he hands this power over completely to AA;

“you know there's lots of stuff around that like oh yey me for saving my own life bollocks actually my best efforts got me through Alcoholics Anonymous from then on in I was in their hands”

Moreover, he places the responsibility of the “*miracle*” of remaining sober in the realm of a “*Higher Power*”, which is again attributed to AA. Therefore, although Russell *does* explicitly state that constantly reinforcing his alcoholic identity is a shame releasing act, he positions himself as taking no personal pride in his accomplishment of remaining abstinent.

Adam’s decision at a young age to reject “*pop culture*”, is in stark contrast to how both Graham and Russell position their younger selves within their painful accounts of not being able to fit in with their peers or wider society. Adam took a potentially more agentic decision in not *wanting* to fit in with society. This decision to alienate himself from popular culture is not positioned by him feeling personally alienated. Indeed, the connections he had with others at this time are recounted as strong bonds within which he felt a robust sense of belonging. Once he had lost the connection with this peer group however, the subsequent scenes in Adam’s story describe a downward spiral into having less and less control in his life and becoming more disconnected from others. Adam portrays his sense of powerlessness peaking, just prior to him committing to AA; “*I didn’t know how to be in society or around people when sober*”. The movement towards Adam becoming more in control of his life, comes following his decision to fully engage with AA and to leave alcohol alone.

In keeping with Russell and Graham, Peter posts the levels of his personal agency around the pivot of accepting his alcoholic identity, and as with Adam, it is portrayed as low pre-AA engagement and much higher post-AA engagement. He describes his levels of fear and shame prior to accepting his alcoholic identity as being so intense, that he had difficulty walking down the street. Prior to Peter embracing AA and becoming sober, he worked for an insurance company for 16 years. He describes his position at this point in his story as being: “*in debt, horrible debt*” and that;

“It wasn't what I supposed to be doing. I sat at a computer thinking, I'd look at the window cleaners and think, "I wish I was them." Because of the freedom they've got. I felt trapped”

The lack of personal autonomy depicted here, is trumped by the powerlessness he emphasises in his inability to control his alcohol consumption and how this threatened his highly valued identity as a husband and father; *“All I ever wanted to be was a husband and a father.”* The onerous scenes surrounding Peter’s self-positioning lack of agency, serve to highlight the contrast in the power and freedom he currently enjoys in his life, which he directly attributes to being an alcoholic;

“That’s the freedom now or I walk out of here when we’re done and I walk out onto that street, that’s me living a good life. I’m all right. That is what it means for me to be an alcoholic now, it is possible that I can go to university, that I can look after my family.”

Aware of how depicting having more freedom and becoming a more responsible parent, being associated with the word ‘alcoholic’ may seem a contradiction to the audience, especially as Peter does refer to the negative master narratives surrounding alcoholism, he manages any potential perceived incongruence by clarifying; *“When I’m talking about alcoholic, I’m talking about the new person, not the old person.”*

The way that Peter differentiates his self between the “old” and “new” person is reflected in all the participants’ narrated identities around negotiating the alcoholic label. The shame around accepting this potentially stigmatising identity appears to be managed to a large extent by making the distinction between the transition from an “*active alcoholic*” to a “*recovering alcoholic*”. The least mastery over the protagonists’ lives is presented within the scenes where they are resisting their alcoholic selves by insisting to themselves and others that they are not powerless over alcohol. Through AA, their self-perceptions move from a *drinking non-alcoholic* to *sober recovering alcoholic*. Graham, Russell and Peter have not drunk any alcohol since the day they claimed and publicly announced their alcoholic identities in the AA meeting rooms. This means that the moment they fully accepted their alcoholic selves they had already become *recovering alcoholics*. Therefore, they only narrate the more potentially stigmatized *active alcoholic* self when reframing past behaviours from the current recovering alcoholic self. The recovering alcoholic is an identity in motion that can only be maintained by ‘doing’ abstinence. The continual telling, hearing and identifying with stories in AA meetings is crucial in the process of constructing and maintaining the recovering alcoholic identity. The persistent act of resisting alcohol for many years within British culture, where alcohol is the only mind-altering substance one often feels compelled to provide an explanation for not consuming (Vale, 2012), suggests that the recovering

alcoholic identity is one of high agency. Indeed, the participants provide many examples of how they are more empowered as recovering alcoholics within life stories that have transitioned into having purpose and meaning and of which they are proud.

Young (2011) however, argues that identities constructed in AA compared to other treatment approaches like Cognitive Behavioural Therapy (CBT) and Motivational Interviewing (MI), are limited in personal agency as they develop as *relational* identities instead of the *personal* or *social* identities he suggests are more associated with the other two approaches. A behavioural change rather than an identity shift, is the goal in the time limited approaches of CBT and MI, whereas the re-orientation of identity in AA's approach is dramatic, ongoing and profoundly relational. It involves a huge shift in attitude towards a relationship with alcohol, others and a Higher Power. Identity transitions are tied up with these relationships which Young (2011) suggests leads to the limited personal agency of a *relational* identity. Individual autonomy and *personal* identity, however, are constructs that are perceived of as more worthy in Western Individualist societies (Morling & Lamoreaux, 2008) where loneliness is an impediment to well-being, compared to more collectivist cultures (Heu, Zomerem & Hansen, 2018). A significant positive theme in all the participant stories, is the sense of belonging and acceptance they achieved through their relationship with AA. I felt this provided a safe attachment base (Ainsworth & Bowlby, 1991) from which they could venture out into the world and into other relationships, with a transitioned identity as a recovering alcoholic and without the reliance on their previous destructive relationships with alcohol. Which clearly is much more empowering.

Religiosity spirituality and morality

As already described in the literature review section of this thesis, AA's Twelve-Step recovery model is a deeply based religious and/or spiritual programme, depending on how each individual member personally interprets it (Humphreys, 2000). I guess then, it perhaps should not have come as so unexpected to me as it was, that religiosity and spirituality were *such* key features in the alcoholic identity negotiations narrated by the participants in this project. Perhaps my prior assumptions derived from the present research being conducted in the UK, which is one of the most secular nations (Brown, 2015; National Secular Society, 2015;

2019). I had anticipated issues surrounding morality to be explored within a study looking at shame but, was somewhat surprised by the significance that all the participants gave to the spiritual dimension that floats around their sense of selves as recovering alcoholics.

As many previously non-religious members of AA can find the religious sounding aspects of the Twelve-Step model a challenging aspect of the programme (Krentzman, Robinson, Perron & Cranford, 2011) many acronyms for God are supplied within AA, quite often directly through the members' sponsors as part of their role is to help their sponsee's find their individual Higher Power (Twelve Steps to Recovery, 2015). Graham describes having initially found it challenging to find a personal conception of a Higher Power. But, with the assistance of his sponsor, who provides him with a highly personalised perception of 'God' with the acronym of "Graham off drink" (God), he becomes aware of a positive higher power within himself without alcohol. He also began to perceptualize the AA fellowship itself, as a Higher Power with the aid of the acronym of "Group of Drunks" (also God). These are both perceived to be "God as Graham understands Him"- a prerequisite comprehension of step three; *"Made a decision to turn our will and lives over to the care of GOD as we understand Him"* (Brandt, 2019 p.3).

"Absolutely. Yeah. Yeah. Positive. Absolutely. Positive energy. All of that stuff is a power greater than me trying to do life on my own."

During Graham's interview, it felt like he was invested in convincing me, a fellow therapist, of the huge worth of AA. He ended the interview by tempering any religiosity from his implicit evangelizing stance;

"the difference between- Because I was ignorant. I thought spirituality and religion were the same things. Because I never was involved in either of them, Um, and then I had someone say to me that religion is for people who don't want to go to hell, and spirituality is for the people that have already been there. And that I could relate to that. Very well. Yeah. And I thought that sums up the difference for me. And someone else said that, uh, if religion worked on alcoholism, you wouldn't find any priests in AA, And I've met loads".

Thus, addressing the reservations that mental health professionals often have surrounding the religious aspect of AA in recommending it (Kelly, 2017). Graham emphasises that although he now places AA as having saved his life, he'd had no previous involvement with religion or spirituality. Perhaps tacitly demonstrating to a fellow therapist that this is not an

important criterion for any substance misuse clients to fulfil, for the Twelve- Step recovery model to be an appropriate avenue of therapeutic change.

Graham explains that once he received a direction from AA on *“how to do life”*, he became guided on how to live a positive and honest life, where he can make amends and be in service to others; *“And the program, the moral psychology of it, the moral program, the moral way of living, you know, the honesty”*. In the first half of Graham’s story, he casts himself as somewhat of a ‘villain’. For example, he was a drink driver who did not care about himself or others. He also stresses that he was a ‘bad’ husband and father. Within his atonement narrative however, his position moves away from ‘villain’ to more of a ‘hero’. He has successfully remained sober for sixteen years and has been an inspiration and sponsor to many newer AA members, and spends a lot of his time and energy in *“service to others”*. This change in the casting of himself demonstrates clearly that accepting his alcoholic self was the catalyst for living a much more shame free life, and indeed a life that he currently appears to be very proud of.

Russell’s rebirth narrative resonates strongly with the meaning that Christianity gives to the ritual of baptism. Pritchard (2010) asserts that if the meaning of baptism could be described by one word it would be *identification*. Pritchard describes the ritual thus;

“Your guilt before God is removed the moment you trust in Christ. But baptism is your personal testimony to, and the inward assurance of, your passage from the old life to the new life...it means we have turned from the old life of sin to a new life in Jesus Christ”. Pritchard (2010, p.4)

If the name *Jesus Christ* is substituted by AA and God by *Group of Drunks* (God as Russell understands Him) in the above quote, it is very close to the way Russell presents his rebirth scene. The account of his fear and shame immediately before publicly announcing his alcoholic identity is incredibly intense but these *“fall away very quickly”*. This suggests that during his rebirth, his guilt and shame had been removed as he turned away from a life of drinking (sin) to a new life in identification with AA. Russell’s depiction of the fellowship is unswervingly virtuous;

“the fellowship represents, a collective good. There's nothing bad about Alcoholics Anonymous. The way that the fellowship copes within individual groups is quite extraordinary, you know just with love and gentleness and honesty.”

Clearly, Russell's tale of rebirth is a shame releasing story as his identification with AA moves him away from a life of 'sin' to leading a more honest and fulfilling life through a reborn alcoholic self, with a much stronger moral compass.

According to Peter one of the key guidances he has learned through AA is to keep doing "*the next right thing*". He refers to this when he introduces his 'Higher Power'. There is almost a kink in the narrative when it comes to presenting his personal autonomy around this phrase;

"I have to have a Higher Power that I can connect with so that through me, that higher power can show me the next right thing, because it can't come from me; if it comes from, it's the next wrong thing."

Peter's description of himself as not an effective barometer of what "*the next right thing is*", is somewhat incongruent to the highly agentic position he takes during his post sobriety story. It is however, in keeping with AA rhetoric around the innate qualities of alcoholics, not being able to grasp what the next right thing could be (AA World Service Inc, 2001) and therefore the necessity of accessing a Higher Power. This may highlight what Young (2010) was referring to concerning the limited agency connected to the *relational* alcoholic identity constructed within AA. However a deep-seated relational identity with a Higher Power which is trusted to guide one's life, regardless of whether that is God, Love, the Universe, Nature or AA, can allow one to feel *more* in control, or at least to have more faith in life, rather than just feeling at the mercy of the whims of fate.

Peter displays an uncertain position around religiosity; "*I'm not sure that God exists.*" Although he positions himself as needing access to a higher power, he states; "*I don't have to know if it exists. That's the funny thing*". He shows himself as being keen to get a deeper understanding of this;

"I do a lot of reading on this type of stuff.... I've read the Bible in sobriety I've read ideas about religious things. I listen to religious speakers on YouTube"

On one hand he declares his fascination with religious figures; "*religious people fascinate me because they're sure that God exists.*" But on the other he is deterred by their certainty;

"I spoke to the Minister of the church and they wanted me to be part of the church..... your being sure is a repellent to me"

The uncertain stance that Peter takes in his narrative surrounding this topic, may be an act of deflecting any criticism from the audience that is often levelled at AA for being a religious organisation (Kelly, 2017). What is not uncertain however, is that Peter's account of his post alcoholic identity life, is one he shows to be conducted with a solid sense of morality; and, therefore devoid of the intense shame he attaches to his pre-alcoholic identity self.

"I have not done anything to anybody, pretty much in the six years I've been sober. I've conducted my life in a responsible adult way."

In moving away from the chaos Adam had previously attached to *enjoyment*, he depicts himself as gaining control in his life that not only involves being able to look after himself within a currently more interesting and fulfilling life, but also being able to look after others.

"What I've got now, I've got a house and whatever and a partner. I've got Rufus, my son who's from another relationship, I co-parent him". There are aspects to life I'm interested in. Just looking after the people, I care about and helping people, I get a lot out of that"

Adam explains how important it is to him now, to help others and to lead a more spiritual life. Life is no longer boring as he feels a strong connection with others and highly values his expanding awareness;

"Like now I opened up my brain or my consciousness to the world and that's a little bit to do with the steps and trying to live a spiritual life".

Adam only partially attributes his growing spirituality to AA; *"a little bit to do with the steps"* and throughout his narrative he never draws upon specific AA discourse pertaining to a 'Higher Power'. He does however link the Twelve-Step recovery model and his expanding spirituality to include other religious and spiritual teachings;

"Yes, because a lot of the things like related to Buddhism, different spiritual stuff. It's all to do with consciousness or if you get look into Buddhism, Christianity, all of them, they're all about trying to be nice and helping other people and sort of like, that's it, and being kind"

This distancing of himself from unequivocally attributing his renewed enthusiasm for life and his ability to remain sober to AA, runs almost like a parallel thread throughout Adam's narrative, to his alcoholic self only being identified with, when he is in AA meetings. He explicitly explains that he has *"two lives in a sense"* and his split off alcoholic identity only resides in one. There are echoes of this split when Adam discusses the occasional disparity he experiences

between his *"consciousness"* and his *"feelings"*. AA is positioned as somewhere Adam continues to attend regularly after fourteen years of sobriety, as he feels the need to constantly be reminded what alcohol could do to him. *"I love to get some identification because I can forget"*.

Adam's *"awareness"* is presented as precious to him, enabling him to lead a spiritual life with a strong moral direction. It allows him to currently be a responsible highly agentic individual who is able to care for himself and others, and to value the simpler things in life for example, *"I just want to be a good son. Do you know what I mean?"*. However, there is an aspect of himself he presents that, at times, still finds the chaos of his previous lifestyle attractive. This is portrayed like an amoral temptation that he senses if acted upon, he would sourly regret. This enduring attraction to chaos is a potential threat to the conscious lifestyle he currently prizes. He explains how he manages this by seeing his *"feelings"* and his *"consciousness"* as two, at times, separate and conflicting aspects of his self. His feelings are the side of him that still finds the idea of *"changing how he feels chemically attractive"* and has the association of *"fun"* to his previous chaotic existence. Continuing to attend AA, appears to help to remind him what he has let go off, what he has gained and what he is in jeopardy of losing again if his feelings of temptation become stronger than his current consciousness.

Adam's portrayal of the separation of the *"feelings"* and *"consciousness"* can be understood by what Pollner & Stein (2001) explain as the birth of the twin 'recovering alcoholic self' when an alcoholic identity is claimed in AA, which is other than and aware of the 'alcoholic self' as risky and compelling. The presented two conflicting sides of Adam can also be interpreted as being associated with two divergent ancient philosophical and current psychological paradigms of *hedonic* and *eudaimonic* well-being. The philosopher Aristippus from the fourth century BC taught that the goal of life was to experience the maximum amount of pleasure and that happiness is the sum of one's hedonic moments. Aristotle however, considered hedonic happiness to be a vulgar pursuit and instead posited that real happiness is found in the expression of virtue (Ryan & Deci, 2001). These opposing views are influential in two psychological approaches to exploring well-being. The hedonistic approach (Kahneman Diener & Schwarz, 1999) perceives happiness in terms of pleasure attainment and pain avoidance, whereas the eudaimonic perspective suggests that well-being also incorporates the humanistic values of actualizing human potential (Waterman, 1993). Bauer McAdams and Pals

(2006), go further in positing that a more complete evaluation of well-being in harmony with the eudaimonic approach, should go beyond exploring how good one feels about the self in a world of others, to include how *integratively* one feels about the self and others. Adam's 'feelings' which he explains at times still finds the idea of "getting of my face" tempting, makes sense within a hedonic depiction of the pursuit of pleasure and the avoidance of pain he associates with the "fun" of imbuing substances. His anticipated regret if he gave way to the temptation of drinking, would perhaps risk the deeper sense of eudaimonic well-being he describes having achieved through his increased consciousness, and connection and service to others. In short, it could jeopardise what he narrates as a current virtuous and meaning-filled 'good life' that he lives as a 'recovering alcoholic' experiencing a strong sense of connection with others. This depiction of a current and anticipated future eudaimonia is narrated by all the participants. There is a movement in all of the stories from a hedonic pleasure seeking pain avoiding sense of self, to a self that highly prizes the virtues of personal growth, service to others and, to use another of AA's God acronyms employed in the narratives, "Good Orderly Direction".

Redemptive self

The shift towards goodness and growth following negative experiences narrated in all the participant's stories, is at the core of redemptive narratives (Sagi & Jones, 2018). The *six languages of redemption* that feature in redemptive accounts (McAdams, 2006) of; atonement, emancipation, upward mobility, recovery, enlightenment and development, are themes run through all the participant's stories. It appears then to be the case that during the telling of their life stories, the protagonists draw upon the culturally available redemptive script, and in doing so appear to adopt a *redemptive self* (McAdams, 2006) as part of their recovering alcoholic identity. This is consonant with previous research that identified AA stories to be constructed as redemptive (Denzin, 2009; O'Reilly, 1997). Maruna, LeBel, Mitchel & Naples (2004), in their study of crime desistance in ex-offenders, suggest the construction of narratives in which the protagonist is redeemed, can be an important act in managing a potentially stigmatising identity. The redemptive self as narrated by the participants in this study, is a significant means of negotiating the shame they attached to past behaviour and that

could be invited by their present alcoholic labels. Indeed, a redemptive self appears to be inextricably woven into the recovering alcoholic identity.

For redemptive narratives to fulfil the purpose of diminishing shame for the narrator and inviting less shaming from the audience, a key point that must be expressed is that the protagonist has undergone some personal transformation. As Bruner (1991) asserts, humans are natural storytellers, the action of which serves to bring understanding and cohesion to events around us. Similarly, *life* stories are constructed to bring comprehension and consistency to our sense of self and become, the stories we live by (McAdams, 2001). Redemptive life stories however, rather than providing consistency, involve navigating a fundamental change (Dunlop & Tracy, 2013). For the participants in this study, their stories involve a significant narrated identity change from a drinking non-alcoholic (an active alcoholic in denial) to a non-drinking recovering alcoholic. The participants employed various means to navigate this significant identity change while still providing some unity in shaping their narrative identities (McAdams & Lean, 2013). Graham and Russell make sense of their significant identity changes within their epiphany and rebirth narratives. Peter achieves this by exclaiming that; “*I could have held my hand up at six-teen and said I was an alcoholic*” if it had not been for the “*barrier*” of the confusion caused by the conflicting accounts offered to him by his parents around being an alcoholic. Adam brings a sense of consistency to his significant life changes by signaling his enduring desire to explore levels of consciousness beyond the bounds of normalcy.

Bauer and McAdams, (2004) identified different types of personal growth in adult stories of life transitions. Although they found individual agentic growth themes correlated primarily with transition satisfaction, *communal* growth themes were associated with elevated global well-being. The shift from a *personal* drinking non-alcoholic identity, to a *relational* recovering alcoholic identity presented in the narratives in this study, are intrinsically woven into a sense of communal growth and interconnectedness, where a redeemed self has shed much of the fear, shame and isolation experienced as the perceived drinking non-alcoholic self. Moreover, life stories featuring redemptive themes have been shown to be positively associated with well-being, and negatively associated with depression (Bauer, McAdams & Pals, 2008). This is particularly interesting in the light of findings that indicate that when individuals tell new stories, they live their way into them (Adler, 2011). In other words; the

narratives come first. AA stories have been shown in this study and in previous literature (Denzin, 2005; O'Reilly, 1997) to be strongly redemptive. The personal stories of all the participants to greater and lesser degrees have also been shown to be framed by the structure and content of archetypal AA stories. This indicates that the redemptive narrative as part of the AA story that is learned by new members through the constant storytelling within the fellowship, over time is applied to their own personal circumstances. The individual members with a newly transitioned relational alcoholic identity, *then* begin to live their lives into a more individual and communally agentic, eudaimonic and redeemed self.

General Discussion

Summary of Findings

The participants narrated transitions towards claiming an alcoholic identity within their personal stories. They all provided accounts of vehemently resisting this label until they embraced it, often pointing to popular cultural imagery surrounding 'alcoholism' that they could not identify with as an explanation for their resistance. The narratives portray the process of alcoholic identity negotiation as an internally conflicting experience. I have attempted to make sense of them, making sense of this identity change process within the individual narratives as movements through; having an epiphany, being reborn, ending an internal battle and a progression from chaos to consciousness. Although they were all clearly unique and individual journeys, to varying degrees they all followed the prototype pattern of the AA narrative (Humphreys, 2000; Cain, 1991). The degree to which the participants followed the classic AA tale, appears to be dependent on how long they have been attending AA and how strongly they identified with the fellowship. For example, Graham has been a member of AA the longest and his account fits more neatly within the archetypal AA narrative. In contrast, Adam's story in which his alcoholic identity and AA embracement is positioned as more transient and hesitant, sits at the fringes of this narrative. This suggests that personal circumstances including past present and anticipated future actions, are continually being reframed to fit this narrative framework – a vital process in identity reconstruction to include the *recovering alcoholic* self, and *AA member*. The AA template that becomes incorporated into personal stories serves as a master narrative to the effect of providing a new canonical script on how to live the 'good life'. A breach of this would include not attending AA meetings and picking up the first drink.

Through the narratives, the recovering alcoholic self is presented as aware of the active or drinking alcoholic twin self that is potentially ever ready to surface, expressed in the AA maxim; *once an alcoholic always an alcoholic*. Doubling back, is a mechanism employed by the author-protagonists as a means of distancing the recovering alcoholic self from the active alcoholic self. The narrating recovering alcoholic self is positioned as subject, placing the active alcoholic self as object. Self-deprecating humour is often levelled at the previous (but

still potentially present) alcoholic self in denial, as a mean of forging this difference and illustrating the current self-reflexive awareness that was previously lacking. The recovering alcoholic self is an identity in motion. It must be worked at by continuing to access the support and identification of AA and working the Twelve-Step program which is incorporated into a way of living and being. Otherwise, without the continual co- and re-construction of the recovering alcoholic identity in group meetings, there is a danger that the twin active alcoholic self will not be kept at bay.

While certain environmental, external, or situational aspects were identified as causal factors within the stories, the *problem* was predominantly positioned as residing within the self. The construct of 'alcoholic' is portrayed as essentially limited, lacking autonomy, selfish and self-destructive. Therefore, in order to deal with the issue of their alcohol dependence, behavioral changes were not portrayed to be adequate or even possible without a fundamental reconstruction of the self. Indeed, measures of alcohol consumption were not discussed by any participant except Russell when he deemed them to be irrelevant. What emerged as far more pertinent in claiming the alcoholic label, was the unempowering relationship they were having with alcohol, echoed in the relationships the participants had with themselves and others. The accounts of these relationships prior to engaging with AA are frequently infused with fear, rejection, and shame and this is often reflected in the narrative's ambience, which often changes to a brighter tone following the acceptance of the alcoholic label. This contrast is not attributed in any of the narratives to the changing behaviour of not drinking, and the subsequent positive effects that this may be expected to have in the life of an alcohol-dependent individual. Rather, the contrast is attributed to the reconstruction of the self from a drinking non-alcoholic to a sober recovering alcoholic, which means much more than not drinking. It appears to involve encompassing a relational identity where new meaningful connections to others are forged, including being more responsible and supportive. Thus, not only heightened personal agency is developed but also more communal agency.

The movement away from pleasure-seeking pain-avoiding hedonic pleasure that was associated with the relationships with alcohol, is replaced by a more eudaimonic sense of wellbeing, incorporating humanistic values of meaningfulness and purpose. This movement also involves thinking more integratively about the self in relation to the world and others.

The relationship with a Higher Power or a strong spiritual connection, in whatever way that is conceptualized is conveyed in all the stories as key to the transition towards living a more morally directed less shame instilled life, where the active alcoholic self is currently redeemed and replaced with a more agentic recovering alcoholic identity.

Therapeutic implications

Before going on to provide some therapeutic implications based on the findings of this study, for the sake of reflexivity and openness, I will briefly state where I found myself as a counselling psychologist trainee and therapist whilst engaging with the participants' narratives. As a qualitative researcher, I acknowledge that I am an active member of the research process and have played my part in making sense of the narratives, which is partly why I have resisted reductively over-coding the data. I was conscious of avoiding the analysis going down and being locked in trails of discovery substantially pathed by me. During the interview process, I resisted directing the participants' stories as much as possible, and hopefully allowed them to tell their tale. For example, when Adam said that alcohol "*did the job*" I resisted the strong urge to explore what "*the job*" was. However, it was impossible not to be drawn by psychological formulation to some degree when engaging in data analysis. For instance, I found myself leaning strongly towards self-psychology (Kohut, 1977) and attachment theory (Ainsworth & Bowlby, 1991) as alternative formulations to the participants' life stories and stories of alcohol dependency. The inability to self-soothe often expressed by the participants in difficulties managing painful emotions and their enduring portrayals of feeling unsafe and excluded, primarily informed these perceptions. AA it seems, provided a safe base with which to explore the world with a nascent reconstructed identity without the recourse to anesthetizing difficult emotions with alcohol.

Because AA and the Twelve-Step model is not suitable for everybody but is freely available to anyone who has a desire to stop drinking, it is of therapeutic significance to consider tentatively which clients presenting with alcohol related issues may find accessing AA or other Twelve-Step informed treatment practices beneficial. And arguably more important to identify which clients for whom it may cause more harm than good. The findings from this study suggests that AA may be of immense therapeutic assistance for some individuals grappling with alcohol issues who have insecure attachment styles and who are

particularly isolated. Indeed, a cross sectional survey by Smith and Tonnigan (2009) comparing attachment styles pre and during AA engagement found participation in the fellowship correlated with increased secure attachments and a reduction in anxious and avoidant attachment styles. A caveat to this is perhaps for alcohol dependent clients who have suffered abuse. There is a big emphasis within the Twelve-Step model around taking full responsibility, making amends and accepting the essential limitation of being an alcoholic. In other words, the *fault* is perceived to be residing within the self. This kind of discourse may not be helpful in dealing with the deep shame often associated with abuse (Evans & Sullivan, 1995; Street & Arias, 2001), especially childhood abuse (Andrews, 1998; Feiring & Taska, 2005; Negrao, Bonanno & Noli, 2005; MacGinley, Breckenbridge & Mowl, 2019) which is highly prevalent for alcohol dependent individuals (Evans & Sullivan, 1995; Guo, Hawkins & Abbott, 2001; Schwandt, Heilig, Hommer, George & Ramchandani, 2013). In fact, it has been suggested that more than just not being helpful, this kind of AA talk has been shown to be further damaging for such individuals. (Abram, 2014; de la Cretaz, 2015)

Considering that measures of alcohol consumption were not deemed to be relevant markers in negotiating alcoholic identities, this suggests that it is pertinent for practitioners to not just rely on objective measures in assessing problematic alcohol consumption. The National Institute for Health Care Excellence (NICE) guidelines (NICE, 2011), heavily focus on formal assessment tools to assess the nature and severity of alcohol use. The Alcohol Use Disorder Identification Test (AUDIT) is recommended as the initial assessment tool for primary health. Most of the questions in this measure are aimed at determining the levels and frequency of alcohol consumption. In the manual (Babor, Higgins-Biddle, Saunders & Monteiro, 2001) that accompanies AUDIT, alcohol dependence is described as;

“a cluster of behavioural, cognitive and physiological phenomena that may develop after repeated alcoholic use.” (Babor, *et al.*, p. 5)

It may also be worthwhile for practitioners to consider behavioural or cognitive factors such as isolation or an inability to deal with painful feelings, highlighted within the narratives as implicating factors for alcohol dependence, rather than the focus of assessment being completely on the effects *following* repeated alcohol use.

Due to the spiritual significance that all participants attributed to their recovering alcoholic identity and how central their spirituality appears to be in living more agentic and less shame filled lives, it is also worth noting that in recent years there has been an increase in literature exploring the interface between mental health and spirituality. For example, higher levels of spirituality have been associated with greater psychological health, including lower rates of depression, increased resilience to stress, openness and acceptance of changing circumstances and a greater focus beyond the self (Michael, 2019). Counter to this however, negative associations of spirituality and psychological distress have also been reported (e.g. Ellison & Lee, 2010). It seems clear then, that it is important to include spiritual perspectives and experiences in client assessments, as without doing so we run a risk of neglecting or mismanaging potentially vital elements of clients' lived experience (Coyle & Lochner, 2011). As the field of counselling psychology prizes embracing diversity, and trains students to explore where their experiences and attitudes; towards; ability, age, ethnicity, gender identification, race, religion and sexual orientation may be barriers to the therapeutic relationship, and to foster awareness to transference processes concerning these differences, it would appear a step forward to routinely include spirituality along with these categories of difference. Especially, as it was clear from the participants' accounts that spirituality and religion were conceived of as different constructs, and that spirituality in all the stories was constructed as significant in experiencing a sense of interconnectedness that was deemed crucial for their recovery from alcohol dependence.

The participant accounts show that the AA fellowship provided a social safety net and a sense of connection that was instrumental in banishing shame, fear, and loneliness. This sense of belonging appears to be an integral part of the identification as a recovering alcoholic within the fellowship. Indeed, members literally gain badges of identification in the AA tokens handed out at various stages of remaining sober. The relational identity intrinsic in the reconstruction of the self as a recovering alcoholic identity and the subsequent sense of safety and interconnection associated with this, is not possible to be offered during one to one therapeutic encounters. Psychodynamic, CBT and MI interventions for substance misuse although often effective (Levin, 1987; McHugh, Hearon & Otto, 2010; Lundahl & Burk, 2009; Verma & Vijaykrishnan, 2018) focus more on individual agency than on communal agency, the former being honoured more in Western individualistic societies compared to more

collectivist cultures. In fact, it has previously been suggested that in Western psychology the notion of the need for mutual dependence is sometimes pathologized rather than critiquing neoliberalist practises of over distancing, and of perceiving others as objects to be manipulated (Talef & Babcock, 1998). An enduring sense of belonging needs to be rooted in the interconnectedness of community. The values and aspirations of community psychology (Kagan, Burton, Duckett, Lawthorn & Siddiquee, 2011; Cosway, *et al.*, 2017) and more systemic approaches that incorporate linking the individual to the community, can therefore offer fruitful ways to balance the potential shortcomings of more individualistic approaches to dealing with alcohol dependency.

A focus on systemic rather than just individual change is a way to address feelings of powerlessness and experiences of isolation. Empowerment is more than personal agency; it encompasses having valued roles at a community level. AA meetings provide social inclusion and peer support and each member has the valued role of being an expert by experience. As discussed, AA is not for everybody with an alcohol use issue for many reasons, but the kind of valuable community identity and support the AA fellowship provides could be offered in other areas through changes in social policy and community infra-structure that include therapeutic social enterprises that are easily accessible for those who do not see AA and the Twelve-Step model as suitable for them. A marvellous example of this is provided by The Nelson Trust charity's community hub enterprises (The Nelson Trust, 2019) which include; The Sober Parrott (The Hub, 2019) a social enterprise established earlier this year (2019) run by and for the community. It is the only alcohol-free bar in Cheltenham. Live music is performed, and it is also a café and community venue which can be hired for any activities that do not include consuming alcohol, including hosting baby showers. The Sober Parrott also offers work experience for volunteers with a history of alcohol and other drug issues who are expected to uphold and promote the principles of abstinent recovery from addiction. This invitation for individuals to come out of the anonymous meeting rooms and into the heart of the community to mix with children and other adults with or without an alcoholic label and where non drinking celebrations are celebrated is, I feel, a refreshing example of both demarginalizing individuals who identify as recovering alcoholics who want to remain abstinent, and of shining a light of openness and acceptance onto the shady stigmatized imagery surrounding the construct of 'alcoholic'.

Lastly, I hope that the present study will encourage other academics and practitioners to critically examine their own assumptions concerning the construct of 'alcoholic' or the diagnosis of Alcohol Use Disorder (American Psychiatric Association, 2013). As these may unwittingly be informed by pervasive cultural discourses which all the participants pointed to in their narratives, but which none of the self-identifying alcoholics could relate to.

Strengths and limitations of research

In evaluating the research, I will begin with what I feel to be the strengths before going on to discuss the study's limitations. The large amount of time spent with the *indwelling* of the dataset allowed me to experience the texts as relationships to be entered rather than just data to be analyzed (Smith, 2015), as was hoped when crafting the analytic procedure. This helped me to keep in mind that narratives are data with a soul (Brown, 2010). It was a real challenge to *re-story* (Creswell, 2007) two-hour long interview transcriptions into the narrative outlines presented, whilst retaining the proverbial 'soul' of participants' stories and remaining relevant to the research aims. I hope I managed to achieve this. Choosing a narrative inquiry, I feel, was a good fit of method for exploring identity negotiations of members of a storytelling fellowship. Crafting and presenting my analytical strategy, not only provided me with some guidance on where to begin the analysis but also addressed the issue that many narrative researchers do not show their steps in the final write up of their projects (Lichtman, 2013).

Due to there being a strong focus on the topic of shame in the present study, I feel that this was managed delicately. I never asked the participants to discuss anything shameful nor mentioned that this would be a focus of the research, as clearly this could lead to distress and potential re-shaming. When the participants mentioned shame accounts in their stories, they were not prompted to do so. This ethical judgment, however, is linked what I feel is a major limitation of the research.

I made the decision not to offer the participants a view of how their stories were analyzed and re-presented, so the findings have not been checked with them. There are two points of limitation of the study inherent in this decision. Firstly, is the issue of exit ethics (Tracy, 2010) which was not addressed due to not offering to share my findings with the

participants who gave up their time to contribute to this study. This decision was made because I wanted to be able to write more freely about the AA fellowship from a critical standpoint at times, without being concerned about the impact this might have had on the participants. Also, I needed to be able to explore the shame within the accounts that may have been expressed quite easily in the more empathic one to one relationship of the interview process, compared to the potential distressing effects of reading it back in black and white later. Secondly, a critique of validity can be leveled at this research for not having checked my re-telling of the stories with the original tellers (Tracey, 2010).

It was a deliberate decision to only sample male participants, to allow for some homogeneity in the obtained accounts so that narrative sensibilities could be more easily discerned. The participants were all also in their 40's or 50's, white, and in long term relationships with women. In qualitative research there is no claim to be able to generalize the findings to any wider AA member population, but it would have perhaps been beneficial and more interesting to have heard stories of alcoholic identity negotiation from a more diverse UK sample. Other limitations of the research concern the interview process. It may have been valuable to have spent more time in the field as it were, by spending more time with the participants prior to conducting the interviews. This could have allowed a closer relationship with them, which may have enabled them to provide accounts more peripheral to the framework of the archetypal AA story. In other words, perhaps the attained adherence to the AA master narrative is partly attributable to what experimental psychology calls 'demand characteristics.' Familiarization with participants is a key aspect of narrative inquiry (Murray, 2013; Çalışkan, 2018) and this was only partly obtained by the lengthy interviews I obtained. If I had more resources and a broader remit, I would have opted not so much for a broader sample, as this should not be a critique of Big Q qualitative research (Braun & Carke, 2014), but to spend more time with the people that chose to take part in the study. I also realize that sharing my analysis, might have proved beneficial for some of the participants, alas this is another limitation of the study.

Directions for future research

I will now present some avenues for further research that may build upon this area of investigation. One area of further narrative inquiry that could build on the present study is to

explore the stories of previously alcohol dependent individuals who have achieved total abstinence for a significant period, without the support of AA. Kubicek, Morgan and Morrison called for more general qualitative and quantitative empirical research into this area in 2008 as most of the information surrounding what is often referred to as *spontaneous recovery* had been anecdotal. To my knowledge, no narrative inquiries have yet addressed this research void.

There are online communities that provide mutual support for people struggling with alcohol issues who include members who have both used the support of AA and those who have not, but still generally encourage total abstinence. For example, Soberistas (soberistas.com, 2019), is an international organization established by Lucy Brocca in the UK. It provides an online community of mutual support for members who have been battling with alcohol issues. The website provides plenty of personal vignettes predominantly from women, who have ended their battle and now live life alcohol free. The identification as an 'alcoholic' is not focused on nor required. So, a rich narrative inquiry of more in depth personal stories from such individuals who do not access AA, may provide ways of understanding this behavioral change process and whether or not it involved any significant change in the construction of the self.

A further direction of future research that can build upon the present study, is for ongoing narrative research into the relationship between spirituality and recovery from alcohol dependence from current UK individuals both inside and outside of AA. Including atheists, agnostics and people of varying faiths. It may well be that this dimension of addiction recovery is often overlooked and further studies of stories in this area may provide more transferable knowledge concerning relationships with substances. Finally, any future research into understanding how different stories can be heard, told and retold that helps to reconstruct peoples senses of their selves in a way that means they can more easily live in their world without the misery of alcohol dependence, would ultimately be welcomed by both professionals and clients.

Reflexive conclusion

I have sought to keep a reflexive stance throughout the whole research process which is why I have not referred to myself in the third person as 'the researcher' and have included in the write up some of my challenges and confusions. Moreover, I have acknowledged that I am active member of the meaning making process that this research has entailed, and make no claims to have purely and accurately depicted the lived experience of my participants; a concern that more phenomenological modes of inquiry are better at tending to. I have also explained my personal background and interest in the topic in the *introduction* to this thesis, clearly stated my philosophical assumptions within the *method* section and addressed somewhat where I found myself as a therapist hearing the participants' stories in the *therapeutic implications* section. This reflexivity section therefore, is not just an afterthought (Reavey & Johnson, 2008) but more an opportunity to more directly express my positions within the process of conducting this research.

Due to having experienced personal loss from friends and a family member having lost their lives through substance misuse, one may assume that spending so much time engaged in the topic of addiction would not have been wise for my own well-being. However, I imagine that many researchers engage in topics that are in some way close to home due to their motivation to shine more light in these areas. As do many people campaign for change following personal loss. My losses occurred over a decade ago, and I have been and continue to be a therapist for many clients with addiction issues. So, hearing painful addiction stories and containing clients' difficult emotions around these, is something I am well accustomed to. Because the domain of addiction is not a completely alien world to me, I feel like this has been more of a benefit than a deficit throughout the research process. Despite my personal experience of loss through addiction, it was my experiences as a counselling psychologist trainee in the residential drug and alcohol rehabilitation center explained in the introduction section of the present study that formed my conscious motivation for engaging in the topic of exploring alcoholic identity negotiations within the Twelve-Step recovery model.

For the sake of transparency, I will disclose that I have found some aspects of the AA rhetoric unpalatable: for example, "*I was born an alcoholic*" as this discourse does not fit with my anti-essentialist epistemological stance and views on the narrative construction

of identity. Also, I found them to be somewhat self-pathologizing. However, to varying degrees this talk was an important part of the identity construction positioned within two of the narratives from which the individuals appeared to gain a sense of belonging and a paradoxical personal autonomy in staying sober. I also found discourses pertaining to the global selfish personalities of 'the alcoholic' quoted from the Big Book by the participants, went against my personal grain. These personal observations were not disclosed to the participants. Neither were the alternative psychological formulations I could not help but making on hearing the references made to participants pasts, and their relationships with other characters in the stories. As for the general phenomenon of AA, I have continually found myself feeling somewhat ambiguous. There is no doubt that the fellowship has been and continues to be a tremendous source of support, acceptance and identity for the recruited participants, that has been hugely significant in them transitioning into currently living lives free of the misery of alcohol dependence. But I am aware that as an audience, I was in a position of a potential therapist-in-conversion to AA, by the implicit evangelizing stance taken by three of the authors of their stories. The three whose personal stories fitted most closely within the archetypal AA narrative framework (Cain, 1991; Humphreys, 2000), and the individuals whose alcoholic identity constructions were narrated as the most stable and enduring.

In order to facilitate reflexivity throughout the present study, I have fostered an awareness of my own developing views and feelings throughout the research process. The following quote is taken from a reflexive note I wrote two years ago. After having engaged with more literature and been heavily immersed in the participants' own accounts, two years on, my position has not remarkably changed.

Despite my initial misgivings concerning some of my experiences in the rehabilitation centre, after having engaged with the literature, at this point I genuinely hold no strong opinions regarding AA philosophy and the Twelve-Step model. On reading personal accounts and theoretical literature that construct the acceptance and ritual declaration of an alcoholic identity to be a healing practice for shame it makes sense to me. Equally, whilst engaging with the more critical literature concerning the alcoholic label, I can also see how placing this within the self (I am) could be further shaming. As a developing qualitative researcher, I am learning to sit more comfortably with this ambiguity.

Word Count: 33,467

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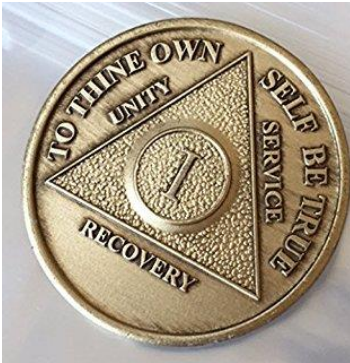
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Appendix B



Research on Accepting an Alcoholic Identity within Alcoholics Anonymous (AA) Twelve-Step Recovery Model

Have you been alcohol free for at least one year with the help of attending AA meetings?

Would you like more people to understand what it means for AA members when they say, "I am an alcoholic"?

I am a counselling psychologist in training, at the University of the West of England. For my doctoral study I am researching what it means for members of AA when they call themselves an "alcoholic".

My research has been approved by the ethics committee of the University of the West of England and will be carried out in accordance with the British Psychological Society's code of ethics.

If you think you may be interested in taking part in this research by sharing your recovery story so far, I would love to hear from you.

Confidentiality and anonymity are assured.

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Appendix C



Negotiating an alcoholic identity within the Alcoholics Anonymous Twelve-Step recovery model: A Narrative Inquiry.

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it involves. Please take time to read the following information carefully and to discuss it with others if you wish. Do ask me if there is anything that is not clear, or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of the study?

The purpose of the study is to hear personal stories from current UK members of Alcoholics Anonymous (AA). More specifically, it is to explore what it means for members of AA to call themselves an “alcoholic”. The majority of previous research into adopting an alcoholic identity within AA’s Twelve-Step recovery model has been conducted in North America where AA was established and is now the most widely accepted alcohol treatment approach. This research aims to provide a voice for UK members of AA to explain how significant (if at all) accepting an alcoholic label has been for their recovery.

Why have I been invited to take part?

I have chosen to invite you to take part in the study as I am looking for 6-8 male and female AA members who identify as alcoholics, and who have not consumed alcohol for at least one year.

Do I have to take part?

It is up to you to decide whether or not to take part. You will be free to withdraw from the interview at any time and without giving a reason and to withdraw your data from the study for up to 12 weeks following the interview without providing a reason. After that time, unfortunately, it will not be possible to remove your interview from my overall analysis.

What will happen to me if I take part and what do I have to do?

If you decide to take part, it will involve an informal interview where I will invite you to tell your story about your relationship to alcohol, your membership of AA and your thoughts and feelings about calling yourself an alcoholic. This will take place in a quiet and private location of your choice with just you and I present. The interview will be audio-recorded and deleted once I have transcribed it.

It will be largely down to you how long the interview will last, but a realistic timeframe will be between half an hour and two hours. I will be conducting the research over a two year time frame.

What are the possible disadvantages and risks of taking part?

I understand that I am inviting you to talk about personal and emotional issues. I will therefore aspire to demonstrate sensitivity throughout the interview process. As a trainee counselling psychologist, I am experienced with listening to and supporting people as they discuss sensitive and emotional issues. I will also make further support services available for you to access, should this be required.

Please consider carefully whether you feel that discussing your personal experiences surrounding alcohol consumption or difficult emotional experiences may present a trigger for relapse, before deciding whether or not to take part in this study.

In order to ensure that you are supported as much as possible should you decide to take part in the study, the interviews will be held prior to a suitable AA meeting. You will also be encouraged where appropriate, to inform your sponsor of your participation

Although I can assure you that confidentiality will be upheld as much as possible there may be some instances where it may be necessary for me to break confidentiality and it is important that you are aware of these:

- If you disclose that a child is in danger of being sexually abused or seriously harmed.
- If I consider you to be a threat to yourself or to others.
- If you disclose that you are involved in plans for, or acts of Terrorism.

Before breaking confidentiality, I would inform you of my intentions as soon as possible.

What are the possible benefits of taking part?

I cannot definitively claim that the study will provide any benefits for you. In general, people benefit from having their stories witnessed respectfully, and the interview might give you a chance to reflect on your experience in a positive way. The information I get from the study moreover, may help to increase the general understanding of what it means for UK AA members when they say "I am an alcoholic".

What if something goes wrong?

If you have a concern about any aspect of this study you should contact me (the researcher) and I will do my best to address your concern. Contact details:

Janette Rankine

Janette2.Rankine@live.ac.uk

Tel: 07890784212

If you remain unhappy and wish to complain formally, you can do this through my supervisor in the first instance. Contact details:

Dr Miltos Hadjiosif

Miltos.Hadjiosif@uwe.ac.uk

Will my taking part in this study be kept confidential?

Your participation in this study will not be disclosed to anybody.

Only I will have access to the signed consent form. The audio recording of the interview will be stored on an encrypted USB flash drive. When not in use the flash drive will be secured in a locked drawer in my home.

The recording will be deleted when the interview has been transcribed. Your anonymity will be protected in the interview transcription by the use of a pseudonym. Any other potentially identifiable details for example, locations mentioned from the past and present and the locality of AA meetings will also be altered. The interview transcription will also be saved in a password protected file also on the encrypted flash drive.

What will happen to the results of the research study?

The results of the research study will be reported in a doctoral thesis. It is possible that the research may be published in a peer reviewed journal or other publication and/or presented at a conference. If you are interested in gaining a copy of the completed research I will be able to inform you of how to do this.

No participants will ever be identified in any report or publication.

Who is organising and funding the research?

I, the researcher, am a doctorate student at the University of West England. I am undertaking the Professional Doctorate in Counselling Psychology. I am funding the research myself and I have no conflict of interests.

Contact for Further Information

Should you have any questions or require any further information, please do not hesitate to contact me. If you decide to take part in the study, you will be given a dated copy of this information sheet and a signed consent form to keep.

Thank you for taking the time to read this information.

Janette Rankine MBPsS

Janette2Rankine@live.uwe.ac.uk

Tel: 07890784212

The following is a list of support contacts and organisations that may be useful should the taking part in this study lead to any distress.

Harmless - Self Harm Support

<http://www.harmless.org.uk/>

Self injury - support for women and girls

<http://www.selfinjurysupport.org.uk/>

Turning Point: <http://www.turning-point.co.uk/substance-misuse.aspx>

Swanswell: <https://www.swanswell.org/home>

Soberistas: <https://soberistas.com/>

The Nelsons Trust: <http://www.nelsontrust.com/>

Rethink Mental Illness: <https://www.rethink.org/>

Mind: <http://www.mind.org.uk/>

Samaritans:

<http://www.samaritans.org/>

Tel: 116 123 (free anytime from any phone).

Email: jo@samaritans.org

Counselling Directory: <http://www.counselling-directory.org.uk/>

Appendix D



Consent Form for participation in research study

Negotiating an alcoholic identity within the Alcoholics Anonymous Twelve-Step recovery model: A Narrative Inquiry.

Yes No

Please tick the appropriate boxes

Taking Part

I have read and understood the project information sheet.

I have been given the opportunity to ask questions about the project.

I agree to take part in the project. I understand that taking part in the project will include being interviewed.

I provide consent for the interview to be audio recorded.

I understand that my taking part is voluntary; I can withdraw from the study at any time and I do not have to give any reasons for why I no longer want to take part. I can also withdraw my data from the study up to 12 weeks following the interview without providing a reason.

Use of the information I provide for this project only

I understand my personal details such as phone number will not be revealed to anybody else.

I understand that my words may be quoted in publications, reports, web pages, and other research outputs.

Name of participant

[printed]

Signature

Date

Researcher

[printed]

Signature

Date

Project contact details for further information:

Janette Rankine MBPsS

Email: Janette2Rankine@live.ac.uk

Tel: 07890784212

Appendix E

Interviewer: Mm-hmm.

Graham: And it was-- Didn't know it's boxing day. So, I'd missed the whole Christmas.

Interviewer: Yeah.

Graham: I had two very irate parents as you can imagine.

Interviewer: Yeah.

Graham: Evidently, I'd turned up at someone's house, fallen through their front door friends.

Interviewer: Yeah.

Graham: Um, um, and they'd rung, you know, my parents. My dad had picked me up, and got me back home, then he got me to bed. And [unintelligible 00:05:06] been sick everywhere, that sort of stuff.

Interviewer: Yeah.

Graham: Um, so, I didn't carry on drinking like that from 16, but that was my first real serious, um, yeah, introduction to alcohol, I suppose.

Interviewer: It sounds really unpleasant.

Graham: And yeah, and-and what I couldn't understand at the time was why.

Interviewer: Mm.

Graham: You know, it was a bit strange. Why-why did I do that?

Interviewer: Yeah.

Graham: You know, why did I do that? And-and- and so my drinking didn't go like that. It-it was then fairly normal.

Interviewer: Mm-hmm.

Graham: Through my teens was fairly normal, what you'd say teenage-

Interviewer: Yeah.

Graham: -drinking, you know, pubs. Um, yeah, getting drunk and that, but not really paying too much attention-

Interviewer: Mm-hmm.

Graham: -to it. But it wasn't really until I got into my 20s

Appendix F

Russell: No. [coughing]. Um, so do I think, in retrospect, that I was alcoholic at that point? Yes.

Interviewer: Yeah.

Russell: Absolutely.

Interviewer: And you say you-you thought you were alcoholic before you picked up your first drink?

Russell: Mm-hmm.

Interviewer: Do you think you were born an alcoholic?

Russell: Yes.

Interviewer: Yeah.

Russell: And that's, uh, that's something that I've resisted.

Interviewer: Mm-hmm.

Russell: But, uh, you know, part of recovery is looking at yourself and looking at your life.

Interviewer: Mm-hmm. Mm-hmm.

Russell: Um, uh, and, uh, and as I talked about the identification with other alcoholics, so when somebody's talking and you're going, fuck, yeah.

Interviewer: Yeah, yeah.

Russell: Actually, I've been in denial about that.

Interviewer: Right.

Russell: And-and, um, actually, yeah, I think, so-so, you know, this-this-mythical, where did you cross the line-

Interviewer: Mmm.

Russell: -thing has moved back and back and-

Interviewer: Right.

Russell: -back and back and back.

Interviewer: Yeah.

Russell: So, let's take that to its logical conclusion

Appendix G

Adam: just whenever I would stop drinking or something, I just feel depressed and bored. It's just a horrible space.

Interviewer: Any lonely?

Adam: Yes, exactly.

Interviewer: You're isolating because you couldn't--

Adam: Yes, so I just felt rubbish. I woke up after this relapse which was very pretty pathetic really. I can remember feeling like I felt so horrible and beyond depressed, so I felt like I want to get back to that to depressed, bored state because at least I knew where I was at with that. Do you know what I mean?

Interviewer: Why was this worse? Was it frightening? What was it?

Adam: I'm not sure. It's just when you wake up and you just like caved in, and that horrible feeling of, "That was a waste of time." That's how it felt. I felt horrible so I felt like, "I'm not going to do that. I'm going to try not to do that again," because I want to get back to this bored, depressed, fat state [unintelligible 00:20:56] so that was that.

I just started working the steps in with my sponsor. I've had two friends there, Dan, who's a scouser, and Bob, who is younger, Baby Bob, we used to call him. We just hang out as a trio in AA, just did things, went to Skype. All of us just started traveling, doing walks, going here, there, and everywhere. My head was still pretty mashed up after a lot of years of substance misuse and when you've taken lots of valium for prolonged periods and as well as [unintelligible 00:21:34] that sort of stuff or alcohol, all of it and then you open your brain up again, it just goes, "Shhh."

It's quite a challenge to mentally and just emotionally, all the rest, you just feel really raw and your head doesn't shut up. So. I ended up just hanging out with them to go into different meetings every day. I was working so I just go to work and I go to meetings. It just felt like it was more interesting than actually just being at home, watching EastEnders or bloody Emmerdale.

Interviewer: You're actually with people?

Adam: Yes. Like they have stories of-- because they found it interesting and its people being open. There were things we went like canoeing and dinner parties or Christmas parties or social occasions where I could be around other people.

Interviewer: This was more members of the fellowship?

Adam: Yes, that was all AA then, at that point.

Adam: Yes. They went as well. We would go to the conventions and things like that, and retreats, spiritual retreats, and then my sister was on board. That was the thing, I was lucky because my sister who was fantastic at that point. I was going to London to see her. She was going like, "Honey, you need to do this," so she was helping me with

Appendix H

Interviewer: There was a panic about going home, leaving the pub.

Peter: Yes, and maybe there was nothing there and I'd have to go back out again, and it looks odd, why are you going back out again? I'm having this internal battle. There's an internal thing going on which was way worse than anything externally. Because you're sort of going to yourself, "You don't need to do that. You don't need to have another drink. Don't have another drink." Then you go, "No, you do. You need another drink."

I've experienced myself in recovery to have that kind of split personality, not like psychotically. I do psychotherapy now, and I often pick out times where I can be the two sides of the coin.

Interviewer: What would it be about, just out of interest?

Peter: Back then or now?

Interviewer: Now, you [unintelligible 00:17:47] experience. Is it not about alcohol?

Peter: No, not about alcohol. I'm trying to deal with relationships. I've got a whole new life, so I have whole new practices and in terms of how my life unfolds now. All of that entails like I have to have levels of confidence, which I've never had before and I'm not in tune with at all. One part of my head will say, "You complete fraud. What the hell are you doing?" Another part of my head will be like, "You can do this. You can do it. Come on, let's just keep going."

The 12 steps helped me with all of that because the 12 steps get me to a point where I'm not in control of this. If I have an appointment, they say in AA, you've probably heard, that you do the next right thing.

Interviewer: I've heard bits and bobs, but I don't know so much as in how--

Peter: Yes, so do the next right thing. I spent years. I would say that; "Do the next right thing, do the next right thing." Then you get to the point where you say, do the next right thing. I'm the barometer of that being the next right thing, because I'm not a good person to be in charge of what the next right thing is, because I've more often than not got that wrong, just because I've been sober a period of time now, which is relatively short in the grand scheme of things. Doesn't mean that I'm now equipped to do this.

I need another way of understanding where the next right thing comes from. Going through this process, next right thing, next right thing. Okay, and then I'd assess what the next thing is, and I'd do it. Then I started to question, "Well, where does the absolute next right thing come from?" I get to a point where I have to have a higher power. I have to have a higher power that I can connect with so that through me, that higher power can show me the next right thing, because it can't come from me; if it comes from, it's the next wrong thing.

Appendix I



The British
Psychological Society
Promoting excellence in psychology

**Counselling Psychology Review
Cover Page**

**Title: Negotiating an alcoholic identity within the Alcoholics Anonymous'
Twelve-Step recovery model: A Narrative Inquiry**

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The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this paper. This paper has not been published elsewhere and is not under consideration elsewhere.

Word Count: 5536

Keywords: Identity, Alcoholic, Narrative Inquiry, Alcoholics Anonymous, Social Constructionism

Abstract word count: 404

Abstract

Although the only requirement for membership to Alcoholics Anonymous (AA) is a desire to stop drinking, the claiming of an alcoholic identity is perceived to be the first step towards recovery within the AA Twelve-Step model. US based literature has documented both positive and negative effects of adopting an alcoholic identity, especially in relation to shame. Building on existing literature, whilst adopting a narrative epistemology, the present qualitative study explores how 4 male UK AA members who have adopted the alcoholic label, negotiate this identity through their personal stories.

The participants were interviewed face to face and were encouraged to share with me their stories of managing alcohol addiction within the AA framework. The interviews were transcribed and subjected to a narrative analysis, with a particular focus on issues of identity and how this is achieved within the data. Findings suggest that the identity transition from a drinking non-alcoholic to a sober recovering alcoholic is often an internally conflicting experience. Within the obtained accounts, the *problem* of alcohol dependence is primarily positioned within the self, thus entrenching an individualist and potentially pathologizing view of alcohol addiction. Popular imagery and discourses surrounding narratives of 'alcoholism' are explored as part of the conflicting process of claiming the alcoholic identity.

The spiritual dimension of the Twelve-Step approach is emplotted in all the stories as key to the transition towards living a more morally directed, less shameful life as a 'recovering alcoholic'. Hedonistic and eudaimonic senses of well-being are identified and compared within the alcoholic identity transition narratives, within the context of the spiritual aspects of recovery within AA. The reconstruction of the self from a drinking non-alcoholic, to a sober alcoholic in recovery, encompasses much more than the behavioral change of not drinking. It appears to involve embracing a *relational* identity from where new meaningful connections to others are forged and both personal and communal agency are heightened. In contrast, feelings of powerlessness and isolation are woven through the participant narratives prior to AA engagement. Findings also suggest that the valuable community identity and support that the AA fellowship provides, could also be offered in other areas through changes in community infra-structure. Including social enterprises that are easily accessible for those who do not see AA and the Twelve-Step model as suitable for them. These types of systemic change may provide fruitful ways to balance the potential shortcomings of more individual psychological approaches in treating alcohol dependency.

Introduction

Labelling oneself an 'alcoholic' is the first step in recovery from alcohol addiction within AA's twelve-step recovery model (Borkman, 2008) Indeed, in all the AA meeting rooms up and down the country and throughout the world, as often depicted in popular media, before anyone speaks out in AA meetings they introduce themselves by saying "Hi my name is X, I am an alcoholic" (Robert, 2015). The only requirement necessary for membership to AA, however, is a desire to stop drinking (AA Fact File, 1956). Previous literature has provided varying accounts of the consequences of assuming an alcoholic identity within AA's Twelve-Step recovery model. These include; positive and negative accounts of adopting the disease model of addiction (Suissa, 2003; Schomerus et al., 2010; Weins, 2012; Kvaale, Haslam, & Gottdiener, 2013), the significance of the acceptance of being powerless over alcohol (Kurtz, 2007), a cybernetic explanation of the relationship between 'alcoholic pride' and 'the will' (Bateson, 1972) and more sociological (Room, 1983) and critical perspectives (Peele, Brodsky & Arnold, 1992; Suissa, 2003; Jordan, 2015) regarding the practice of placing alcoholism within the individual self. There is, however, little research that has focussed on the process of claiming an alcoholic identity within AA's Twelve-Step approach for UK members. Although there is some literature from the US that has explored the significance of how AA narratives are instrumental in the identity reconstruction of AA members (Borkman, 2008; Cain, 1991; Humphreys, 2000) to my knowledge, none have provided a recent detailed focus on the personal identity transition of AA members from non-alcoholic to alcoholic. In addressing the neglect in this area Valencia- Payne (2018) has recently explored the self- identification process of the adoption of what she refers to as the 'deviant' identity of an alcoholic. Her study, however did not focus explicitly on AA members, and like most of the research in this area has been conducted outside of UK. The present study, therefore, hears from individual UK AA members who themselves have negotiated an alcoholic identity, and explores what effects this may or may not have had have on their recovery from alcohol dependence. A deeper understanding of this identity transition process can help inform therapeutic relationships, clinical interventions and service policy.

The aim of this qualitative study therefore is to present new understandings of how current UK members of the mutual aid fellowship of Alcoholics Anonymous (AA) make sense of assuming an alcoholic identity. A narrative analysis of AA members' stories can provide

subjective insights into how individuals negotiate this identity against the cultural backdrop of dominant discourses which surround the construct of 'alcoholic' (Taleff & Babcock, 1998; Jordan, 2015). In the present study, particular interest is directed towards the link between shame and alcohol dependence (Potter- Efron & Caruth, 2002), in exploring how this is managed in accepting the stigmatized alcoholic label (Gray, 2011; Schomerus et al., 2010; Carp, 2013; Liezille & Jacobs, 2015). There appears to be a clear divide in the relevant literature as to whether assuming an alcoholic identity in the Twelve- Step treatment model is a shame releasing, or shame enhancing process. The present study takes a social constructionist stance in examining the negotiation of alcoholic identities. Thus, the concept of 'alcoholic' is not seen to be something that exists outside of discursive practices or resides within an individual as an essential part of their nature but, like all knowledge especially those surrounding normative categories, is historically and culturally contingent (Burr, 2003).

Previous literature has suggested that the alcoholic and addict labels can be a barrier to effective therapeutic relationships. Gray's (2011), conducted a grounded theory study interviewing counsellors in drug and alcohol treatment centres. This research was motivated by the author's professional experience of working in a drug and alcohol setting in Australia. The article explored counsellor's perceptions of shame as they related to the negative labelling of their clients as "addicts". The findings suggest that the interplay between shame and stigma compounds the challenges of counselling clients in such centres. For example, the directive and punitive strategies employed by the counsellor's colleague's in substance misuse settings towards their clients, were perceived to be potentially shaming and to go against the tenets of counselling. Moreover, these measures appeared somehow to be legitimized by the "addict" or "alcoholic" label attached to the clients (Gray, (2011).

Taleff and Babcock (1998) have also demonstrated that dominant discourses surrounding the stigma of addiction in the US, not only influence everyday life but also "float around the therapy room without notice" (p.34) which inform therapists understandings of substance misuse regardless of the client's reality. British research has also suggested that health care professionals in the UK could afford to revise their understandings of alcohol dependence. Using a grounded theory approach and content analysis of alcohol dependent participant accounts Dyson (2007), found participants felt that the 'illness' carried stigma and

that they had undergone negative shaming experiences connected to health care professionals.

Constructing the alcoholic self

Within an exploration of identity transition within the AA process, Pollner and Stein (2001) posit that on accepting the alcoholic identity, the AA member allows another 'twin self' to be born; the 'recovering alcoholic self', which is other than and aware of the 'alcoholic self' as dangerous and compelling. The negotiation of these twin selves certainly appears to be consistent with the identity transition narratives that are prevalent in AA literature (AA World Services INC, 2001) and appear to weave through AA participants narratives in previous research conducted in the US (Humphreys, 2000). Sharing narratives in group storytelling within AA appears to be a very important part of reshaping identities and recasting individual life stories in which there can be hope of a happy ending. The identity transition occurs within the context of AA meetings where members hear and identify with each other's stories. Thus, gaining an experiential learning of the alcoholic self from which they can re-frame their past, and develop their own story (Borkman, 2008).

Carole Cain's paper (1991), is to my knowledge, the most comprehensive account of how significant the personal stories shared in the AA community are to the identity transition towards claiming an alcoholic self. She posits that the 'AA Story' is a cognitive and social tool; a device for self-understanding that provides a cultural vehicle for identity transition. The AA story structure and content are learned through the social interactions in AA meetings and the internalisation of the AA story allows the newcomer to reconstruct their personal narratives to fit this framework. During this process, Cain argues that the individual goes through stages of identity diffusion and reconstruction. The identity acquisition involves learning to see the new identity as desirable one of which the individual can form a positive emotional attachment to. Presumably, from the sense of connection and hope that is provided by the fellowship of people identifying as recovering alcoholics. Cain (1991) suggests that over time, individual members learn fit their own personal circumstances into the AA story prototype thus, reconstructing their own identities in line with the 'recovering alcoholic' authors. A further explanation of how identity change occurs within the context of AA is a mechanism referred to as *doubling back on the self* (Borkman, 2008). This involves listening to one's self talk and discovering an experience one's self that is perceived of as

both object and subject. Doubling is notably practiced with self-depreciating humour - employed as a means of reinforcing the twin selves in AA identification (Pollner & Stein, 2001). Humour is aimed at the *active alcoholic self* with mockery and belittlement from the *recovering alcoholic self*, hence placing a distance between them. Pollner and Stein (2001), also reflect that humorous accounts of incompetence and clumsiness, provide a means for affirming individual and communal identities thereby providing a source of entertainment simulating the effects of alcohol. The present study builds on previous relevant literature by exploring how individual current UK member narratives construct their alcohol related life stories and identities, outside of the fellowship rooms.

Research rationale, aims and questions

The intention of the present qualitative study is to provide a voice for current UK AA members to tell their stories concerning the process of identity transition from non-alcoholic to alcoholic and how significant (if at all) this process has been for their recovery from alcohol dependence. Most of the qualitative general inquiries into AA, has been conducted outside of the UK, for example by Strobbe (2009) in Poland; Gray, (2010) in Australia; Carp, 2013 in Finland and Liezille and Jacobs, (2015) in South Africa. But the majority has taken place in the US where AA was established and the Twelve-Step recovery model is the most widely accepted treatment plan for alcohol issues (Jordan, 2015).

Due to the recent British political climate of funding cuts for substance misuse services in the UK (Brookes, 2014; Belnheim, 2016; Collective Voice, 2017; Rhodes, 2018; Livingston, 2018) it may be assumed that AA's popularity is set to rise in Britain as it is a widespread and freely available option of support. Furthermore, Twelve-Step abstinence based supportive programmes are increasingly being relied upon in treatment centres in the UK for individuals with problematic alcohol consumption (findings.org.uk, 2015). Therefore, the time now appears ripe for a rich exploration into the stories that, current UK members of AA tell, who manage their alcohol consumption, and in doing so have assumed the identity of an alcoholic. Especially as this label has been shown to be a potential barrier (Taleff & Babcock, 1998) to the types of therapeutic relationships prized by counselling psychologists (Rizq, 2010; duPlock, 2010).

One of the aims of the present study is to challenge the often taken for granted ideas surrounding the construct of 'alcoholism' by hearing from individuals who are experts by experience in this area. It was also intended that subjective insights through personal stories could provide a peek through the doors of the anonymous meeting rooms and hear the master narratives of AA through members accounts. The primary aim of this research though, was to explore how UK members of AA make sense of constructing their alcoholic selves and how shame is negotiated around adopting a stigmatized identity, and how this process impacts on their recovery. The research questions pertaining to the present study therefore are;

1. How do current UK members of AA, narrate their transition towards adopting an alcoholic identity?
2. How is shame negotiated in claiming a stigmatized label?

Method

Philosophical assumptions

The epistemological stance of social constructionism underpins the present study. This theoretical framework encourages a critical position towards taken- for – granted ways of understanding our words and urges us to be aware and cautious of our assumptions concerning the way 'reality' appears to us. Furthermore, the essentialism of more traditional social psychological is contested. For example, there is not seen to be potentially discoverable essences inside people that determine what they are. Rather investigations carried out through this epistemology instead focus on how understandings are dynamically generated through social interaction (Burr, 2003).

The social constructionist stance on identity, is one of multidimensionality, the construction of which occurs through culturally available discourses (Burr, 2003). We weave the fabric of our identities through discourse during our interactions. The boundaries of which, being the categories available to us, at any given time and place. Thus, the present study employs a narrative method of inquiry to explore the active meaning making process in the construction of AA member's alcoholic identities in the telling of personal stories. A narrative study is I believe, the most a suitable method with which to explore identity

negotiation within a constructionist epistemology as the approach does not assume objectivity but instead prizes positionality and subjectivity (Reissman, 2002). Hearing, analysing and re-presenting individual's stories as a means of accessing academic knowledge challenges the more traditional positive views of truth, reality and personhood however, personal meanings and sense of self and identity are negotiated as stories unfold (Etherington, 2013).

Ethical considerations

Ethical approval was sought and granted by the University Research Ethics Committee (UREC) at The University of the West of England, Bristol. Ethical considerations were given priority in the design of this research. Including addressing the following concerns.

Any risk to reputational damage was addressed by anonymising personal data. As the participants were invited to talk about personal experiences regarding their relationship with alcohol, there was a concern that this may have a negative impact on their psychological and emotional well-being. This may be in the form of reawakening difficult issues or reliving painful past events. Especially as many individuals who experience alcohol dependence have a history of trauma and/or abuse (Evans & Sullivan, 1995). In order to protect the well-being of the participants, I encouraged the participants to choose a 'safe space' to conduct the interviews, where I sought to create a welcoming, non-threatening environment in order to address somewhat the inevitable power imbalance between participant and researcher in face to face interviews (Karniell-Miller, Strier & Pessach (2009). I also drew upon my experience in a counselling placement at a residential drug and alcohol rehabilitation centre, where I learned to be sensitive to issues of re-shaming substance misuse clients and on my experience as a practising psychological therapist to validate and contain any challenging emotions that arose for the participants during the interviews. I had to hand, a list of up to date local support services, any of which may be required to where the participants could be signposted to for further support, if required. Before arranging the interviews, during telephone and email contact, the participants were encouraged to inform their AA sponsors about the participation in this project, and to ensure that would be available for them to contact following the interviews, if required. Lastly, I checked that they were feeling OK to carry on with their day following the interview, before ending the process.

Participants

The participants recruited for this study are white male attendees of UK AA meetings who identify themselves as 'alcoholic' and who have not consumed alcohol for at least one year. Four participants were recruited between the ages of 41 and 59 years old. This is an appropriate number of participants as the rich analysis of the data is at level similar to that of interpretative phenomenology analysis (IPA), where the guidelines of between three and six participants are deemed to be a reasonable size (Smith, Flowers & Larkin, 2009). The target age range of between 25 and 65 years old, was chosen to exclude older adults who may be more physically and/or mentally vulnerable due to perhaps having been dependent on alcohol for a longer period of time, and to exclude younger adults who may be more prone to risky behaviour (Horizon Scanning Programme Team, 2014). Other exclusion criteria included any participants who have: a mental health condition other than alcohol dependence, any organic illness, an acquired brain injury, or have a developmental or learning disability. The aim of these criteria is to reduce the risk of harm to the potentially more vulnerable individuals of the target population.

Recruitment Procedure

Snowball sampling was employed; participants were recruited through my networks and networks of participants (Braun & Clarke, 2013). When making initial contact with the participants, I provided more details regarding the research topic and aims and sent copies of the participant information sheet and consent forms. Once I was convinced that the participant has been fully informed and met the criteria to qualify as a potential participant for the study, we arranged to meet in person, to conduct the interviews after having gained their written consent by them signing informed consent forms.

Collecting the narratives

The main source of collecting narratives for this method of research is through interviews (Murray, 2003). This was the form of data collection for this study. The interviews were audio recorded and subsequently transcribed verbatim for analysis. At a location of their choice, the participants were invited to tell the story of their relationships with alcohol and AA. It was revealed to them that I was particularly interested in what it means for them to self-identify as an alcoholic.

Analytic Strategy

There is widespread agreement among narrative scholars that there are neither formal guidelines nor a predetermined set of steps to be followed in conducting any variety of narrative analysis. Murray and Sools (2015), do provide some guidelines for conducting narrative analysis but they also challenge their readers to engage creatively with data rather than rigidly following their outline. In heeding this, I have drawn on various sources (Bruner, 1991; Gergen & Gergen, 2013; Reissman, 2002; Murray, 2003 & Smith, 2015) in crafting an analytic procedure within the broader realm of *performative* narrative analysis that I felt could best address my research aims.

Findings

The participants narrated their transitions into claiming an alcoholic identity within their personal stories. They all provided accounts of vehemently resisting this label until they embraced it, often pointing to popular cultural imagery surrounding 'alcoholism' that they could not identify with, as an explanation for their resistance. The narratives display the process of the alcoholic identity negotiation as an internally conflicting experience. I have attempted to make sense of them, making sense of this identity change process within the four individual narratives, as movements through; *having an epiphany, being reborn, ending an internal battle and a progression from chaos to consciousness*. Although they were all clearly their own personal stories, to varying degrees they all followed the prototype pattern of the AA *drunk-a-log* narrative (Humphreys, 2000; Cain, 1991). The degrees to which the participants followed the classic AA tale appear to be dependent on how long they have been attending AA and how strongly they identified with the fellowship. Thus, suggesting that their personal circumstances including past present and anticipated future actions, are continually being reframed to fit this narrative framework – a vital process in identity reconstructed to include the *recovering alcoholic* self, and *AA member*. The classic AA story that becomes incorporated into the narrative identities, provides a master narrative with a socialization effect of providing a new canonical script on how to live the 'good life'.

Through the narratives, the *recovering alcoholic self* is presented as aware of the *active alcoholic twin self* that is potentially ever ready to surface, expressed in the AA maxim; *once an alcoholic always an alcoholic*. Doubling back is a mechanism employed by the participants as a means of distancing the recovering alcoholic self from the active alcoholic self by being the narrating recovering alcoholic self-subject and placing the active alcoholic self as object. Self-depreciating humour is often levelled at the previous alcoholic- self- in denial, as a mean of forging this difference and illustrating the current self- reflexive awareness that was previously lacking.

The recovering alcoholic self is an identity in motion. It must be worked at by continuing to access the support and identification of AA and working the Twelve -Step program which is incorporated into a way of living and being. Otherwise, without the continual co and reconstruction of the recovering alcoholic identity, there is a danger that the twin active alcoholic self will not be kept at bay.

While certain environmental aspects were identified as causal factors within the stories, the *problem* was predominantly positioned as residing within the self. The construct of 'alcoholic' is portrayed as essentially limited, lacking autonomy, selfish and self-destructive. Therefore, in order to deal with the issue of their alcohol dependence, behavioral changes were not portrayed to be adequate or even possible without a fundamental reconstruction of the self. Indeed, measures of alcohol consumption were not discussed by any participant except when they were deemed to be irrelevant. What was considered more pertinent in claiming the alcoholic label, was the unempowering relationship they expressed having with alcohol, echoed in the relationships they had with themselves and others. The accounts of these relationships prior to engaging with AA, are frequently infused with fear, rejection, and shame and this is often reflected in the narrative's ambience, which repeatedly changes to brighter tone following the acceptance of the alcoholic label. This contrast is not attributed in any of the narratives to the changing behaviour of not drinking, and the subsequent positive effects that this may be expected to have in the life of an alcohol dependent individual. Rather, the contrast is attributed to the reconstruction of the self from a drinking non-alcoholic to a sober recovering alcoholic, which means much more than not drinking. It appears to involve encompassing a *relational* identity where new meaningful connections to others are forged, including being more responsible

and supportive. Thus, developing not just heightened personal agency but more communal agency.

The movement away from pleasure seeking pain avoiding hedonic pleasure that was associated with the relationships with alcohol is replaced by a more eudaimonic sense of wellbeing, incorporating the humanistic values of meaningfulness and purpose, and involves thinking more integratively about the self in relation to others. The relationship with a Higher Power in whatever way that is conceptualized, is conveyed in the stories as key to the transition towards living a more morally directed, less shame instilled life, where the active alcoholic self is currently *redeemed* and replaced with a dynamic recovering alcoholic identity

Discussion

Therapeutic implications

Because AA and the Twelve-Step model is not suitable for everybody but, is freely available to anyone who has a desire to stop drinking, it is of therapeutic significance to discern which clients may find accessing AA or other Twelve-Step informed treatment practices beneficial and arguably more importantly, to identify which clients for whom it may cause more harm than good. Of course, this can only be attempted to be distinguished on an individual basis but, the findings from this study suggests that AA may be of immense therapeutic assistance for some individuals grappling with alcohol issues who have insecure attachment styles and who are particularly isolated. AA appeared to provide a safe base of support, learning and acceptance which allowed the individuals to go out and explore the world anew with a nascent recovering alcoholic identity and without the need to self sooth with alcohol. Indeed, a cross sectional survey by Smith and Tonigan (2009) comparing attachment styles pre and during AA engagement found participation in the fellowship correlated with increased secure attachments and a reduction in anxious and avoidant attachment styles. A caveat to this is perhaps for alcohol dependent clients who have suffered abuse. There is a huge emphasis within the Twelve- Steps model around taking full responsibility, making amends and accepting the essential limitation of being an alcoholic. In other words; the *fault* is perceived to be residing within the self. These kinds of discourse may not be helpful in dealing with the deep shame often associated with abuse, especially

childhood abuse which is highly prevalent for alcohol dependent individuals (Schwandte, Heilig, Hommer, George & Ramchandani, 2013). In fact, it has been suggested that more than just not being helpful, this kind of AA talk has been shown to be further damaging for such individuals (Abram, 2014; de la Cretaz, 2015).

Considering that measures of alcohol consumption were not deemed to be relevant markers by the individuals in the present study in negotiating their alcoholic identities, suggests it might be pertinent for practitioners to not just rely on objective measures in assessing problematic alcohol consumption. NICE guidelines (NICE, 2011), heavily focus on formal assessment tools to assess the nature and severity of alcohol use. The Alcohol Use Disorder Identification Test (AUDIT) is recommended as the initial assessment tool for primary health. Most of the questions in this measure are aimed at determining the levels and frequency of alcohol consumption. In the manual (Babor, Higgins-Biddle, Saunders & Monteiro, 2001) that accompanies AUDIT, alcohol dependence is described as;

“a cluster of behavioural, cognitive and physiological phenomena that may develop after repeated alcoholic use.” (Babor, *et al.*, p. 5)

It may also be worth practitioners to consider behavioural or cognitive factors such as isolation or an inability to deal with painful feelings highlighted within the narratives as causal factors for alcohol dependence, rather than the focus of assessment being completely on the effects *following* repeated alcohol use.

Due to the spiritual significance that all the participants attributed to their recovering alcoholic identity and how central their spirituality appears to be in living more agentic and less shame filled lives, it is also worth noting that in recent years there has been an increase in literature exploring the interface between mental health and spirituality. Including demonstrating higher levels of spirituality to be associated with greater psychological health including; lower rates of depression, increased resilience to stress, openness and acceptance of changing circumstances and a greater focus beyond the self (Michael, 2019). Counter to this however, negative associations of spirituality and psychological distress have also been reported (e.g. Ellison & Lee, 2010). It seems clear then, that it is important to include spiritual perspectives and experiences in client assessments as without doing so, we run a risk of neglecting or mismanaging potentially vital elements of clients lived experience (Coyle &

Lochner, 2011). As the field of counselling psychology prizes embracing diversity, and training students to explore where their experiences and attitudes towards; ability, age, ethnicity, gender identification, race, religion and sexual orientation may be barriers to the therapeutic relationship and to foster awareness to transference processes concerning these differences, it would appear a step forward to routinely include spirituality along with these categories of difference. Especially, as it was clear from the participants accounts that spirituality and religion were conceived of as different constructs and that spirituality in all the stories was constructed as significant in experiencing a sense of interconnectedness.

The participant accounts all show that the AA fellowship provided a social safety net and a sense of connection that was instrumental in banishing shame, fear and loneliness. This sense of belonging appears to be an integral part of the identification as a recovering alcoholic within the AA fellowship. Indeed, members literally gain badges of identification in the AA tokens handed out at various stages of remaining sober. The relational identity intrinsic in the reconstruction of the self in embracing a recovering alcoholic identity and the subsequent sense of safety and interconnection associated with this, is not possible to be offered during one to one therapeutic encounters. Psychodynamic, CBT and MI interventions for substance misuse although often effective treatment models, focus more on individual agency than on communal agency, the former being honoured more in Western individualistic societies compared to more collectivist cultures. In fact, it has previously been suggested that in Western psychology the notion of the need for mutual dependence is sometimes pathologized rather than critiquing cultural neoliberalist practices of over distancing and perceiving others as objects to be manipulated (Talef & Babcock, 1998). An enduring sense of belonging needs to be rooted in the interconnectedness of community. The values and aspirations of community psychology and more systemic approaches that incorporate linking the individual to the community, can therefore offer fruitful ways to balance the potential shortcomings of more individualistic approaches to dealing with alcohol dependency.

A focus on systemic rather than just individual change is a way to address feelings of powerlessness and experiences of isolation. Empowerment is more than personal agency; it encompasses having valued roles at a community level. AA meetings provide social inclusion and peer support and each member has the valued role of being an expert by experience. As discussed, AA is not for everybody with an alcohol use issue for many reasons, but the kind of

valuable community identity and support the AA fellowship provides could be offered in other areas through changes in social policy and community infra-structure that include therapeutic social enterprises that are easily accessible for those who for whatever reason, do not see AA and the Twelve -Step model as suitable for them.

Lastly, I hope that the present study will encourage other academics and practitioners to critically examine their own assumptions concerning the construct of 'alcoholic'. As these may unwittingly be informed by pervasive cultural discourses which all the participants pointed to in their narratives, but which none of the self-identifying alcoholics participating in this research could identify with.

Strengths and limitations of research

Due to their being a strong focus on the topic of shame in the present study, I feel that this was managed delicately. I never asked the participants to discuss anything shameful nor mentioned that this would be a focus of the research, as clearly this could lead to distress and potential re-shaming. When the participants mentioned shame accounts in their stories, they were not prompted to do so and other references to shame in the analysis were drawn from the data, not directly from the participants. This ethical dynamic however, is linked what I feel is a major ethical limitation of the research.

I made the decision to not offer the participants a view of how their stories were analyzed and re-presented, so the findings have not been checked with them. There are two points of limitations of the study inherent in this decision. Firstly, is the issue of exit ethics (Tracy, 2010) which was not addressed due to not sharing my findings with the participants who gave up their time to contribute to this study. This decision was made because I wanted to be able to write more freely about the AA fellowship from a critical standpoint at times, without being concerned about causing offence to members. Also, I needed to be able to explore the shame within the accounts that may have been expressed quite easily in the more empathic one to one relationship of the interview process, compared to the potential distressing effects of reading it back in black and white later. Secondly, a critique of validity can be leveled at this research for not having checked my re-telling of the stories with the original tellers.

Although it was a deliberate decision to only sample male participants, the recruited participants were all also; in their 40's or 50's, white, and in long term relationships with women. As qualitative research there is no claim to be able to generalize the findings to any wider AA member population, but it would have perhaps been beneficial and more interesting to have heard stories of alcoholic identity negotiation from a more diverse UK sample. Other limitations of the research are concerned with the interview process. It may have been valuable to have spent more time in the field as it were, by spending more time with the participants prior to the conducting the interviews. This could have allowed a closer relationship with them which may have enabled them to provide accounts of their own personal circumstances more outside the framework of the archetypal AA story.