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Reconstructing 'the Alcoholic': Recovering from Alcohol Addiction and the Stigma this Entails

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Abstract

Public perception of alcohol addiction is frequently negative, whilst an important part of recovery is the construction of a positive sense of self. In order to explore how this might be achieved, we investigated how those who self-identify as in recovery from alcohol problems view themselves and their difficulties with alcohol and how they make sense of others' responses to their addiction. Semi-structured interviews with six individuals who had been in recovery between 5 and 35 years and in contact with Alcoholics Anonymous were analysed using Interpretative Phenomenological Analysis. The participants were acutely aware of stigmatising images of 'alcoholics' and described having struggled with a considerable dilemma in accepting this identity themselves. However, to some extent they were able to resist stigma by conceiving of an 'aware alcoholic self' which was divorced from their previously unaware self and formed the basis for a new more knowing and valued identity.

Key words

Alcohol; recovery; stigma; identity; qualitative; Alcoholics Anonymous

Introduction

Increasing recognition of the need to understand how changes made in treatment for alcohol addiction are maintained has highlighted the value of learning about this from those who have achieved some resolution of their problems with alcohol (White, 2005). Alongside this, the emphasis within the literature on objective measurement of the immediate

effectiveness of treatments (Laudet, Savage & Mahmood, 2011) has tended to marginalise the client's perspective and focus on short-term gains. If effective interventions are to be designed, insight is needed into how people with alcohol dependence make sense of and engage with their difficulties with drinking over a longer time-frame.

The limited research into longer-term recovery suggests individuals who are successful tend to look at sobriety as a whole life change - a process rather than an endpoint (Laudet, 2007). Biernacki (1986) highlights the importance for continuing recovery of a transformation of identity into a non-user. As such, self-concept and social support seem important ingredients for recovery (Laudet, 2007, Laudet et al, 2011), but these can easily be jeopardised due to stigma.

Negative public perception of alcohol dependence is common (Keyes et al., 2010; Livingston, Milne, Fang & Amari, 2011). In a study of mental health stigma Crisp, Cowan & Hart (2004) found that 70% of their UK participants viewed those addicted to alcohol as unpredictable, 64% as a danger to others and 54% believed they were to blame for their difficulties. In fact the study found much higher rates of blame attributed to those with alcohol problems than to those with mental health diagnoses such as depression or schizophrenia. Despite the degree of social disapproval and moral censure often attached to excessive drinking (Room, 2005), there is less research on stigma in relation to use of alcohol than on general mental health stigma. A body of research now documents ways in which stigma can act as a barrier to recovery from mental health problems via reduced life opportunities (e.g. Wahl, 1999), reluctance to seek help (Rusch, Angermeyer & Corrigan, 2005), fears about the consequences of disclosing use of mental health services (Dalgin & Gilbride, 2003), a sense of isolation or rejection (Schulz & Angermeyer, 2003) and 'self-stigma' – the internalisation of society's negative views, leading to a loss of self-esteem (King et al., 2007; Ritsher & Phelan, 2004). The more limited literature on stigma due to

alcohol addiction suggests similar issues. For example, Keyes et al. (2010) found that those with an alcohol problem who perceived a higher amount of stigma around this were less likely to access treatment. For those in recovery, self-stigma also appears to be associated with lower confidence in one's capability to refuse a drink, a factor which could lead to a self-fulfilling prophecy and a return to drinking (Schomerus et al, 2011). Potter-Efron (2002) and Scherer, Worthington, Hook & Campana (2011) discuss the cyclical impact of shame, guilt and low self-esteem where negative self-focused emotion may begin a person's alcoholic drinking, but then produce a vicious cycle whereby experiences of intoxication and an identity as an addict lead to further shame, guilt and damaged self-esteem.

As Room (2005) notes some of the literature has, paradoxically, discussed the *value* of stigma in discouraging excessive drinking. However, Potter-Efron (2002) argues that although moderate levels of shame or guilt may provide an individual with the motivation to change, an excess of these emotions, particularly shame, may be overwhelming and drive the individual further into their addiction. What is needed for recovery is a more positive sense of self. In an unusually long-term study, Vaillant (1983) found that some of the key factors in recovery from alcohol dependence over a 40-year period included enhanced self-esteem, hope and a source of inspiration. The importance of a valued identity was further highlighted by Heslin, Singzon, Aimiuwu, Sheridon & Hamilton's (2012) qualitative study, where individuals recovering from alcohol or drug addiction reported creating new identities for themselves as responsible and moral citizens in order to escape felt stigma. It is clearly important then to consider how a person makes sense of their difficulty with alcohol, and how they see themselves in relation to others and to stigmatising imagery if we are to comprehend further the longer-term process of recovery.

Larkin and Griffiths (2002) argue for an increased focus on subjective accounts of addiction in order to understand how those struggling with addiction make sense of the

experience. There is now a growing body of literature examining the attributes of successful recovery from alcohol addiction from the participants' viewpoint, using qualitative methods. For example, Kubicek, Morgan & Morrison's (2002) interview study noted the importance placed on using the help of supportive people; similarly Nordfjærn, Rundmo & Hole (2010) also argued that those who felt supported by health professionals and their fellow patients viewed treatment and their recovery more positively. Yeh, Che, Lee & Horng (2008) discuss how the experience of being at 'rock bottom' with a loss of control could become a source of empowerment and a driver for abstinence. Their participants emphasised the value of remembering the negative consequences of past alcohol abuse and maintaining a desire to get well. However, this notion of a turning-point with an explicit desire for change highlights the difficult balance faced by those in recovery between maintaining awareness of the negative aspects of their previous drinking lifestyle, whilst maintaining a positive view of the self.

Other qualitative studies have focused less explicitly on what 'works' in recovery and have investigated the process of recovery as experienced by the individual in a more exploratory and open-ended manner. For example, Shinebourne and Smith, (2011) found that for participants in an Alcoholics Anonymous (AA) programme, maintaining the habits necessary for abstinence could be experienced as an effortful process. A different picture is provided by Bowden (1998), who describes a spiritual journey to self-knowledge, strengthened will and self-acceptance. Other work has highlighted the variety of pathways to recovery and the different ways in which individuals might productively make sense of the process of change (e.g. Bell et al., 2009; Hanninen & Koski-Jannes, 1999). However, across this work there are common themes of the need for a shift in identity and in one's understanding of how one relates to others. As McIntosh and McKeganey (2001) have argued, from examining the narratives of those recovering from heroin addiction, a key part of the decision to begin recovery is a desire to repair a 'spoiled identity'.

In conclusion, issues of identity seem central rather than peripheral to recovery, as does resisting or coping with stigma and with related feelings of guilt, self-blame and shame. The issue is further complicated in twelve-step programmes such as AA where, in order to maintain awareness of recovery as an on-going process that cannot be taken for granted (Alcoholics Anonymous, 1981), there is encouragement to accept and retain a potentially stigmatising identity as an 'alcoholic', but one who is abstinent. However, there has been limited previous research on how those with alcohol problems who view themselves as in recovery deal with stigma and construct a positive identity. The study we describe below aimed to build on this work by exploring how six individuals who had been in recovery from alcohol addiction for a number of years, and in AA, viewed their difficulties and themselves. Although not without controversy (Vaillant, 2005), AA is one of the commonest approaches to recovery and there is some evidence for its effectiveness in supporting longer-term recovery (Kelly, 2003). In particular we explored how the participants made sense of or managed a possibly stigmatising identity as an 'alcoholic' and how others' views about their alcohol use impacted on their attempts to construct a new and sober identity.

Method

Methodological approach

Interpretative Phenomenological Analysis (IPA) was used as a framework for exploring the lived experience of the participants. The main aim of IPA is to investigate how individuals make sense of their personal and social worlds (Smith, Flowers & Larkin, 2009) and therefore was suited to our aim of exploring the participants' subjective experiences of recovery from alcohol addiction, and the meanings they assigned to these. IPA treats the participant as the expert, with the aim being to develop a detailed presentation of the

participant's experience and meaning-making. However, IPA also recognises that analysis involves a 'double hermeneutic', whereby the participant is trying to make sense of their experience, and in turn the researcher is trying to interpret the participant's sense-making (Smith et al, 2009). This interpretative aspect of IPA may also consider the wider interpersonal and cultural significance of the participant's meanings (Larkin, Watts & Clifton, 2006).

Sampling

Six individuals recovering from alcohol addiction through the AA programme were recruited by a snowball sample. As IPA is an idiographic approach which aims for in-depth exploration of experience, small samples are preferred (Eatough & Smith, 2006). The three men and three women were aged between 40 and 75, with four self-reporting 5-10 years' abstinence from alcohol and the other two reporting approximately 20 and 35 years' abstinence. All lived in the Midlands area of England, with varying socioeconomic status. Three of the participants were retired, and the other three in full time employment. There were two marriages within the participants, all of whom met each other through AA. The remaining two participants had partners outside of AA. Their various involvements in AA included most participants acting as sponsors to others in the programme, holding various service positions such as 'chairperson' and all continued to attend meetings throughout their abstinence.

Procedure

A letter was sent to each of the potential participants explaining the nature of the study and all gave fully informed consent to take part in an individual interview. The interviews were conducted by the first author in the participants' own homes. University

ethical approval was obtained prior to conducting interviews and due to the anonymous

nature of AA, particular care was taken to ensure anonymity and confidentiality. As such,

names have been changed.

Interviews

A semi-structured interview was chosen as the method of data collection allowing the

interviewer to engage in dialogue with the interviewee and probe areas of interest (Smith et al

2009). Initial questions were broad and open ended to build rapport, asking the participant to

give a brief history of their problems with alcohol. Further questions explored the sense they

and others made of their previous drinking, their first encounter with AA and initial

expectations about this, the impact of any negative perceptions of alcohol use or negative

responses to their difficulties from others and how they dealt with such responses. All

interviews were recorded and transcribed verbatim.

Analytic procedure

Following Smith et al (2009), the transcripts were analysed by the first author for

recurrent themes, beginning by reading each transcript multiple times in an attempt to be

immersed in the participant's experience. Initial notes highlighted anything of interest. These

notes were then examined in concurrence with the transcript and tentative interpretative

themes were developed. After this process was completed for each interview, links between

themes were discussed by both authors until super-ordinate themes were developed across

interviews which captured meaningful aspects of the accounts. One member of the team had

prior contact with AA members; the other had no connection to AA or addiction services. In

this way, both 'insider' and 'outsider' perspectives were considered throughout (Langdridge, 2007), enriching the interpretation of the data.

Analysis and discussion of findings

The analysis presented here focuses on three themes which were prevalent in all interviews: 'Men in dirty macs', 'The journey through a dilemma: accepting the alcoholic identity' and 'Distancing the unaware alcoholic self'. Together these captured the way in which the participants described having struggled through a considerable dilemma in deciding whether to accept what they saw as a very negative and potentially shaming social identity as an 'alcoholic' (a decision that they saw as crucial for recovery). Resolution of the dilemma seemed to involve acceptance of an identity as an addict as a mark of self-awareness rather than a mark of social deviance. As such the current self was divorced from the previously unaware alcoholic self who was powerless to alcohol and it was alcohol, rather than the self, that became the target of opprobrium. The analysis is illustrated with anonymous quotes from each of the six participants.

Theme 1: Men in dirty macs

All participants felt that alcohol dependence and AA were viewed negatively and despite their years of sobriety most talked about others' potentially negative view of them in the present tense. All mentioned what they saw as a common misconception of lack of willpower:

> People generally think that, because I'm a drinker I've got no self-control, I've
>
> got no willpower, they don't understand that erm ...[1] I didn't become an alcoholic
>
> because I wanted to, you know. (Chris)

Chris' sense of being unfairly judged and blamed was mirrored by other participants' sense of unjust negativity toward alcoholism and chimes with surveys of the general public (e.g. Crisp et al, 2004) and research with those with alcohol dependence (Schomerus et al., 2011). An additional layer of difficulty was that, in line with the emphasis within AA on the need for continuing attention to the recovery process (Alcoholics Anonymous, 1981), the label 'alcoholic' was one that could still be considered by the participants as useful and appropriate, despite several years of not drinking. As Peter explained, this led to feeling further misunderstood. Because perceptions of an 'alcoholic' were so negative, others refused to see their friend in this light:

> When they get to know an alcoholic who is in recovery they don't really believe
>
> that you were an alcoholic. Many people have said to me I'm not an alcoholic.
>
> 'Oh no, you wouldn't be able to stop' and so I let it roll but ... It's because their
>
> perception of an alcoholic is so vile then they don't want to associate you with it
>
> or me with it I mean because they say 'he's OK, he talks OK he seems fairly
>
> educated' whatever 'how could he be a bloody alcoholic' you know.

Peter was left with the dilemma of either convincing others that a well-educated man might otherwise be in possession of a 'vile' identity or reworking his identity as an 'alcoholic' for his friends so that they could make sense of how someone who is an 'alcoholic' might still be able to stop drinking. As Peter noted, stereotypes of 'alcoholics' are often of someone for

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[1] ... – pause

whom recovery is unlikely because of their inability to change their behaviour (Schomerus et al., 2011).

Most of the participants mentioned their own initial struggle to come to terms with a negative view of alcohol addiction. They were asked what they had expected the others to be like at their first AA meeting, and several said that others present had challenged their negative preconceptions:

 I was surprised at the cross section of people [ ]² I kind of expected them all to be like you know, blokes in dirty macs tied up with string [ ] but they weren't you know. [ ] I was surprised at the erm... the level of intelligence of the people there (Chris).

This imagery of "men in dirty macs" was present in some form in the majority of the interviews, either as how the participants had previously viewed those with alcohol problems or how they thought others viewed them. As Johnson, Schaller & Mullen (2000) argue, it can be particularly difficult to resist negative stereotypes when we have already accepted the legitimacy of these prior to categorising ourselves within the stigmatised group. For many participants the salience of negative imagery was such that it coloured their assumptions about how others viewed them. As Peter explained, he did not need to experience overt discrimination to be affected by *assumed* public perception:

When I was walking down the road I felt paranoid, I felt that people were looking at me because I'm no longer a drinker, 'he must be a terrible person, why, he has no willpower, he has no strength, he can't drink like a normal person, he's probably mentally ill anyway'. And all these things were what I was thinking; the

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² [ ] – omitted text

fact that people didn't mention any of these things didn't matter. I sincerely

believed it.

Peter presented an image of the 'alcoholic' as unable to escape a negative identity

regardless of whether he or she drinks. Although he had now gained a perspective

where he was able to reflect on this as perhaps an unwarranted assumption, he

explained the prior impact of what Scambler (1998) refers to as felt stigma, rather than

stigma that is actually enacted by others. With the exception of one participant, Sheila,

who had an offer of employment withdrawn when the potential employer was made

aware of her alcohol problems, participants found it difficult to describe a time when

they were treated differently because of their addiction. However, many were still

acutely aware of the possibility of strong negative judgements from others. Indeed, felt

stigma can be just as damaging as enacted stigma. It can threaten self-esteem (Phelan,

Link, Struening, Neese-Todd & Asmussen, 2001), identity, security and life chances

(Scambler, 1998), acting as a hindrance to recovery (Phelan et al, 2001).

To summarise, this theme suggested a shared image of alcohol addiction affecting

men of poor economic status, with little education and poor hygiene. The participants

expected negative judgement from others about a lack of willpower, loss of morals and the

need to pull themselves together, despite several years of not drinking. Many of them had

shared these views prior to their own problems, with some suggesting that their perception

was projected onto others, despite stigma never really being enacted by others.

Theme 2: The journey through a dilemma – accepting the alcoholic identity

      In line with the teaching of AA and other approaches to recovery (e.g. Rinn, Desai, Rosenblatt & Gastfriend, 2002), the participants viewed acknowledgement of their difficulties with alcohol as having been a crucial step in their journey to recovery. As Chris said, "once I accepted I had the problem that was the start of me getting better". However, this process of acceptance was recounted as involving considerable dilemma, not just because this meant giving up something that they had come to rely on (alcohol), but also because this meant accepting a very negative identity and sometimes losing aspects of what they saw at the time as a positive identity. For example, Sheila's and Sally's recollections of their initial reactions to reading about or attending AA for the first time illustrate a reluctance to identify with the organisation and with being an 'alcoholic':

    I'd heard of AA, I'd read about it and turned the newspaper over quickly because I didn't want to believe it was me. (Sheila)

    I just heard what I wanted to hear, I wanted to be able to come out there and say "see I'm not an alcoholic 'cause I'm not like these people" [ ] I just wanted somebody to prove to me that I wasn't an alcoholic, that maybe I just had a little bit of a problem and I could sort my life out. (Sally)

For Sally, the memory of her first AA meeting was associated with an initial attempt to distance herself from the notion of 'them'. Joining AA had seemed risky as it differentiated her from those with 'a little bit of a problem', thereby placing her within a problematic social grouping. Similarly, Linda articulated very clearly how she remembered a sense of shame at the possibility of a public identity as an 'alcoholic':

I didn't tell a lot of people to start with, I really didn't tell people I was so ashamed [ ] I
was so ashamed to admit to anybody that I was an alcoholic

Some participants also outlined how admitting to a problem with alcohol had meant
risking the loss of an identity that was previously valued by themselves and others:

The biggest problem I had was what I called "I'll have no friends" I thought that
because I wasn't drinking he [a drinking friend] didn't want to know me, it was my
perception of his reaction – he did want to know me (Peter)

It [alcohol] gave me some kind of power that I never thought I had when I was sober [ ]
I became this outgoing, life and soul of the party sort of person (Chris)

Peter and Chris's reflections on the dilemmas they had faced stopping drinking, highlighted
the way in which giving up alcohol had seemed, at the time, to threaten their social identities.
Besides the negative images both men associated with stopping drinking because of addiction
(see previous theme), they had also both viewed sobriety as necessitating different ways of
relating to others, and there had been no guarantee that others would accept this change and
value a non-drinking persona.

Given the dilemmas described above, a common theme was the sense of having lived
through an internal battle around drinking, with a pattern of conflicting beliefs where on-the-
one-hand the individual had developed awareness of a problem, but on-the-other-hand, they
had not been willing to accept the potential consequences of change. This was illustrated by
Chris' account of a daily struggle:

Some nights I'd come home from work and I'd say to myself, right I'm not going to
drink tonight, I'm not going to drink tonight, you know, and I took my coat off and ten
minutes later I'm putting my coat on to walk down to the off-licence. I'm walking and

… I'm saying "no don't do this, you don't want to do this, you know what's going to

happen" and its, my legs are walking but I don't want to …., even when I'm handing

the money over for the bottle you know something's saying "don't do this Chris, you

don't want to do this, you know what's going to happen" but I still do it.

Many recounted a similar fight to control their drinking - determined not to give up

drinking altogether but accepting the need for a small change. All participants described

denial as an important mechanism they used until the very end of their drinking and several,

such as Chris, looked back on this as a period of instability and conflict between a sober and

a drinking self, with the latter initially winning. Alcohol addiction has been described several

times as an experience of a divided self, leading to a sense of instability and fragmentation

(e.g. Denzin, 1987; Shinebourne & Smith, 2011). Here Chris emphasised not just the

instability but the internal struggle. His account resonates with popular images within Judeo-

Christian and Islamic traditions of an angel and a devil sitting on each shoulder – pulling in

opposite directions.

Despite these events occurring several or even many years ago the participants spoke

vividly about this sense of a dilemma and the difficulties of accepting an 'alcoholic' identity.

Participants stressed that the journey through this dilemma had not been easy, that they had

faced many obstacles, be it the perception of stigma from others, the battle against their own

denial or the sense of a struggle against alcohol as an external force.

The previous theme illustrates the negative imagery that participants had associated with

being an 'alcoholic'. Nevertheless they had come to view the road to recovery as relying on

acceptance of this identity. The following theme discusses how, to some extent, participants

resolved the dilemma by reworking aspects of the 'alcoholic' identity.

Theme 3: Distancing the unaware alcoholic self

There had come a point where all participants had made a decision to end the dilemma and to change. They often referred to this as their 'rock-bottom' - a term commonly used in AA literature (e.g. Alcoholics Anonymous, 2001) to describe the lowest point possible, when the individual decides their drinking cannot continue. As Dodes (1995) notes, AA teaches that it is important at this point to recognise one's powerlessness in relation to alcohol and to tolerate rather than resist this feeling as a reminder of the need for total abstinence. For Chris and several other participants, giving up the struggle to retain control was described as a sense of relief:

In the end I suppose it was a relief just to admit it and say "OK, OK I give in, I can't fight any more" [ ] to finally sort of admit it that yes it has got the power over me

For all the participants this shift in understanding, so that they problematised alcohol and stopped trying to control it, was an important factor in enabling a new positive identity to emerge. This third theme captures the way in which by distancing the former drinking self and externalising the problem as alcohol's power rather than their own inherent shortcomings, they were able to protect their current view of themselves. This sense of an emerging more knowing self that was newly aware of the reality of their previous drinking fits with the AA emphasis on self-analysis (Sifers & Peltz, 2013). It also enabled the participants to resist the potential for stigma in taking on the identity of an addict. The 'addict' or 'alcoholic' label could now be a mark of self-awareness rather than of social deviance.

Peter described how after first becoming sober he experienced a loss of self, but he then explained that this was based on a false understanding of his situation, suggesting that he had gained a self-awareness he did not have previously:

> I always associated my humour, [ ] my happiness, my personality, people wanted
>
> to know me, I always associated that with drink. I didn't think I had it ... the drink
>
> made me be this person, without it I could never be that person, that I'd be a
>
> boring old fart you know, but in fact it takes a long while before you realise that
>
> you have a personality and that people do like you….and that drink was a
>
> hindrance rather than anything else.

Peter's experience of becoming sober was clearly difficult. Everything that he thought was positive or powerful about himself, he perceived as coming from alcohol, and in resolving the dilemma captured by the previous theme Peter experienced a loss of self. However Peter was now able to construct a sense of a new self that was more knowing than the previous self.

The idea of a new self and a process of rediscovery was underscored by Sally who stated that AA is "the beginning of your life" and by Richard and Chris who both described a new self that felt somehow more authentic:

> When I was drinking I wasn't me, I was another person entirely [ ] this is a
>
> genuine me - a genuine person. (Richard)

> I have turned my life around [ ] I've kind of gone back to the real Chris [ ] I feel good, I
>
> feel fit and healthy. (Chris)

Therefore, not only was the previous drinking self viewed as in some way mistaken or unaware, but also as inauthentic – not the 'real' me. To convey the distance he now felt from his prior drinking self, Richard talked about himself in the third person as 'another person'. With similar implications, Peter used the third person or generic 'you' when describing his prior self:

It was lonely drinking in your house with the curtains shut. You're writing poetry

and you're talking shite you know. You're drinking till you're unconscious.

That person was violent and he was angry and argumentative. When you're drunk you

do all sorts of things, you can be also incredibly charming, incredibly funny and make

people laugh.

By talking about himself in this way Peter conveyed a sense he was no longer that person

and was able to appraise his previous self from a position of greater knowledge and insight.

Although the previous self he described could have been a very shaming and stigmatising

persona Peter was able to separate his current self from this. Research by Karlsson and

Sjöberg (2009) found that participants recounting experience of shame or guilt regularly

referred to themselves in the third person as though to distance themselves from the source of

the emotion. Similarly other research with individuals experiencing a range of shaming

episodes found that shame was sometimes repaired by distancing one's current self from the

previous self who had behaved shamefully. In this way the shameful episode could become

little more than a story, rather than a reflection on the current self (Leeming & Boyle, 2013).

For Peter and other participants this distancing of the previous unaware alcoholic self seemed

an important factor in enabling them to form a new less stigmatising identity.

However, it was not always quite as straightforward as this and Peter recounted how his

new identity could be precarious at times:

I'd say 'so I don't drink now', and immediately this feeling would come along

that 'oh I'm not going to be liked' and I used to try and justify it by saying 'I'm

driving the car' or 'I'm not well today' and so on, rather than just saying, 'I drank

too much when I was young and I don't drink now, I have a problem with it', and

people would have accepted that, but I felt that would stigmatise me - that would

make me look a victim of drink or whatever.

Therefore it was not always easy to distance oneself from the previous negative identity -

disclosure to others risked the previous identity seeping into the present, leading to a sense of

stigma or shame and threatening the stability of the new identity.

As well as divorcing the current self from the previous self, participants often referred

to their drinking self as controlled by alcohol (or alcoholism) – as if alcohol were a separate

and powerful being. Though using the present tense, Sally reflected back on what this had

been like:

This has a total grip on me; I have no control over it. It's like I don't want to drink

because I know what it's doing to me [ ] but on the other hand I can't stop because

I'm addicted

Echoing Chris' account of a daily struggle (discussed in the previous theme), Sally made

sense of her difficulty stopping drinking as an experience of powerlessness against alcohol

and addiction. There is an emphasis within AA on recognising this powerlessness and hence

the need for total abstinence (Alcoholics Anonymous, 1981). However, this sense of having

had no control also enabled alcohol rather than the self to be construed as the problem. As

such Sally and other participants were more able to reflect on ways in which they had

previously behaved inappropriately whilst maintaining a positive sense of self. Alcohol had

gone from 'friend' to 'foe' and this externalisation of blame supported the emergence of an

identity as a genuine self, no longer under the power of alcohol.   This genuine and more

aware self could now reflect critically on the old alcoholic self without the same threat to

current self-esteem and without the same potential to be overwhelmed by shame.

Concluding comments

All participants were aware of the negative image of those with alcohol problems. The dilemma they described was not simply an internal battle between the desire to drink and the desire to avoid the problems of drinking, but a dilemma in relation to social identity and relations with others. They had feared gaining a shameful social identity and giving up a positive social identity as a drinker. In some ways the dilemma had been resolved by accepting an identity as an addict as if this were an indicator of self-understanding and awareness, rather than a mark of stigma or shame. However, this new identity was precarious. Despite talking positively about how they had come through a difficult struggle and turned their lives around, and their sense of confidence about no longer being the person they were, many participants still talked about the stigma of alcohol addiction in the present tense and retained a sense that their identity was vulnerable to others' negative interpretations.

Feeling that the self is in some way shameful in the eyes of others has been identified as one of the most difficult emotional experiences to repair (Brown, 2006; Gilbert & Proctor, 2006), not least because regaining a positive identity often seems reliant on connection with and validation from others, whilst feelings of shame motivate hiding and avoidance (Brown, 2006; Leeming & Boyle, 2013; Van Vliet, 2008). Research has demonstrated links between shame and alcohol addiction (Cook, 1996), with alcohol misuse being theorised as a way of dealing with shame which then becomes a further source of shame for the individual (Ehrmin, 2001; Potter-Efron, 2002). Therefore, addressing issues such as shame and stigma and fostering self-acceptance and self-forgiveness is important in treating or supporting those recovering from problem drinking (Bowden, 1998; Potter-Efron, 2002; Scherer et al., 2011); the narratives people are supported to develop about their experiences and selves are an important part of the recovery process.

For the present participants, AA seemed to have been a useful resource in constructing a new identity through which shame was resisted. Although attendance at AA does not necessarily indicate complete endorsement and practice of the 12-step approach (Shinebourne & Smith, 2011), the participants' accounts reflected AA concepts and teachings at many points, and these seemed to have been useful resources for developing a sense of a new, more knowing, reflexive and authentic self. Of course it could be argued that AA's notions of recovery as a life-long process and addiction as a chronic condition (Alcoholics Anonymous, 2001), reinforce and sustain a deviant identity as a 'dry drunk' long after drinking ceases. Indeed, as the data in the present study indicate, a recovery method which sees acceptance of an 'alcoholic' identity as crucial poses certain challenges to those in recovery. For the present participants this meant the need to manage an identity that they had previously seen as shameful and stigmatising. However, AA was also able to support a reappraisal which rejected the previous drinking lifestyle without castigating the self, though this did not offer complete protection against a negative view of the self.

When considering the limitations of the study it is important to note the use of a small sample from one particular recovery program. Others recovering in different contexts may develop alternative stories of transformation which do not have the acceptance and management of an 'alcoholic' identity as a central concern. In fact the limited qualitative research on recovery suggests that helpful narratives of recovery can vary considerably. These include accounts of surviving victimhood, of personal growth and of finding new meaningful relationships (Hanninen & Koski-Jannes, 1999).

The snowball sampling method may further limit generalizability of the findings due to bias toward certain types of participant (Biernacki & Waldorf, 1981). Specifically, participants may be more likely to name others to whom they have close social links and therefore may share a common narrative. In the present study four of the participants were

married to each other and hence were likely to have been influenced by each other's interpretations of the process of transformation. The research was also not a full exploration of factors which might impact on recovery, but instead focused on the particular issue of the reconstruction of identity following identification with a stigmatising label. Other studies have highlighted the importance for recovery of several additional factors such as supportive others (Kubicek, Morgan & Morrison, 2002), the availability of a prior effective non-user identity (Biernacki, 1986), a sense of empowerment (Yeh, Che, Lee & Horng, 2008) and being supported in developing alternative sober habits (Shinebourne & Smith, 2011; Vaillant, 2005). Therefore the present findings should not be taken as a complete picture of the process of recovery. However, they provide insight into how individuals in recovery for some time and in contact with AA might reconstrue their sense of self in order to accept the reality of their struggle with alcohol, whilst resisting the moral condemnation this can entail.

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