Former heavy drinkers’ multiple narratives of recovery

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ABSTRACT
AIM – This article explores the multiplicity of former heavy drinkers’ narratives. The focus lies on turning points from heavy drinking among people who have recovered through self-change and among those who recovered by participating in Alcoholics Anonymous (AA) meetings. DESIGN – We conducted 42 qualitative interviews with media-recruited informants in 2009–2013. The interviews allowed the respondents to narrate their life histories of drinking and quitting drinking, including accounts of causality and order of events. RESULTS – These narratives are enactments shaped in the practice and context in which they were experienced. It is argued that the multiplicity of drinking narratives results not only from the fact that people have different experiences while drinking nor only from different people having different ways of recovering from a problematic consumption. The multiplicity is also the result of the very enactment of recovering and the lives lived after the recovery. The multiplicity is created in practice and is revealed in the narratives. CONCLUSIONS – The narratives and the enactment of the narratives of one’s past, present and future that occur when making momentous changes in one’s life – such as stopping drinking – are all essential for the process of quitting alcohol and the life to be lived hereafter. We should therefore pay more attention to the multiplicity that is created in the enactment of narratives in the process of recovery.
KEYWORDS – narratives, complexity, life histories, Alcoholics Anonymous, self-change, multiplicity

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Introduction
A problematic consumption of alcohol can be overcome in many different ways. Some heavy drinkers enter treatment, private or public, while others visit temperance societies, go through therapy with a psychologist or attend self-help groups, such as Alcoholics Anonymous (AA). Still others, known as self-changers (Klingemann & Sobell, 2007), handle the problem on their own.

Research has been conducted on whether differences can be found between people recovering from problematic alcohol consumption in the various ways, and indeed such differences exist (e.g. Becker, 1964; Anderson, 1990; Blomqvist, 1999; Blomqvist, 2002; Callaghan & Cunningham, 2002; White & Kurtz, 2005; Cloud & Granfield, 2008). Also the narratives of both the drinking and the recovery process from drinking vary between people (Steffen, 1997; Hecksher, 2006), and these variations of narratives are also patterned in terms of how the person stopped drinking (Cain, 1991; Rosenqvist, 1992; Steffen, 1997; Valverde & White-Mair, 1999). Different people in different situations may therefore seek different kinds of help, their experiences are different and these differences will show in the narratives. In this
This article will concentrate on the multiplicity of the narratives by focusing on the process of recovering from heavy drinking among people who have recovered through self-change and among people who recovered through regular participation in AA meetings. It is argued that the multiplicity of narratives of recovering results not only from the fact that people have different experiences while drinking, nor only from different people having different ways of recovering from a problematic consumption. The multiplicity is also the result of the very enactment of recovering and the lives lived after the recovery.

The analysis in this article will highlight turning points in the narratives – in those sections of the narratives which bring to the fore an event or situation that led to a change in the drinking behaviour and the life after that. The empirical focus will be on a group of informants who recovered through attending alcoholics anonymous meetings (AAs) and a group of self-changers. The narratives are different: the AAs “hit bottom”, a low point in life from where they feel that they can only stop drinking or die. The self-changers’ narratives are less homogeneous, as their point of change is initiated through either positive or negative events or simply through changes in conditions of life (Klingemann, 2011). But the narrative of a life history of drinking is not just an expression of how the life turned out. It is also an expression of the way in which a person stopped his/her heavy drinking and the life he/she has lived since.

This makes the field complex, as the discussion easily reverts to debating which came first, the chicken or the egg. Is there a certain type of person who is attracted to the methods of the AA and a different type of person who is more likely to initiate self-change? Do these differences in personality cause the differences in their narratives? Or is it the processes of terminating the misuse that create the differences in the narratives? Even though this article is not able to give straight answers to such questions, the issues will be discussed through the prism of the multiplicity of narratives.

Alcohol recovery research is usually concerned with the investigation of the differences between groups of people who overcome their misuse of alcohol in various ways, rather than focusing on how different types of treatments and methods for overcoming heavy consumption/misuse influence and shape people and their views of their own pasts, presents and futures. This article will make a contribution to this latter focus while also acknowledging the importance of the more common emphasis.

**Design and methods**

This study is based on 42 qualitative semi-structured interviews with former heavy drinkers (31 self-changers and 11 AAs).

In late 2008 a pilot study on self-change in Denmark was initiated at the Centre for Alcohol and Drug Research at Aarhus University. This was a pioneering undertaking in the Danish context. The informants were media-recruited (see later). While it was challenging to find self-changers, a lot of people came forward who had stopped drinking through AA treatment. Also volunteering were people who had not gone through AA treatment, but quitted drink-
ing through regular participation in AA meetings (self-help groups). We decided to include this last group of informants in the study as a group in its own right, so we would later be able to compare the two groups (self-changers and AAs). The pilot study progressed until spring 2011 (Elmeland & Hecksher, 2010; Elmeland & Christensen, 2012).

The pilot study was a retrospective study with emphasis on in-depth qualitative interviews with men and women who had managed to recover from severe problems with alcohol on their own (even if we along the process included the AA group). The design was explorative, making use of both qualitative and quantitative methods.

The participants were recruited from 2008 to 2011. We used advertisements in national and local newspapers. We chose several different newspapers covering a broad range of readers and included local newspapers delivered free to all households. We also placed an announcement on the website of the Centre for Alcohol and Drug Research, and used a discussion group set up on Facebook and articles in journals published by the Danish temperance movements.

Included in the study were people (≥ age 21) who had overcome serious alcohol problems without entering formal treatment. They were required to have had serious alcohol problems for a minimum of two years, and at least one year should have passed since the recovery. “Serious alcohol problems” were not defined any further, but it turned out that all the interviewees could either meet several criteria for alcohol addictions (ICD-10) and/or substance abuse (DSM-IV). Treatment was understood as any kind of intervention from an institution, organisation or person with the objective to relieve a problem with misuse or addiction, or any other treatment or counselling directed towards this objective (Blomqvist, 1999). Attending a few meetings in the AA or at a temperance society was not considered treatment. As mentioned above, we also included people who recovered through prolonged, regular participation in AA meetings as a special group.

People interested in participating in the study could respond by telephone and by email. The subjects were initially screened in a short telephone interview in order to establish their history of problematic alcohol use and to exclude those with recent experiences of treatment. After the screening interview the participants received a letter of information.

Qualitative research interviews with the participants were then conducted by the researchers face-to-face. The interviews lasted between one to three hours. They focused on the participants’ life stories, their route in and out of addiction as well as their social network and work-related ties. We used the Lifetime Drinking History instrument (Skinner, 1984) to support the dialogue during the interviews as well as a means of retaining information on past use of alcohol and frequency and context of alcohol use. Apart from registering the intake of alcohol over years, this instrument also registers significant life events which could influence the use of alcohol either in a positive or negative direction. Following the interview, the participants completed a questionnaire with questions on demographic variables (e.g. education, marital status, socioeconomic status) as well as questions regarding addiction...
(ICD-10) and substance abuse (DSM-IV).

All the interviews were transcribed and analysed using Nvivo. The coding was structured around themes such as drinking history, route in and out of addiction, experience of turning points, maintenance strategies, etc. The inductive approach for analysing qualitative data (Thomas, 2006) was used to identify the actual life narratives.

In spring 2011 the sample consisted of 42 persons: 31 self-changers and 11 AAs. Other studies, too, have shown that recovery from serious alcohol problems is less frequent among self-changers (Cunningham et al., 2000; Klingemann et al., 2009). We compared the data regarding the severity of alcohol problems (ICD-10, DSM-IV) among the self-changers and the AAs with data from a treatment sample that benefited from treatment. These data came from a former study on residential treatment for alcohol abuse (Pedersen & Hecksher, 2008). According to this, neither the self-changers nor the AAs differed significantly from the treatment population. They could meet several criteria for alcohol addiction and/or substance abuse, and the length of the period in their lives with alcohol problems did not differ, either.

In the following we will give a short description of the self-changers and the AAs.

**Participants**

The self-change group consisted of 31 persons, 9 women and 22 men. The majority said that they had had problematic alcohol use for a period between 8 and 15 years. At the time of the interview it was between 2 and 24 years ago they had had severe problems with alcohol. The mean age of recovery was 49. Before recovering, 3 persons had tried to participate in an AA meeting, but had skipped it. One had been through public treatment years before he finally recovered on his own, but the rest had no treatment experiences. Five persons were now drinking sporadically and one smoked cannabis occasionally. The rest never used legal or illegal substances. All but two of the self-changers had some level of education, some had been educated in technical schools, and more than one third had a higher education. They had typically retained their jobs, where they often had leading positions or were self-employed businessmen. They also often had a family and an intact social network.

The AA group consisted of 11 persons, 7 women and 4 men. Their alcohol use had been problematic for 5–12 years. At the time of the interview it was between 2 and 10 years ago they had had severe problems with alcohol. The mean age of recovery was 45. No one in this group used alcohol or others drugs any longer. They were not as well-educated as the self-changers, and many of them had lost their jobs because of alcohol abuse. Many had been through a divorce and/or had lost contact with former friends. All but one were active in participating in AA meetings on a regular basis (at least twice a month).
The narratives of drinking and quitting drinking by former heavy drinkers are the outcomes of the enactments (or are parts of the very enactment itself) that occur during the process of quitting drinking. According to Mol, different enactments will lead to different realities, that is, to *multiplicity* (ibid). Multiplicity is an ontological notion that holds that no object, phenomenon or process is singular; everything is enacted in practical life and will hence be multiple. The multiplicity is created through practices and will reflect in the retrospect narratives.

The study of people who have recovered from a problematic consumption of alcohol will most often be retrospective. Such retrospective qualitative research faces the challenges of the narratives being socially interactive and changeable, because the narrative is the outcome of the social life in which it is constructed (Czarniawska, 2004). Czarniawska argues further that the narratives of individuals are commonly placed in the narrative of the social setting. Episodes are therefore selected and ordered in the creation of the narrative to make a statement or outcome that fits into the social context (ibid). This process is quite similar to what Mol calls enactment.

Ontologically, multiplicity is philosophically in opposition to *perspectivalism*. Perspectivalism implies that the objects/process/phenomena are unified; and if the object looks different it is because the perspective upon it is different. A perspectivalistic view on recovering from a heavy consumption of alcohol would be, for example, that when professionals and heavy drinkers have different understandings on the recovery, it is because they have different perspectives. A multiple approach to the same situation would be that the recovery is something different depending on how one enacts the recovery. For instance, professionals help recover, while heavy drinkers are going through the recovery process. As these are two fundamentally different takes on the recovery, multiplicity is created through the various enactments.

The focus of this article is the situation of change in the informants’ narratives of drinking and recovering, the point when the decision to stop drinking was made. All informants were able to identify such a situation or an event in which they made the decision. However, this does not necessarily mean that it was this single situation that triggered the cessation of drinking. For some it was a single event, for others it was part of a process where the idea of quitting drinking often had developed over a longer period of time.

This turning point represents a significant difference in the narratives between the self-changers and the AAs. The AAs describe the time before their change as an escalation in consumption, which led to hitting bottom. The self-changers’ descriptions are less uniform, with both positive and negative events leading to the change. In this article we will analyse the recovering process as an enactment in the footsteps of Mol (2002). The recovering process is attuned by, interacting with and shaped in the various practices and contexts where it happens.

### AAs’ narratives of hitting bottom

Steffen, who conducted fieldwork on the Danish AA by visiting meetings and institutions employing the Minnesota model...
in the 1990s, argues that the life stories of people who have been through the 12 steps of the AA are largely homogeneous in their content and communication (Steffen, 1997). Telling your life story in the AA is a therapeutic necessity as well as a moral duty (ibid, 103). What lies at the core of the AA’s therapeutic methods is the narration of the drinking history. The idea is that sharing experiences (both listening to and telling life histories) is the best way of dealing with the illness and staying abstinent. Sharing histories – or to give speaks – is also a moral duty of each AA member, as it brings the AA programme and its insights to the alcoholics who still suffer, i.e., still drink. Steffen analysed the AAs’ narratives on the basis of Levi Strauss’ structuralism and analysis of myths. She showed that the overall structures in the AA narratives are similar to those of myths: “This narrative structure generating a sense of shared experience seems to be the core of the recovery process” (Steffen, 1997, p. 110). Many other researchers, including Cain (1991), Rosenqvist (1992) and Valverde and White-Mair (1999), have reached similar conclusions. A shared characteristic of the AA narratives is that of “hitting bottom”, which is the point of change in their drinking behaviour.

The AAs in this study describe the time before their change as an escalation in consumption, leading to hitting bottom. Tina, one of the AA respondents, stopped drinking at an early age, at 34. The interviewer asked her: “You stopped drinking earlier than many people, or what is your experience?” Tina responded:

I think I stopped in due time – before I lost everything. But I think if I hadn’t hit my bottom – we say that we all reach a bottom before seeking help – I would’ve been like the rest of the stories that I hear in the AA. Because it [the disease of alcoholism] is progressive. It gets worse and worse. Once I ended up in detention because I was a danger to myself and others. […] But it’s funny talking about it today and you can’t re-do it anyway, right? In one of the promises¹ we say that we don’t want to close the door to the past. I don’t, and I don’t want to. I bring out the things from the past that can help others today.

This is an example of an AA narrative in which the drinker typically continued drinking until she hit bottom. However, “bottom” is a relative concept. Tina was mainly a weekend alcoholic, or at least she was able to restrict her drinking to the days that her son spent at his father’s house. So her bottom is before she hurts her child or loses her home or good health. Compared to all the other interviews, Tina’s “hitting bottom” is the softest landing. Yet her understanding is still that she hit bottom. Other AAs’ low points are usually much “lower”, which Tina acknowledges in her statement. Another example of hitting bottom comes from Linda, a woman who stopped drinking with help from the AA at the age of 47 (about four years before the interview):

Linda: …In fact, I was about to die on [this specific date]. That day I real-

¹ Promises are found at the end of each step in the AA book.
ised that if I continued [drinking]... I should not drink much anymore, because I would simply die from it.

Interviewer: Were you ill or was it a general feeling?

Linda: [about the dangers and discomforts of drinking on Antabuse] On [specific date] I realised I couldn’t get drunk anymore, I couldn’t enter a blackout, I couldn’t go to sleep. And I knew that when this happens, it’s right before the liver stops working [talks about the difficulties in stopping drinking even after this realisation]. And then I began to think that if I died, I would probably be found months later, dissolved and in my own pee and dirt. And I didn’t want my children to experience that. So I managed actually to stop then.

We do not know – and it is not important to know – if Linda was in fact about to die on the day she realised that her drinking had to end. What is important to the AAs is what Steffen calls the common myth of Alcoholics Anonymous: alcoholics must hit bottom before being able to change their pathway. Steffen takes the conclusion one step further by saying that “by excluding people from closed meetings, and by continually correcting life stories with reference to either cultural or natural truths or common myth, strengthens the solidarity and internal support of the fellowship” (Steffen, 1997, p. 110). This means that being part of the AA also means being part of the collective story about the nature of alcohol and alcoholism. Both Tina’s and Linda’s story have these qualities. The recovery process is an enactment of taking in the collective narrative as part of your own narrative.

Both the AAs and the self-changers talk about changes in role/identity and practical life after abandoning alcohol. Some have entered a new role or engage in new hobbies or lifestyles, others have found a new place to live, new social circles or have redefined and repaired the damaged relations, and yet others have taken up a new job/education or charity work. After the abandoning of drinking, they often have time and energy to do something new. This is consistent with former abusers who have been through public treatment. Hecksher (2006) shows how former substance users employ narratives to sustain their recovery and build a new being, away from drugs and alcohol. AAs often stay in self-help groups for many years after the abandoning process, as non-drinking alcoholics. They go to meetings, tell their story, listen to others’ telling their stories and may become sponsors. The AA provides numerous roles and incentives to keep people focused and sober in the organisation (Steffen, 1997; Valverde & White-Mair, 1999). Tina, for example, was in charge of the “books and coins” in her AA group at the time of her interview. Both Linda and Tina spend many hours every week disseminating the lessons they have learned in AA to people who may need help.

Self-changers’ turning points

The stories of the self-changers are not nearly as homogeneous as those of the AAs. Some self-changers develop the motivation to change their alcohol consumption over several years as a result of both internal mental processes and external influences, while others describe the turning point more as a sudden recognition (Elme-
land & Hecksher, 2010). Significant variations were found in the interviews with the self-changers with regard to their descriptions of ways in and out of the misuse. Several respondents described how they changed their drinking behaviour almost “overnight”. It seemed in many interviews that the respondents changed their pattern of alcohol consumption on the basis of one specific experience or event, either positive or negative. But it becomes clear when examining the narratives that these episodes can be described as events that made the informants put their thoughts into action rather than as real “turning point” episodes. Turning points are understood to be specific episodes that individuals define as an experience that leads to or initiates an actual process of change (Koski-Jännnes, 1998). One person described a specific episode as “the beginning of the end of my drinking”; others referred to situations in which they realised that even they could have hope. Some self-changers described their change in behaviour as a conscious decision based on an accumulation of events. For example, a male informant understood his change of lifestyle as a reaction to a cluster of negative events, which in his case were domestic quarrels followed by a divorce and estrangement from his children. These experiences were cited as reasons to make fundamental changes in life, not just changing a pattern of alcohol consumption but also changing other factors, such as profession, place of residence and eating habits.

Change could also be based on more positive events. A woman described how she after more than 20 years of alcohol misuse began to think about developing a different lifestyle. Around this time she also heard that her son and his wife, who were living in the US, were expecting a baby:

Yes, I got this letter from my son in the US, and there he told that I would soon become a grandmother. And then I thought: well I know I haven’t been a very good mother, but I certainly want to be a great granny. So that’s when I stopped drinking.

Eric, who was 54 at the time of the interview, told his story of the cessation of alcohol consumption. At one point in the interview he talked about moving abroad with his family, saying:

And then when I was almost 40 years old, that’s when I stopped drinking. I was sitting in a bar looking around, thinking: Is this really that fun? ... No, it isn’t. And since then there hasn’t been any [drinking]. It’s been ... almost 15 years now.

Eric continued talking about his family without much mention of alcohol or drinking. He talked about beginning to meditate and to study Buddhism and becoming a vegetarian. He was much more concerned with talking about the new life that came after his excessive drinking than about his feelings and thoughts about alcohol after he quit drinking.

Another typical example is Henry. Henry (who is now retired) had been frustrated by an insecure work situation and family conflicts and had a hidden increasing consumption of alcohol that exacerbated his problems and frustrations. His wife insisted on getting a divorce.
And then I moved out and we finalised our divorce in harmony, and then, I got my own apartment in [a city]. Then I sold my expensive car and bought a cheap one that I could afford. And I had no particular rent to pay [...] I didn’t have expenses that were higher than I could afford on public support. And then, a stone fell off my heart and I was calm and so I stopped drinking immediately. And I haven’t had a drink since then. Well, I did in some social settings, but I also stopped doing that during the last few years.

This quote also shows that stopping drinking was just a part of his life. The transition from being married with a house, an expensive car and work pressures to being divorced with a small flat, an inexpensive car and no feeling of pressure from work represented major changes for him. The drinking is almost a subordinate clause rather than the story, even though he was told that the interview would be about his drinking and his cessation of drinking.

Both Henry and Eric are good examples of self-changers for whom alcohol and the narrative of alcohol play little role after recovery. The majority of self-changers did not involve other people in their decision and strategies. They have instead planned and carried out their decision on their own. When they decide to stop drinking, they exclude alcohol from their daily lives, stop buying alcohol and, perhaps, even stop seeing people with whom they had been drinking. Many of the self-changers did not even discuss or tell anyone about their change:

I: Well, before ending this interview, is there anything you want to add, or is there something important we haven’t been talking about?
Self-changer (male): No, I don’t think so. Er ... it’s strange, because it’s 10 years since I quitted drinking, but you’re the first person I’ve ever talked to about it.

To maintain their new non-drinking habits, the self-changers used strategies such as diversion (e.g., new hobbies), changing their environment (moving and/or finding new social circles) and complete lifestyle changes (e.g., new diet and/or exercise habits), but above all, they used abstinence as part of a determined and individual new behaviour.

The self-changers’ stories also share some characteristics. For example, none of them described the heavy drinking period as especially problematic – just as a bad habit that took hold:

Well, we were drinking and got intoxicated, and that was fun. I never thought of it as problematic. We had the money, we could afford it and we were not short of anything else. Today I can see that it wasn’t that fun for my son. (Self-changer, female)

I enjoyed being drunk, I really had fun. I could manage my job, and I thought my job was exciting and educating. It was only in the evenings in my spare time that I was really drunk – but that was OK. (Self-changer, male)

Another and maybe the most remarkable similarity is the ease with which the self-
changers describe ceasing their excessive consumption. Many had found themselves tempted by alcohol afterwards but this is not what they focused on after recovering from their alcohol consumption. Most self-changers described work or family as significant focal points in structuring their lives without consumption of alcohol.

**Multiplicity of narratives**

The enactments of abandoning drinking – intrinsically different – imply which role alcohol has in the former heavy drinkers’ lives after overcoming their problem. The AAs become practising non-drinking alcoholics, while the self-changers enter a new part of life in which being away from alcohol seems to play only a little or no role. Some self-changers start drinking alcohol again at some time in life on a non-problematic level. Often they have certain rules for social drinking situations: a drink of alcohol is followed by a soft drink followed by a drink of alcohol; or one glass of wine per meal course.

We found that the self-changers’ and the AAs’ narratives are multiple, representing (at least) two different things for three reasons. 1) As shown above, the narratives vary in terms of contents, structure and degree of pre-construction before the interview. 2) The narratives play different roles and are part of different contexts: the narrative is a therapeutic necessity as well as a moral duty to the AAs, whereas the narratives of recovery can vary from being another step in life to being the big life-defining decision among the self-changers. 3) The narratives allow the informants to live different lives afterwards. The AAs meet other people and new people with their new role in life as non-drinking alcoholics, whereas the self-changers in general orient themselves very little towards alcohol after the recovery.

In this study we have demonstrated that the multiplicity of narratives of drinking result not only from the fact that people have different experiences while drinking, nor only from different people having different ways of recovering from a problematic consumption. The multiplicity is also the result of the very enactment of recovering and the lives lived after the recovery. Our study nevertheless has certain limitations.

It is a qualitative, retrospective study. According to Mol (2002), the enactment should be followed in practice, which has not been possible here. Instead we have drawn upon an older ethnographic study of the AA in Denmark (Steffen, 1997) and on the narratives presented by the interviewees. As was acknowledged in the self-changers’ interviews, we only had the informants’ stories to go by. It could also influence the narratives that at the time of the interviews it was between 2 and 24 years ago the interviewees had had severe problems with alcohol. That is, to some living without a problematic use of alcohol was quite a new experience, while for others it was “old news”.

We have compared the self-changers and the AAs. The self-change group consisted of 31 persons and the AA group of only 11. In the self-change group there were mostly men, and in the AA group mostly women. We are aware that there are a number of differences between men and women when dealing with alcohol problems. We have tried to take this into account in our analysis.

The whole sample was media-recruited,
which is known to lead to a certain bias. In relation to the AAs, several of the interviewees volunteering for the project had their own agenda (spreading out the AA message/ideology). We were aware of this and tried to deal with it in the interview situation. In engaging with self-changers, we were also aware of what Rumpf et al. (2000) has pointed out: that natural recovery sample selection by media solicitation creates important bias. Media recruitment leads to a sample that has been more severely dependent and who are later more likely to be abstinent. We are now analysing data from a Danish representative survey (2011, with 5133 respondents) (Bloomfield et al., 2013) where a group of self-changers are identified. This may give a more differentiated picture of the self-change population in general. The answers are still out there.

Discussion

One of the first challenges we encountered in the Danish pilot study was to “find” the self-changers. It soon emerged that no self-changer seemed proud of or eager to share a period in their lives with problematic alcohol consumption. One could describe self-changers as a “hard to get” or a “hidden population”. As individuals they are neither easily identified nor found. They do not come together in networks or in interest groups (as opposed to those attending AA self-help groups). In the Danish survey mentioned above (Bloomfield et al., 2013) it turned out that about 9% of the respondents had experienced a prolonged period with excessive alcohol consumption. Of these, 78% had changed on their own, 10% had entered treatment or attended self-help groups, while the rest did not do anything. Also in Denmark, then, self-change is the most common way out of misuse of alcohol.

While Danes in popular magazines, audio-visual mass media and private conversations like to talk about changes in their smoking, dietary and exercise habits, this does not seem to apply to changing (decreasing) one’s drinking consumption patterns. This seems (still) to be a taboo topic in Denmark.

The 2011 survey posed a question about which causes the respondents thought were underlying the development of alcohol problems. The three most common answers were: lack of self-control, mental problems and social problems. This accords with the findings of a recent study on Danish attitudes to alcohol consumption and alcohol policy (Elmeland & Villumsen, 2013): Danes tend to view general alcohol consumption as a moral rather than a political issue. Excessive alcohol consumption is stigmatised, for it is seen as synonymous with uncontrolled use – and self-control and self-discipline are important virtues (also) in the alcohol field. According to Danes, there are two types of alcohol consumption: self-controlled “normal” consumption, which does not require any intervention at all, or uncontrolled (mis)use, which makes treatment and other interventions necessary (Elmeland & Villumsen, 2013, p. 536).

This picture is perhaps also what the narratives presented in this article mirror and reflect. The AAs have recognised that they belong to a special group of people who share an illness. They are alcoholics. They follow the same guidelines for recovering/ quitting the alcohol abuse, and they support each other. It is important that in
their community they share the same experiences (e.g. hitting bottom). It enables them to participate in any AA meeting wherever and even if they do not know the other participants. Because I am just like you. And this identification is important in order to stay sober.

The self-changers’ narratives show that it is important for them to give a picture of excessive – but not that problematic – use of alcohol. They also need to prove that when they decided to stop they just stopped. In fact they were not really totally out of control, so they did not need to be at all supported in their self-chosen process of recovery.

Further research is called for on the different ways in and out of addiction/abuse. As Sobell & Sobell (2005) have pointed out in developing their model for assisted self-change – to recover from a substance use disorder does not mean to use either the one or the other approach – one can take the best from both worlds. But we can do this only if we have enough knowledge of them.

Declarations of interest
None.

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