

**The Experience of Long-Term Sobriety
for Men Ages 55 Through 65 Who Are Currently
Members of Alcoholics Anonymous**

James M. Strawbridge

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THE EXPERIENCE OF LONG-TERM SOBRIETY FOR MEN AGES 55 THROUGH 65
WHO ARE CURRENTLY MEMBERS OF ALCOHOLICS ANONYMOUS

by

James M. Strawbridge

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Abstract

For several decades, Alcoholics Anonymous (AA) has played a major role in the lives of people recovering from alcohol dependence. For many, AA is a first-line treatment, while others join AA during inpatient or outpatient substance abuse treatment programs. Many AA members are middle-aged and older adults. However, in an organization that does not keep formal records, it is difficult to discern what proportion of older members classify as early onset or late-onset alcohol dependents. The research question was: What is the experience of long-term sobriety for men ages 55 through 65 who are currently members of Alcoholics Anonymous? Older adults have historically been neglected in research on AA, as they have been in research on substance abuse in general. A key source of AA's strength lies in the narratives that members share with their peers. This makes AA members ideal participants for qualitative research on their experiences with alcohol, their motivations for recovery, and the quality of their lives since they stopped drinking. This heuristic study focused on the lived experiences of ten men, 55 through 65 years old, who are active in AA. The analysis of the data revealed eight themes within three broad categories. The first, relationship with self, includes personality changes, changes in lifestyles, engagement in personal interests, and spiritual transformation. The second, relationship to family and friends, considers both connectedness and caretaking, including family members, friends, and other AA members. The third, relationship to community, includes increased involvement in community life, combined with a generative orientation toward life grounded in a desire to extend the benefits

that these men enjoyed through AA to future recovering alcoholics. The results of this study may help the field of addiction psychology develop better prevention and treatment strategies for men in this age group. Because this study focused on the experiences of only men active in AA at the time of the study, future research might focus on men with long-term sobriety but not active in AA or women in the same age group active in AA.

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CHAPTER 1: INTRODUCTION

With more than two million self-reported members worldwide, Alcoholics Anonymous (AA) is one of the best-known and most highly regarded modalities for the long-term treatment of alcohol dependency (*Alcoholics Anonymous*, 2001a). The success of Alcoholics Anonymous rests upon the popular perception that participation in its fellowship and “working” (following) its 12-step program can enable individuals with drinking problems to get sober and avoid relapse. The findings of carefully constructed empirical studies lend substantial support to the premise that AA is effective in the treatment of alcohol dependency (Tonigan, 2001) and demonstrate the importance of the recovery process. However, there is a lack of information on the lived experience of the recovering person. This heuristic study offered a more holistic approach to understanding how a sample of older recovering men report their experiences of recovery.

Background of the Study

The Alcoholics Anonymous triennial membership surveys do not include questions about the chronological age of individual members. Nonetheless, many AA members are well past the midpoint of life. In addition to older members who have been abstinent for extended periods of time, this segment of what AA members call the fellowship includes

Experience of Alcoholism Recovery of Older Men in AA

people who entered AA when they were in their 50s, 60s, and 70s. Some of them are early onset alcoholics whose “drinking careers” began in their youth; others are late-onset alcoholics who began to engage in abusive drinking much later in their lives (Atkinson and Misra, 2002a, 2002b; Beechem, 2002; Butler, Lewis, and Sunderfeld, 1991; Gurnack, 2002).

In recent years, researchers working within the emergent field of geriatric alcoholism have reported that, contrary to long-standing assumptions, alcohol abuse is as prevalent among older Americans as it is within the U.S. population at large (Atkinson and Misra, 2002a, 2002b; Beechem, 2002; Butler, Lewis, and Sunderfeld, 1991; Gurnack, 2002). As with alcoholism treatment approaches in general, most current programs dedicated to helping older people get and stay sober encourage their clients to participate in AA as a component of their residential or outpatient treatment and aftercare regimens, and to attend AA meetings on a regular basis thereafter (Beechem, 2002).

This study was an outgrowth of both personal experience and scholarly interest. The primary researcher is a recovering alcoholic and an active AA member who has remained sober for several years. He also has a scholarly interest in the behavioral sciences in general and in the discipline of alcoholism and addiction studies in particular. Consistent with these strands in his background, the researcher did a preliminary review of the published literature relevant to the experience of long-term sobriety among older AA members. In the course of the initial survey, he encountered an array of difficulties. For example, he found that most published studies of AA were not conducted in the meeting rooms of the fellowship itself, but, instead, in clinical settings, typically in the context of outpatient or aftercare treatment programs. As Tonigan, Toscova, and Miller (1996) observed in their recent meta-analysis,

the findings of these studies “cannot be equated with AA more generally” (p. 65). Partially as an artifact of this deficiency, when compared to the now vast number of studies based upon self-reported AA members with less than two years of sobriety, research on AA members with substantial lengths of continuous sobriety remains scanty. Moreover, most of the information that we have about AA stems from investigations using quantitative research designs aimed at the generation of statistically significant findings concerning the correlates or “causes” of sobriety outcome variables. With a handful of exceptions (Chappel, 1994; Denzin, 1987, 1993; Junior, 1999; Morgan, 1992, 1995; O’Reilly, 1997; Robertson, 1988), the current corpus of AA research is virtually devoid of qualitative inquiries into the experience of members who have been sober for extended periods of time.

Parallel to the contours of AA research, while geriatric addiction studies have undergone an explosion during the past two decades, this field is also dominated by quantitative investigations, and very little effort has been devoted to the experience of older people with long-term sobriety (Beechem, 2002; Gurnack, 2002). Moreover, as Atkinson and Misra (2002b) have remarked, “There are no systematic studies of the usefulness of Alcoholics Anonymous (AA) for older persons with alcohol use disorders” (p. 143). Indeed, this researcher has yet to find a single study (quantitative or qualitative) dedicated exclusively, or even primarily, to the experience of older alcoholics in AA.

In addition to this lacuna, the researcher’s preliminary review of recent research on AA disclosed the emergence of a major division of opinion about how Alcoholics Anonymous enables its members to achieve and maintain abstinence from alcohol use. According to Morgenstern and his colleagues (Morgenstern, Labouvie, McCrady, Kahler,

and Frey, 1997), there are essentially two types of theories that explain the benefits of AA participation.

Congruent with the views advanced within AA's own core literature, the first set posits that the "recovery mechanisms" of AA are unique to its approach in that they entail a "spiritual solution" to effect comprehensive personality changes that amount to a thorough redefinition of the alcoholic's self-concept (*Alcoholics Anonymous*, 2001, p. 44). The second set of theories pivots upon the supposition that alcoholics attain sobriety in AA through recovery mechanisms that can be found in generic change processes outlined by adherents of social learning theory—most notably, enhancement of self-efficacy and the use of certain cognitive-behavioral abstinence techniques (Rychtarik, Prue, and Rapp, 1992, p. 435).

Largely by virtue of his personal stake in the subject, the primary researcher found himself drawn into this ongoing scholarly debate about AA recovery mechanisms as a partisan within the spiritual solution camp. He reasoned that much of the information relevant to this controversy would require qualitative research, particularly in light of AA's assertion that recovery from alcoholism entails belief in a Higher Power. The determination of such belief (as opposed to self-reported denominational affiliation or frequency of worship service attendance) resists quantitative measurement, but independent, qualitatively oriented explorations of AA members' experiences are few and far between.

Moreover, both gaining an understanding of spirituality and integration of comprehensive personality changes, as AA explains them, unfold over an extensive period of recovery time. Assuming that is true, experienced AA members (individuals who have more than two years of abstinence with concurrent AA involvement) represent the richest

prospective source of information about how recovery occurs through AA. Given that many of these people are presently past the age of 55 years old, the researcher saw an opportunity to fill a gaping hole in the literature as it now stands by restricting his attention to older AA members with long-term sobriety (more than two years, for the purposes of this study).

Statement of the Problem

There have been no qualitative studies that have explored the experience of recovery from alcoholism among men ages 55 through 65. This population is increasing, so it is beneficial to understand their experiences to develop prevention strategies, treatment models, interventions approach and tools for relapse prevention.

Purpose of the Study

The purpose of this study was to advance the understanding of the lived experience of sobriety among older, male, recovering alcoholics. The ultimate purpose, however, was to gain information and insights about this population that could lead to the development of more effective treatment strategies, more efficient means of interventions, and more powerful tools for relapse prevention.

Significance of the Study

The study addressed a topic that has thus far been neglected: the experience of older AA members who have achieved long-term sobriety. To the best of the researcher's knowledge, no prior explorations of this particular subject have been undertaken before this study. The study's findings highlight aspects of the recovery experience in older AA

members that are distinct from those of younger members. It also sheds much-needed light about how AA works, at least insofar as older alcoholics are concerned.

Nature of the Study

The study was a qualitative inquiry governed by the assumptions and procedures of Moustakas' (1990) heuristic research model. Two of the primary features of the heuristic model are that the researcher has to share a passionate involvement in the topic and must be a participant in the study.

The heuristic model includes these six stages:

1. Initial engagement
2. Immersion into the topic and question
3. Incubation
4. Illumination
5. Explication
6. Culmination of the research in a creative synthesis

The researcher chose heuristics because this model is used to discover, capture, present and preserve the lived experience of men ages 55 through 65 who have been self-identified or diagnosed as alcohol-dependent and who have maintained complete abstinence from alcohol by being actively involved in AA for a minimum of two years.

Research Questions

The research question was: What is the experience of long-term sobriety for men 55 through 65 who are currently active members of Alcoholics Anonymous?

This study was relevant to the field of addiction psychology because alcohol dependence among older adults is one of the fastest-growing health problems facing society in the United States. Estimates indicate that the number of adults 50 or older will reach 97 million by 2010, and the number of adults 50 or older with substance abuse problems will increase from 2.5 million in 1999 to 5.0 million in 2020 (Korper and Council, 2002). The researcher conducted a review of literature to determine what research has been conducted in this area of study. In addition, the literature review was used to demonstrate that the research was both original and significant in the field of addiction psychology. The study entailed collecting data through interviews from male alcoholics (55–65 years old) who had experienced the phenomenon of recovery from alcohol dependence in their lives.

According to Patton (2002, p. 14), “the researcher is the instrument.” Therefore, the researcher collected his own data through journaling. A heuristic research model was employed to conduct this investigation and the data collected was analyzed using heuristic methods, thus it was based on a qualitative research model. The goal of this approach to research was to better understand the lived experiences of the participants. In addition, guided questions were developed to help direct the interviews. Each interview was tape-recorded and the tapes were transcribed. Data for the study was gathered from participants (co-researchers) through interviews, and journaling was used to collect the data from the

researcher, who was also a participant in the study. Participants were given a description of the research project, and the researcher was careful to ensure that all participants had experienced the phenomenon to a sufficient degree to be able to offer rich descriptions. Each participant signed a consent of willingness to participate in the study and a Release of Information form for the information collected to be used in this research, before their involvement in the project. Precautions were also taken to ensure participant confidentiality.

Definitions of Terms

In this section, the researcher defines the terminology used in the actual research questions and those necessary to further understand the nature of the study. These definitions clarify many of the areas of inquiry pursued during this study.

AA member. According to AA's Third Tradition, "The only requirement for membership is a desire to stop drinking" (Alcoholics Anonymous World Services, 1952, 2001). In AA fellowship practice, any individual who identifies himself as an AA member is considered a member.

AA newcomer. In Alcoholics Anonymous, new members are encouraged to attend "90 meetings in 90 days," and this 90-day period is considered to be an "introductory interval" (McIntire, 2000). This study defined an AA "newcomer" is someone who has been attending AA meetings for 90 days or less (*Alcoholics Anonymous*, 2001; McIntire, 2000).

Alcoholism. Beechem (2002) has observed that "Alcoholism is a broad term with varied meanings" (p. 4). Recognized as a disease by the American Medical Association (AMA) in 1956, the AMA has developed diagnostic criteria that closely replicate the

American Psychological Association (APA) criteria for “alcohol dependency.” A fully integrated definition of alcoholism has been set forth by the National Council on Alcoholism and Drug Dependency (NCADD) as “a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations” (Rasmussen 2000, p. 365).

Extending this glossary, the NCADD’s definition adds that: “The disease of [alcohol dependence] is often progressive and fatal. It is characterized by continuous or periodic [drinking], impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortion in thinking, most notably denial” (Rasmussen et al., 2000, p. 365). Additionally, according to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (DSM-IV-TR, 2000, p. 192), “The essential feature of substance dependence is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues use of the substance despite significant substance-related dependence.”

Early onset alcoholic. Early onset drinkers comprise the majority of older patients who receive treatment for alcohol abuse, and they tend to resemble younger alcohol abusers in their reasons for use. Throughout their lives, early onset alcohol abusers have turned to alcohol to cope with a range of psychosocial or medical problems. Psychiatric comorbidity is common among this group, particularly major affective disorders (such as major depression or bipolar disorder) and thought disorders. For the most part, they continue their established abusive drinking patterns as they age (Atkinson et al., 1990; Beechem, 2002).

Experience. Jourard (1971) describes experience as follows: “Experience refers to a process – to the flow of feelings, perceptions, memories, and fantasies as these occur from moment to moment. The only person who can ever know a man’s experience directly is the individual himself” (p. 59).

Higher Power. A power or force that an individual recognizes as being qualitatively greater and more powerful than himself. This often, but not always, refers to the individual’s particular understanding of God (see Step 2 in *Alcoholics Anonymous*).

Late-onset older alcoholics. An alcoholic who began to drink problematically after reaching the age of 55. In comparison to early onset drinkers, late-onset drinkers appear psychologically and physically healthier (Beechem, 1997, 2002).

Older adult alcoholic. This designation replaces “senior citizen” when referring to people over the age of 55, because senior citizen is often associated with negative stereotypes and age-related prejudices (Beechem, 1997, 2002).

Recovery (from alcoholism). A physical, mental, and spiritual process that requires an alcoholic to remain abstinent from alcohol (see Sobriety). Additionally, it requires an alteration of attitudes and behaviors in a manner that enhances the prospects for remaining sober (see Steps 1, 2, and 3 in *Alcoholics Anonymous*, 1952).

Sobriety. Complete abstinence from the use of alcohol and mood-altering substances, other than medically prescribed drugs (see Step 1 in *Alcoholics Anonymous*, 1952).

Sober time. In AA fellowship parlance, sober time is the duration of chronological time (typically measured in days, months, and years) between an alcoholic’s most recent drink and the present.

Limitations

It may be argued that there are limitations to generalizing the results of a heuristic study. In this particular study, this is due, in part, to the small number of participants.

Another limitation may be that all of the participants were from the same geographical area. However, when all of the subjects report a similar theme, this increases the probability that others in similar situations may report similar themes.

Assumptions

In approaching this study, the researcher assumed that the participants would be honest during the interviews. Furthermore, the researcher acknowledged that he had certain preconceived assumptions, attitudes, and biases about alcoholism, Alcoholics Anonymous, sobriety, and older AA members, which could be identified through self-reflection and maintaining a research journal but could not be entirely discarded. The researcher further presumed that by following a heuristic model, he could come to an understanding of the subject of his inquiry and that this understanding could be conveyed to the reader.

CHAPTER 2: LITERATURE REVIEW

Since its emergence from the Oxford Group in the late 1930s, Alcoholics Anonymous has been the subject of numerous empirical studies. Until the 1970s, the accumulated body of knowledge about AA and its members was comparatively small and narrow, but during the past three decades or so, scholarly interest in AA and its 12-step program of recovery from alcohol dependency has mounted substantially. It is by no means a coincidence that research on AA's spiritual approach to the attainment of sobriety has expanded along with the recognition that "spirituality" or "religiosity" exerts a powerful influence upon human behavior, including substance abuse and its treatment.

Even if that were not the case, the sheer popularity of AA furnishes ample motivation for study. According to the most recent of AA's triennial membership surveys (2001), at the start of 2002, there were 2,092,460 AA members around the world, more than half of whom (1,168,990) resided in the United States (www.alcoholics-anonymous.org). These figures probably underestimated AA's actual membership at that time, because they reflect only members of those groups (of which there are more than 50,000 in the United States alone) who replied to a mailed survey conducted by AA's General Service office. Moreover, the figures are but a fraction of the number of individuals who have attended AA meetings at one point or another in their lives and then quit going. In addition, the fellowship and the basic

12-step program of AA have served as the prototypes for other self-help substance abuse organizations, notably Narcotics Anonymous (NA), as well as for entities dedicated to recovery from a broader range of behavioral problems, including Gamblers Anonymous (GA), Overeaters Anonymous (OA), and others. As a mass movement, AA warrants attention.

Beyond this, AA has become a salient modality for the treatment of alcohol problems and alcohol dependency. Its 12-step program has been widely incorporated into formal inpatient and outpatient treatment approaches, and the majority of such programs strongly recommend that their clients attend AA meetings as a component of aftercare. Despite some unresolved questions of its efficacy as either a stand-alone means for the attainment of abstinence or as an adjunct or follow-up to professional treatment, there is a fairly high degree of consensus among addiction researchers, healthcare professionals, and the public at large that AA does, indeed, work.

Nevertheless, substantial gaps in our knowledge about Alcoholics Anonymous and its members remain (Morgenstern, Labouvie, McCrady, Kahler, and Frey 1997). As Ogborne and Glaser (1981) noted more than twenty years ago, because of its informal, voluntary, and anonymous nature, AA poses nearly intractable methodological problems for researchers who have attempted to evaluate just how well, why, and for whom it works. Of crucial significance, as Tonigan, Toscova, and Miller (1996) noted in their meta-analysis of AA outcome studies, nearly all published research on AA has been carried out within the context of formal treatment, “. . . which cannot be equated with AA more generally” (Tonigan,

Toscova, and Miller, 1996, p. 65. The majority of AA studies have used samples recruited from inpatient or outpatient treatment programs, rather than from AA groups.

Aside from introducing a bias into efficacy evaluation efforts, the preponderance of investigations focusing on current or former patients has contributed to the persistence of two overlapping gaps in our understanding of AA. First, although AA's core literature—the book titled *Alcoholics Anonymous* (1939, 1955, 1976, 2001) and known within AA as the Big Book, and the other core AA book, *Twelve Steps and Twelve Traditions* (1952)—both delineate the assumptions and working methods of AA's approach to alcoholism, “There have been virtually no systematic attempts to identify the change mechanisms used by AA participants” (Snow, Prochaska, and Rossi, 1994, p. 362. Ironically, from a scientific or clinical standpoint, “Little is known about how AA-related practices promote abstinence” (Connors, Tonigan, and Miller, 2001, p. 823).

Closely related to this, most quantitative studies of AA members have been carried out with subjects after a relatively short time since their most recent drinks—typically three months to two years into sobriety. AA literature says that participation in AA is a lifelong endeavor that “arrests” but never “cures” alcoholism, thus it advocates continuing attendance at meetings and “working” the 12 Steps throughout the “recovering” (but never “recovered”) individual's lifetime.

We know that a substantial number of AA members have attained long-term sobriety. In their responses to AA's 2001 membership survey, 48% of respondents reported that they had achieved more than five years of continuous sobriety and 22% indicated one to five years