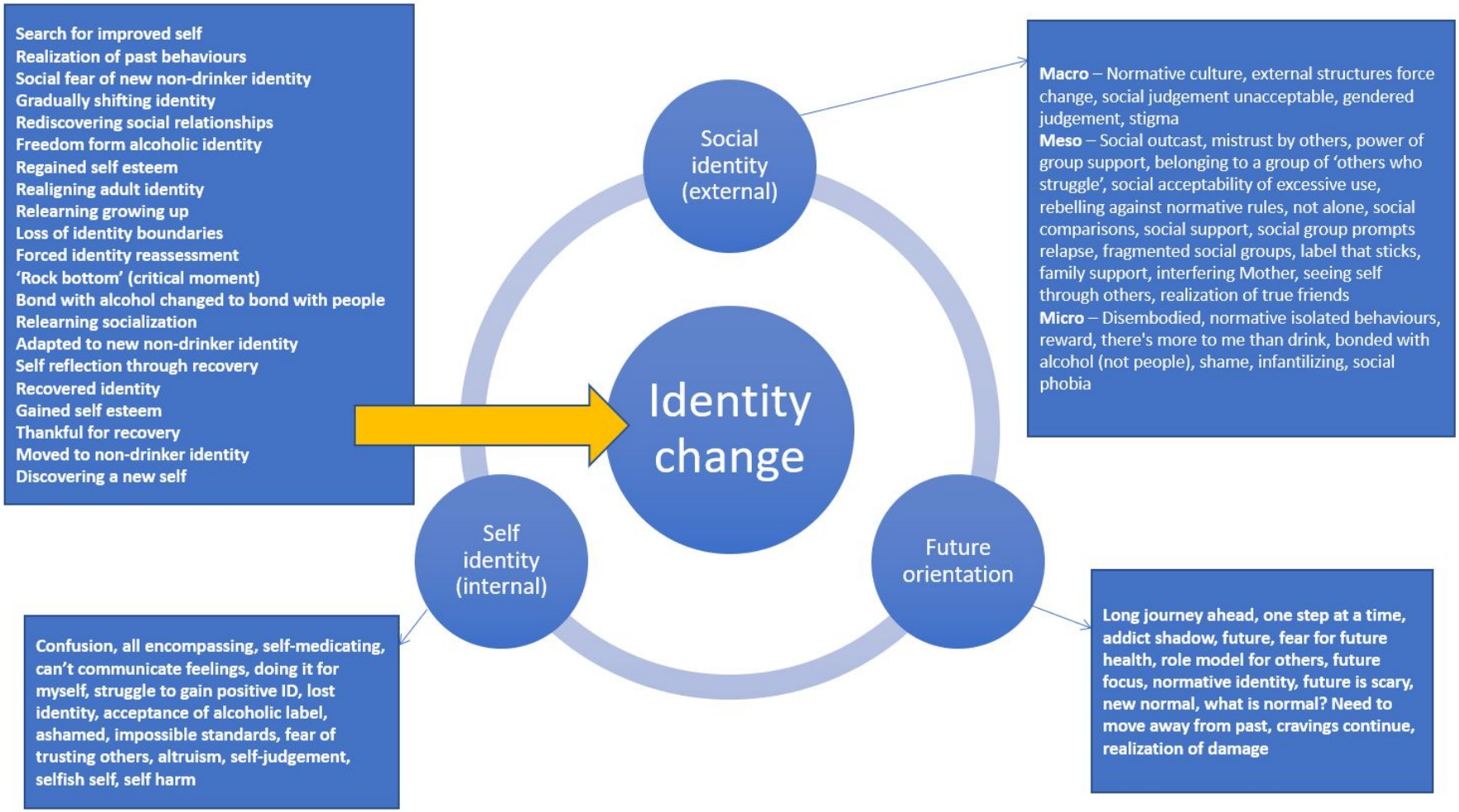
An exploration of Identity Change in Post-Detoxification Alcohol Dependent Individuals

Journal:	*Drugs and Alcohol Today*
Manuscript ID	DAT-04-2021-0021.R2
Manuscript Type:	Research Paper
Keywords:	alcohol treatment, Identity, Recovery, Qualitative, Social Science, Detox

Figure 1: Identity change coding diagram



Title: An exploration of Identity Change in Post-Detoxification Alcohol Dependent Individuals

Word Count: 5,641

Keywords: Alcohol treatment, identity, recovery, relapse

Abstract

Purpose: Dependent alcohol use is a severe addictive disorder with significant enduring consequences for health and social functioning. We aimed to inductively explore the process of identity change for alcohol dependent people progressing through a 'pre-habilitation' intervention, alcohol detoxification and post-detoxification recovery support.

Design: Qualitative study as a part of a process evaluation situated within a UK feasibility trial of a group-based intervention in preparation for structured alcohol detoxification. Semi-structured qualitative interviews (face-to-face or telephone) collected self-reported data on experiences of treatment provision as part of the feasibility trial. Thematic analysis of transcripts and iterative categorisation of identity related themes and concepts was conducted with verification of analysis undertaken by a second coder.

Findings: Identity change was revealed in participant narratives around the meta themes of external (social-identity) and internal (self-identity) concepts. External influences impacting social identity were key, having influenced initiation into alcohol use, influencing acceptance of the stigmatised 'alcoholic' label, and then being central to the treatment journey. Internal influences on self-identity also impacted on the process of identity change. In recovery, there was hope in discovering a new 'normal' identity or rediscovering normality.

Originality: Analysis demonstrates that moving from regular alcohol use to problematic use is a journey of identity change that is influenced at the macro (cultural), meso (group) and micro (relational) social levels. Throughout the treatment journey, social influences in gaining a new non-drinker identity are key. Findings suggest a need for long term support through treatment and community-based groups specifically to foster positive identity change that may not have been addressed previously.

Introduction

Dependent alcohol use is a severe disorder with devastating consequences for individuals, families and wider society (NHS Digital, 2019), greatly impacting long term morbidity and mortality outcomes (WHO, 2019). Dependent alcohol use can be defined as "a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state" (ICD-10 (World Health Organization, 2016)). Helping to establish control over alcohol consumption, moving from dependent drinking to acceptable drinking patterns that are service user defined, including abstinence, is the goal of alcohol treatment services (NICE, 2011). With support to undertake medically assisted detoxification or controlled self-reduction of alcohol, many dependent alcohol users are able to become completely alcohol free. However, approximately 40% of those detoxed relapse to harmful levels of alcohol use (xxanon refxx, 2012; Moos & Moos, 2006). There is accumulating evidence that multiple repeat detoxification may result in negative health and cognitive outcomes, possibly decreasing the likelihood of successful future treatment attempts (Loeber et al., 2010).

Pre-habilitation is described as a shift away from an impairment driven reactive model (treating problems when they occur), and as an opportunity for long term changes in lifestyle (Kouimtsidis, et al., 2019). Alcohol detoxification 'pre-habilitation' (Kouimtsidis, et al., 2019) proposes identification and proactive management of (i) factors anticipated to compromise successful outcomes of an intervention (detoxification) and (ii) potential side effects associated with this intervention. This represents a proactive approach aiming for sustainable outcomes. Preparing individuals for alcohol detoxification recognises complex social and cultural conditions that individuals are situated within, and addresses aspects of identity in relation to alcohol consumption that are challenged through the process of treatment, detoxification and long-term behaviour change.

Within a feasibility trial of an alcohol pre-habilitation intervention (**anon**), we sought to understand user perspectives on alcohol treatment and recovery. The pre-habilitation intervention is underpinned by the prime theory of motivation (West, 2006) and learning theory (Bandura, 1997), which both address the issue of identity change. The focus on

identity aids in understanding and explaining internal, within-person, and external, social and cultural, factors influencing the process of change individuals go through as they prepare for, undergo, and move out of treatment for dependent alcohol use (Dingle et al., 2015).

We define identity as 'a mental representation of a person as perceived by the person or by others' (Qeios ID: OU4653: https://doi.org/10.32388/OU4653). Of note is our focus on individual representations or perceptions of self, residing within an individual mind, but also socially agreed and shared as a socially negotiated mental representation (Fomiatti et al., 2017) - both, we contest, a socially produced category and a relatively stable, coherent psychological identity. Our theoretical perspective on identity may be understood as a particular version of social identity, similar to the integrative theory of identity proposed by Schwartz et al (Schwartz, 2011), that is developed, defined and situated within social interactions. It is constructed through language, and alcohol identities are also constructed, influenced by normative social and cultural alcohol consumption practices. Identity in relation to being a person that drinks alcohol is relatively stable over time but contextually shifting and redefined, a 'narrative' that partially defines a person and is clearly subject to destabilisation influenced by social, cultural and moral norms. This may result in eventual dependent alcohol use, and perhaps moving back towards controlled use, abstinence or relapse.

Over time across an individual's trajectory of alcohol use, social and cultural norms may shift from positioning moderate alcohol use as a normative social behaviour (Sudhinaraset et al., 2016), adaptive in cementing group bonds, towards negative judgement of excessive, and then ultimately dependent or hazardous alcohol use, as non-normative, and not socially acceptable. This is problematic both for social functioning and physical and mental health outcomes. Social norms around alcohol use are complex and contradictory – they might be seen to operate bi-directionally, both encouraging moderate alcohol use but castigating increased and excessive use (Lee et al., 2010). Through shifts in social norms, the drinker identity may be challenged, experiencing dissonance and discontinuity. This shift in perceived social judgement may contribute to an 'identity crisis', resulting in dependent drinkers feeling ostracised within social relationships. Increasingly circulated discourses and patterns of social behaviour position heavy alcohol use as unacceptable or incompatible with other aspects of identity, and particular roles (parent, employee, etc). There may be a gendered aspect to this, since alcohol use in relation to, for example, being a Mother, may

attract particular social judgements (Seaman & Edgar, 2012). Reaching an identity crisis may precipitate help-seeking, as cultural influences destabilise identity. Attempts to return to controlled drinking represent attempts to reconfigure a new identity, and may include adoption of a new 'recovering' identity (Kelly et al., 2018). Challenges to new identity formation, which may include triggers to relapse, must be overcome and incorporated into a new abstinent or controlled drinker identity but cannot always be reconciled, resulting in potential relapse to dependent drinking.

Loss or change to the dependent drinker identity following a treatment episode, perhaps including detoxification, is also reconfigured through societal expectations and moral judgements. So loss of the dependent drinker identity may mean losing previous social groups, inhabiting different social spaces, yet simultaneously gaining a 'normative' identity as a controlled, abstinent or recovered drinker (Best et al., 2016; Buckingham et al., 2013). This 'loss' and 'redemption' narrative is familiar within treatment settings (Dingle et al., 2015). Our treatment of loss of the dependent drinker identity, and challenges to a recovering identity, as having psychosocial impacts on processes on adaptation is an innovative theoretical perspective that we aimed to explore through our qualitative analysis.

Methods

The analysis reported in this article was drawn from a wider study (**anon**), and the associated qualitative process evaluation. This was a qualitative interview study taking a critical realist epistemological approach (Gorski, 2013). The approach prioritises perspectives of individuals and takes at face value the information divulged during the socially constructed situation of the research interview. The interviews broadly sought to illuminate the experiences of people randomised to receiving the pre-alcohol detoxification group intervention or those randomised to the control arm (treatment as usual), to inform the feasibility of conducting a future trial. Participant past treatment (for example, previous reported detoxification) and current diagnosed mental health conditions are reported as descriptive context for the participants, since past experiences according to our theoretical approach to identity, are fundamental to current experience. Participants were recruited on treatment entrance if eligible to participate in the pre-alcohol detoxification group intervention. The inclusion criteria included presentation to alcohol services seeking

abstinence from alcohol, and alcohol dependence (moderate to severe), scoring 16 or above on Severity of Alcohol Dependence Questionnaire (SADQ, 2020.) .

All recruited participants to the feasibility trial gave written informed consent to take part in an additional qualitative interview. Interview guides were constructed taking a narrative approach, asking participants to 'tell the story' of their history of alcohol use, previous treatment episodes, detoxification attempts, events that led to the current treatment episode, experiences of taking part in the intervention/control preparation groups, experiences of the actual detoxification, then subsequent recovery, adaptation or relapse experiences. Interviews followed the same narrative format but interview guides were flexibly employed depending on how the participant naturally described their story. We reflected on data gathered at regular team meetings, acknowledging that views may have been constructed to present a particular version of events, as the interviewers were also researchers involved in the study. However, for this article, focus was on descriptions of identity and identity change that arose during the process evaluation interviews. Fourteen participants were purposively selected for interview using a sampling frame to ensure maximum variation in key constituencies including age, gender and treatment history.

Interviews were conducted by two experienced researchers trained in qualitative interviewing techniques. This was at around the 6 month feasibility follow up time point, so all interviewees were recently post-detox, Interviews were undertaken face to face in private rooms at treatment clinics. Interviews lasted 60-90 minutes and participants were given a £10 shopping voucher as reimbursement for their time. Audio files of interviews were transcribed verbatim and anonymised.

Data were inductively thematically analysed case by case independently by two researchers using QSR NVIVo v12 software. Descriptive thematic analysis was the most appropriate analysis technique for answering the initial feasibility questions (Braun & Clarke, 2006). Identity discussions and utterances were analysed as part of the narrative of the individual trajectory through dependent alcohol use, treatment initiation, preparation for detoxification, detoxification and aftercare. Themes were discussed and compared across cases to identify meta-themes of internal (self) and external (social) identity. As a second stage of analysis, iterative categorization (IC) (Neale, 2016) was used as an addictions focused analytical technique to explore meta-themes. All instances of thematic coding relating to identity were

extracted and further analysed using IC. IC is a rigorous and transparent qualitative analytical technique, 'coding on' and developing analysis from initial thematic coding (Neale, 2016), creating a clear audit trail linking analysis back to raw data. This facilitated the process of interpretation by helping identify clear patterns and situated significance in the data. IC codes were checked and verified by a second researcher.

Ethical approval for the study was granted from the Health Research Authority Research Ethics Committee (IRAS ID:**anon**).

Results

Participant demographics are shown in table 1.

Participant Number	Age	Sex	Ethnicity	Employment status	Number of previous Detoxification (self report)	Diagnosed Mental Health Condition 1	Diagnosed Mental Health Condition 2	Diagnosed Mental Health Condition 3	Diagnosed Mental Health Condition 4	Ever received psychological therapy for psychiatric condition
429-17	60	Male	White	Unemployed	1	none	none	none	none	not applicable
429-30	47	Female	White	Unemployed	1	Depression	PTSD	Borderline Personality Disorder	Psychosis	Yes
429-01	33	Male	Black	Unemployed	2	none	none	none	none	not applicable
429-11	33	Female	White	Unemployed	0	none	none	none	none	not applicable
429-15	32	Male	Black	Unemployed	5	Depression	none	none	none	no
429-08	61	Female	Asian	Unemployed	1	none	none	none	none	no
428-10	63	Female	White	Unemployed	1	Depression	none	none	none	no
429-23	49	Male	Asian	Unemployed	27	none	none	none	none	not applicable
429-13	38	Male	White	Employed	2	none	none	none	none	not applicable
429-26	50	Male	Asian	Unemployed	2	Depression	none	none	none	no

429-10	32	Male	White	Unemployed	1	none	none	none	none	not applicable
429-04	62	Male	White	Unemployed	1	none	none	none	none	not applicable
429-21	49	Female	White	Unemployed	3	Depression	Anxiety	none	none	yes
429-22	39	Female	White	Unemployed	2	Depression	none	none	none	no

Table 1: Participant Demographics.

Interview study participants (n=14) consisted of six women and eight men, with a mean age of 42 years. The sample included mixed ethnicities representative of the treatment population overall in the study area. All but one of the participants had had at least one previous episode of structured alcohol detoxification, suggesting long histories of hazardous, problematic or dependent alcohol use. Six of the 14 participants had at least one reported mental health condition, and for all, the primary condition reported was depression. One person had a number of concurrent clinical diagnoses (depression, PTSD, personality disorder and psychosis). Only two participants had ever received psychological therapy for their reported mental health conditions.

Analysis of the qualitative data revealed the core meta-theme of identity change within which social identity and self-identity themes were prominent. An overview of the thematic coding is represented in figure 1 (*insert fig 1 here*). Themes are reported with illustrative quotations to provide examples.

Identity change

Participants discussed their journey through problematic alcohol use, treatment seeking and processes of change as treatment was 'completed'. This was not a fixed time point, but an assessment of the stage of change in the recovery journey, There was a clear sense of reassessment of self, situated within a newly perceived social context.

Self-reflection through recovery

Participant narratives included reflection on past behaviours, social contexts, and sometimes an expressed sense of shame and embarrassment, realising damage they may have caused to others by past behaviours:

"it's like when I was in hospital because you can have visitors can't you, people that actually turned up. That made me second-think a lot of things. I suppose when you're drinking, you don't really… I made some bad decisions and, you know, the sober…wouldn't have done those decisions." (429-22)

Gradually shifting identity

Coding clearly demonstrated the emergent process of identity change, which was gradually unfolding as the individual moved through treatment, rediscovering social relationships, forming new relationships, and reassessing what was important to them in their lives. This forced a reassessment of previously held identity constructions, both individual and social, and for some meant that they felt they were moving towards an 'adult' or 'grown-up' identity that was aligned with being a non-drinker:

"Yeah it's been a long time coming. I probably should've… I probably had these thoughts in my twenties earlier but now I realise that I… yeah for some reason it's just become more solid" (429-13)

Freedom from 'alcoholic' identity

Most discussed a sense of relief or excitement at feeling free from the old 'alcoholic' identity, as they moved towards a new 'recovering' identity. The 'alcoholic' label was an in-vivo code generated by participants, representing a stigmatised and shameful previous sense of social identity. Some described discovering new aspects of their core self, while others described searching for a new self-identity that might replace the past 'alcoholic' identity:

"I've never considered myself a nasty person but I've realised that by drinking I've… I'm just not the person I could be." (429-30)

Moving away from the past identity meant that this person described a sense of discovering a new self:

"It's like opening your eyes for the first time in, you know, thirty years has passed." (429-30)

Which led to a regained sense of self-esteem:

"Whereas now it's a bit more like, well I'm not berating myself and being negative because I'm not hungover and feeling like I've made the wrong choice and I'm out of control again." (429-30)

Particularly so for this participant who reported an extensive mental health history, there was a positive sense of release from the old 'alcoholic' identity. However, it is important to recognise that there was also a corresponding fear of understanding and exploring re-emerging emotions that accompanied a 'recovering' identity.

Re-discovering social relationships

Re-discovery of a new, changed self, and freedom from the old identity as a drinker, or 'alcoholic', was reinforced by social relationships. These were initiated with new contacts for the first time, or reignited, which involved having to re-learn sociability:

"I'm interacting with people whereas before I was isolating myself in one room." (429-01)

Participants described how the bond to alcohol use shifted towards a bond with people:

"I realise the thing with me is I've relied on alcohol, you know, since I was thirteen, fourteen and the thing about the group thing and everything is for me, I've never relied on people. And so this is a massive one for me." (429-30)

Social Identity

Social influences were grouped through analysis into macro, meso and micro level influences (see Figure 1). Social influences accounted for greater coding density than self-identity

influences, demonstrating the nature of problematic alcohol use as a complex behaviour that is socially situated and influenced.

Macro-level social influence

At the macro (cultural or societal) level individuals described in their narratives primarily having been raised in cultural climates where alcohol use was normative. This is typical of British culture, in which alcohol use may be supported and even positively encouraged as part of normative group practices:

"I kind of realise around very early on, when I was probably fourteen I started to, you know, it's part of the culture, you know, you keep up, you go to the pub and that kind of thing." (429-13)

However, over time, description of individual use trajectories reported shifts towards negative social judgements of alcohol use. This suggests that there was a gradual realisation that the wider culture, that had supported alcohol use initially, did not condone heavy alcohol use behaviour. There was an awareness that judgements shifted and were positioned in opposition to individual alcohol use, such that what was once acceptable became unacceptable:

"Yeah but I think people need to be more supportive when you're going… like family and friends stop judging you because that makes you feel like a leper, if that makes sense." (429-22)

At this realisation there was a simultaneous sense of felt stigma. For some this had been ingrained within the past identity and was difficult to shift. Stigma was felt at the individual level, as a result of reflecting on and being aware of cultural norms:

"I don't think being a drug addict or an alcoholic I think, you know, you really belong in society." (429-15)

Meso-level social influence

Participants described their social and familial groups (meso level influence), fragmented due to the disruption of problematic alcohol use. Given this, an invaluable part of the treatment experience was a sense of belonging to a social group. For some this was a difficult or uncomfortable experience, but most felt a sense of shared experience with others in treatment and found common ground in the experience of having been a problematic alcohol user:

"not selfless but like with everyone if you come from a very serious background or it's a glitch in your life I think you still have some common… there's always common ground isn't there sort of thing." (429-30)

The realisation, through participation in treatment, that you are 'not alone', and the positive, reflective experience of social comparisons that could be made within group settings were mostly extremely helpful and might be considered beneficial to achieving recovery goals. This was in sharp contrast to feelings of isolation, being a social outcast, mistrusting others and feeling in turn mistrusted and judged, that were typical of past alcohol use narratives. For many this realisation necessitated a huge challenge for recovery, in moving away from past social groups and attempting to realign with more positive social groups:

"It's getting there. It's getting there. Yeah getting rid of a bad crowd. People that don't have your interest" (429-22)

Micro-level social influence

At the micro-level (interpersonal, between person level) of social interaction there were clear descriptions of problems with sociability:

"It's that I feel like because I'm not good at socialising and things" (429-30)

There was also a strong sense of felt shame:

"And also there's a shame that I think that I feel still, you know. If that's… I don't know if other people feel that." (429-30)

In moving through treatment, participants began to feel anger at their social isolation and shame, and started to reassert a sense of themselves in the new, non-alcoholic identity, as the person, or 'possible self' they felt they wanted to be or to become:

"I feel like there's more to me than drink and I find some people just think of me as that way and it drives me insane." (429-11)

Self-Identity

Internal influences on identity change were less prominent in the data (see fig 1). Although internal influences were perhaps easier to articulate, many were intrinsically linked to social influences. For example, participants described a fear of hurting others, drawing on past behaviour, but also feedback and judgement by others at the micro and meso-levels in the past.

Alcohol use as self-harm

Judgements had been internalised and were apparent in descriptions of (occasional) self-harm, and self-judgement as 'selfish'

"I thought how much I'm hurting my own self" (429-15)

Lost sense of self

Prior to treatment, individuals reflected and described how they had experienced a loss of their sense of self and loneliness where they did not know where to turn or what was real:

"when you're in that stage you lose everything, your mind set, the way you think, the way you act, the way you want to present yourself." (429-15)

Struggle to gain positive self-identity

There was an internal struggle, in conjunction with the identity change process and linked to social identity, to gain a new positive self-identity. This participant clearly exemplifies how this internal struggle was linked to the micro-level influence of his father:

"when I looked at AA when I was in my thirties it was like, the idea is that you're an addict and you live in fear of yourself sort of thing. And so for me, it's like, if that's the case then my father's won. It's like I don't want to live in fear of myself. I want to be able to like go 'you're good enough to say this, you don't have to drink to stop'." (429-3)

Acceptance of 'alcoholic' label

For some, over time, there had been an acceptance of problematic drinking as a core aspect of self-identity:

"I thought I was going to be an alcoholic for the rest of my life." (429-23)

Doing it for myself

Similarly, there was an enduring narrative that reflected wider messages gleaned through treatment that the only path to full recovery was to 'do it for myself'. Contradicting the strong social influences described throughout on identity change, clear internal motivation for the self to move towards recovery was also apparent:

"I thought it wasn't going to be for me and then I realised that it probably is" (429-13)

But a clear danger of strong internal influence to change identity was the possibility of setting impossibly high standards:

"I thought if I was wrong for everything I can control it by doing everything perfectly" (429-30)

Future focus

As individuals moved through their narratives of the treatment journey there was a shift from reflection on past behaviour towards a future orientation. For most this represented a dichotomous mix of positivity and hope, but also fear and trepidation.

Long journey ahead

Participants realised that their treatment journey did not have a defined 'end' and there were likely to be considerable challenges yet to be experienced. However, there was a sense of engagement with the journey and a desire to think of the future, not dwell on the past:

"And then I went to an AA meeting. And they're all talking about their past. I don't want to talk of the past. I want to look at the future." (428-10)

Although there was a positive, practical narrative of taking things 'one step at a time', there was also an expressed sense of fear for the future. This seemed to be because, without drinking that had been such a core part of the identity, facing the world 'alone' was a considerable task:

"So once you take that on board there's other ways round it but, you know, at that moment you're thinking 'oh my god, I'm never going to drink again' and it's quite daunting." (429-22)

"I don't really understand everything and it's… it is early days isn't it. (429-30)

Addict shadow

The shadow of the 'alcoholic' identity loomed large, for some more than others, and was a constant reminder of the near past. Perhaps a reminder of the importance of the treatment journey, but also a threat of failure. Here the participant exemplifies an 'inner voice' that seems to taunt them with its presence:

"because they'll still be addicts but we still have that thought in our mind, in us, that says that 'I think I can still be this'" (429-15)

This inner voice serves as a threat, perhaps adaptive in reinforcing the treatment journey, although dangerously threatens to destabilise the fragile new sense of a new recovering self.

One positive aspect of the focus on future orientation discussed by participants was the sense of responsibility in modelling a sober identity to others, particularly for children or family members. In this sense, the 'addict shadow' was a positive influence in reminding of the need to model positive behaviour:

"I don't want to see them like drinking 'oh uncle has been doing that, I'm going to do that'." (429-01)

Normative identity

There was a strong impetus for participants seeking to achieve 'normality'. For some there was an almost incredulous sense of discovering the 'normal' world:

"the feeling is really unbelievable. You can't describe it. When you come from nothing and you realise that people start to saying hi to you and start asking you how you feel." (429-15)

There was also consideration of what 'normality' meant, having moved from a chaotic state where things were comparatively far from 'normal':

"It's nice because you just, I don't know, you feel, not normal because you forget how normal is" (429-22)

"I want my normal life to be to feel normal without the alcohol and that be the normal life." (429-11)

For some there was a discovery of what 'normal' might be – a new state that had never been experienced before in adult life, perhaps. In the example below, the participant, who disclosed a history of depression PTSD, diagnosed borderline personality disorder and psychosis, describes how the convergence of mental health needs with problematic alcohol use meant that she could not actually recall ever feeling 'normal' before:

"I'm starting to feel "ok there's other levels". (429-30)

Discussion

Identity change through treatment seeking for dependent alcohol use was revealed in narratives around meta-themes of social identity and self-identity concepts. Participants reflected upon development of the dependent drinker identity over time, and then the process of identity change. External influences impacting social identity were key, having influenced initiation into alcohol use as a culturally and socially normative behaviour, then influencing acceptance of the 'alcoholic' label, with stigma expressed at a social level internalised within individuals. These qualitative findings correspond to a body of empirical literature finding clear associations between alcohol drinking identity and hazardous alcohol use (Lindgren et al., 2016).

Social influence was also subsequently central to the treatment journey. Through this, individuals recognised cultural influences on past behaviour and adapted and responded to group support during treatment. This findings aligns with well-established work on social influence on alcohol use impacting on identity change (Best et al., 2016). Social influence in treatment helped to reconcile close personal relationships. Some participants recognised the negative influences that had impacted their identity over time through close personal relationships. Others described how new relationships and friendships were enabled in the absence of problematic alcohol use.

Internal influences on self-identity were less prevalent in the data, but still influential in impacting the process of identity change. Views on personal alcohol use were reconfigured as harmful rather than adaptive. Individuals described a complete loss of the sense of self through alcohol use and a reluctant acceptance of the 'alcoholic' label, reaching an identity crisis. Help seeking was then initiated with a strong discourse, influenced by treatment service rhetoric, that to work towards recovery one had to be internally motivated and 'doing it for myself'. Findings here fit well with the literature on identity shift theory, proposing that 'value conflict in response to distressing accumulated evidence prompts a small step toward behaviour change. If successful, an identity shift begins. Increased self-awareness and self-confidence fuel continued change' (Kearney & O'Sullivan, 2003:134). Our qualitative findings on identity change post-alcohol detox also align closely with theorising across

addictive behaviours, as identity transitions have been shown to be important in smoking cessation (Meijer et al., 2020; Vangeli & West, 2012), in understanding relapse (Notley & Colllins, 2018) and in harm reduction approaches (Notley, C, 2021; Notley et al., 2018, 2019).

Orienting to the future, participants verbalised realism and hope. There was recognition of the 'long road ahead' which will not be linear or smooth. The shadow of the addict self-conceptualisation loomed large (Ashford et al., 2018) and was prominent in participant narratives. Despite this, there was hope in describing joy at discovering a new 'normal' identity, rediscovering normality or experiencing 'normal' for the first time. Findings in this sense can be seen to fit with the idea of 'possible selves', which have been hypothesised as important internal constructs representing individuals' ideas of what they might become, providing a conceptual link between cognition and motivation (Markus & Nurius, 1986). Possible selves may function as incentives for future behaviour and provide an evaluative and interpretive context for the current view of self. Clearly, our participant data on future orientation, in a similar way, demonstrated past evaluation of the shameful or stigmatised self, alongside a more hopeful future orientation toward a 'normative' self, with glimpses of what might become gained through the treatment journey of identity change.

Findings are situated within the context of current treatment models where individual recovery goals are emphasised (NICE, 2011). Rhetoric of treatment providers was a dominant discourse emphasising individual responsibility, as revealed in the 'doing it for myself' sub-theme, as the concept of individual level 'recovery' that is a prominent feature of the medical model (Ashford et al., 2018). Despite this individualistic focus, social influences were also seen to interact in complex ways as demonstrated, and there was dissonance between 'wants' (culturally driven) and 'needs' (health driven) (EMCDDA, 2017).

Influences on alcohol use initiation and development of problematic use were culturally driven, as is recognised through the UK public health approach to reducing alcohol related harm through limiting alcohol advertising and brand exposure (GOV.UK, 2020). Individuals described meso-level influences on alcohol use, within peer groups and family, as major drivers of alcohol using behaviour (Nash et al., 2005). Similarly, individuals described the importance and beneficial treatment effect of participating in groups, appreciating a sense of shared experience and social support that was gleaned through group participation (xxanon

refxx). This finding supports other recent studies, that have similarly drawn attention to the positive impact of group-based recovery support (Hogan et al., 2021). At the micro-level, influences within close relationships had been critical in supporting problematic use of alcohol, but were also critical in supporting emergence from problematic use (McAweeney et al., 2005). At the individual level of self-identity, recognising that alcohol use had become a problem prompted help seeking (Cunningham et al., 1994). There was a strong sense of the importance of internal motivation as being central to achieving good treatment outcomes, supporting an approach to treatment underpinned by Prime theory (West, R., 2006), emphasizing individual support for strengthening motivation. Positivity was tempered by realism in terms of future outlook, which corresponded to the current treatment model of recovery where emphasis is placed on long term recovery and community reintegration (Nash et al., 2005).

This study was limited by the small purposively selected qualitative sample. Although we attempted to sample for maximum variation of participant characteristics, the sample were drawn from a modest scale feasibility trial, and thus our pool of potential participants was limited. A simultaneous strength of this was that detailed narratives were gleaned from individuals that enabled in-depth understanding of identity change processes. Interviews were conducted at 6 months post treatment entrance. However, individuals had different treatment engagement histories, as assessed by reported number of previous detoxes (table 1), meaning that their trajectories of alcohol use and treatment episodes varied considerably. Data were self-reported. From a critical realist epistemological perspective all accounts were taken at face value, representing 'truth' for individuals at time of interview rather than universal 'truth'. The analytical process is subject to interpretation, although the research team duplicated analysis and discussed findings regularly to ensure that interpretations remained grounded in the data. In discussions, a double hermeneutic was recognised, that in our analysis and sense making of participant accounts we were also drawing on data generated through individuals own sense making during the course of the interviews.

The implications of this analysis emphasising identity change as central to the process of treatment for dependent alcohol use suggests a need for interventions to focus on identity processes and change as pivotal to achieving positive outcomes. As the process of identity change is emergent over time, individuals need supporting as they move through treatment towards discovering a new identity, and may need support to 'test out' and engage in positive

socially accepted role identities, such as parent, volunteer, employee, friend etc. Identity change processes can be seen as sharing similar trajectories being influenced by wider cultural and social influences, yet are also deeply personal and individually experienced. This suggests that treatment needs to offer social support through group intervention in preparing, moving through, and recovering from detoxification, yet have the flexibility to work with individuals to tailor treatment approaches addressing identity change.

Conclusion

For individuals, moving from regular alcohol use to problematic use is a journey that is influenced at the macro (cultural), meso (group) and micro (relational) social levels. These influences impact on social identity as experienced by an individual, such that narratives revealed acceptance of the 'alcoholic' label over time and demonstrated how stigma attached to this label was felt and internalised. Reaching an identity crisis was apparent in the narratives of many, preceding help seeking and treatment attendance. Throughout the treatment journey, social influences remained key. They were beneficial in terms of group support that enabled an understanding of others perspectives, and a sense of not being alone. Self-identity concepts were also important as there was a strong discourse of the importance of recovery journeys being internally motivated. Most participants in this study were realistic in assessing the recovery journey as being a continual process of positive identity change, but aware of the challenges remaining in moving away from the 'addict shadow' towards a new 'possible self'. This conceptualisation of individuals in a process of identity change makes a modest but novel contribution to the alcohol treatment field, by suggesting the need for long term social support through treatment. This might be through community-based support groups, where engagement might encourage orientation towards normalised identities and 'possible selves', such as parent, employee, volunteer, friend and respected group member.

References

Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, *189*, 131–138. https://doi.org/10.1016/j.drugalcdep.2018.05.005

Bandura, A (Ed). (1997). *Self-Efficacy in Changing Societies*. https://www.amazon.co.uk/Self-Efficacy-Changing-Societies-Albert-Bandura/dp/0521474671

Best, D., Beckwith, M., Haslam, C., Alexander Haslam, S., Jetten, J., Mawson, E., & Lubman, D. I. (2016). Overcoming alcohol and other drug addiction as a process of social identity transition: The social identity model of recovery (SIMOR). *Addiction Research & Theory*, *24*(2), 111–123. https://doi.org/10.3109/16066359.2015.1075980

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Buckingham, S. A., Frings, D., & Albery, I. P. (2013). Group membership and social identity in addiction recovery. *Psychology of Addictive Behaviors: Journal of the Society of Psychologists in Addictive Behaviors*, *27*(4), 1132–1140. https://doi.org/10.1037/a0032480

Croxford, A., Notley, C. J., Maskrey, V., Holland, R., & Kouimtsidis, C. (2015). An exploratory qualitative study seeking participant views evaluating group Cognitive Behavioral Therapy preparation for alcohol detoxification. *Journal of Substance Use*, *20*(1), 61–68. https://doi.org/10.3109/14659891.2014.894590

Cunningham, J. A., Sobell, L. C., Sobell, M. B., & Gaskin, J. (1994). Alcohol and drug abusers' reasons for seeking treatment. *Addictive Behaviors*, *19*(6), 691–696. https://doi.org/10.1016/0306-4603(94)90023-X

Dingle, G. A., Cruwys, T., & Frings, D. (2015). Social Identities as Pathways into and out of Addiction. *Frontiers in Psychology*, *6*. https://doi.org/10.3389/fpsyg.2015.01795

EMCDDA. (2017). *Models of addiction*. http://www.emcdda.europa.eu/publications/insights/models-addiction

Fomiatti, R., Moore, D., & Fraser, S. (2017). Interpellating recovery: The politics of "identity" in recovery-focused treatment. *The International Journal on Drug Policy*, *44*, 174–182. https://doi.org/10.1016/j.drugpo.2017.04.001

Gorski, P. S. (2013). "What is Critical Realism? And Why Should You Care?" *Contemporary Sociology*, *42*(5), 658–670. https://doi.org/10.1177/0094306113499533

GOV.UK. (2020). *Alcohol: Applying All Our Health*. GOV.UK. https://www.gov.uk/government/publications/alcohol-applying-all-our-health/alcohol-applying-all-our-health

Hogan, L. M., Cox, W. M., Bagheri, M., Morgan, B., & Rettie, H. C. (2021). *A feasibility study of Moving On In My Recovery: An acceptance-based group programme for people in recovery from substance addiction*. 33.

Kearney, M. H., & O'Sullivan, J. (2003). Identity Shifts as Turning Points in Health Behavior Change. *Western Journal of Nursing Research*, *25*(2), 134–152. https://doi.org/10.1177/0193945902250032

Kelly, J. F., Abry, A. W., Milligan, C. M., Bergman, B. G., & Hoeppner, B. B. (2018). On being "in recovery": A national study of prevalence and correlates of adopting or not adopting a recovery identity among individuals resolving drug and alcohol problems. *Psychology of Addictive Behaviors: Journal of the Society of Psychologists in Addictive Behaviors*, *32*(6), 595–604. https://doi.org/10.1037/adb0000386

Kouimtsidis, C., Drabble, K., & Ford, L. (2012). Implementation and evaluation of a three-stage community treatment programme for alcohol dependence: A short report. *Drugs: Education, Prevention and Policy*, *19*(1), 81–83. https://doi.org/10.3109/09687637.2011.562938

Kouimtsidis, C., Duka, T., Palmer, E., & Lingford-Hughes, A. (2019). Prehabilitation in Alcohol Dependence as a Treatment Model for Sustainable Outcomes. A Narrative

Review of Literature on the Risks Associated With Detoxification, From Animal Models to Human Translational Research. *Frontiers in Psychiatry*, *10*. https://doi.org/10.3389/fpsyt.2019.00339

Kouimtsidis, C., Houghton, B., Gage, H., Notley, C., Maskrey, V., Clark, A., Holland, R., Lingford-Hughes, A., Punukollu, B., & Duka, T. (2019). A feasibility study of an intervention for structured preparation before detoxification in alcohol dependence: The SPADe trial protocol. *Pilot and Feasibility Studies*, *5*(1), 59. https://doi.org/10.1186/s40814-019-0446-1

Lee, C. M., Geisner, I. M., Patrick, M. E., & Neighbors, C. (2010). The Social Norms of Alcohol-Related Negative Consequences. *Psychology of Addictive Behaviors : Journal of the Society of Psychologists in Addictive Behaviors*, *24*(2), 342–348. https://doi.org/10.1037/a0018020

Lindgren, K. P., Neighbors, C., Teachman, B. A., Baldwin, S. A., Norris, J., Kaysen, D., Gasser, M. L., & Wiers, R. W. (2016). Implicit Alcohol Associations, Especially Drinking Identity, Predict Drinking Over Time. *Health Psychology : Official Journal of the Division of Health Psychology, American Psychological Association*, *35*(8), 908–918. https://doi.org/10.1037/hea0000396

Loeber, S., Duka, T., Welzel Márquez, H., Nakovics, H., Heinz, A., Mann, K., & Flor, H. (2010). Effects of Repeated Withdrawal from Alcohol on Recovery of Cognitive Impairment under Abstinence and Rate of Relapse. *Alcohol and Alcoholism*, *45*(6), 541–547. https://doi.org/10.1093/alcalc/agq065

Markus, H., & Nurius, P. (1986). Possible selves. *American Psychologist*, *41*(9), 954–969. https://doi.org/10.1037/0003-066X.41.9.954

McAweeney, M., Zucker, R., Fitzgerald, H., Puttler, L., & Wong, M. (2005). Individual and partner predictors of recovery from alcohol-use disorder over a nine-year interval:

Findings from a community sample of alcoholic married men. *Journal of Studies on Alcohol*, *66*, 220–228. https://doi.org/10.15288/jsa.2005.66.220

Meijer, E., Vangeli, E., Gebhardt, W. A., & van Laar, C. (2020). Identity processes in smokers who want to quit smoking: A longitudinal interpretative phenomenological analysis. *Health*, *24*(5), 493–517. https://doi.org/10.1177/1363459318817923

Moos, R. H., & Moos, B. S. (2006). Rates and predictors of relapse after natural and treated remission from alcohol use disorders. *Addiction (Abingdon, England)*, *101*(2), 212–222. https://doi.org/10.1111/j.1360-0443.2006.01310.x

Nash, S. G., McQueen, A., & Bray, J. H. (2005). Pathways to adolescent alcohol use: Family environment, peer influence, and parental expectations. *Journal of Adolescent Health*, *37*(1), 19–28. https://doi.org/10.1016/j.jadohealth.2004.06.004

Neale. (2016a). *ITERATIVE CATEGORISATION (IC) (PART 2): INTERPRETING QUALITATIVE DATA*. https://onlinelibrary.wiley.com/doi/abs/10.1111/add.15259

Neale, J. (2016b). Iterative categorization (IC): A systematic technique for analysing qualitative data. *Addiction*, *111*(6), 1096–1106. https://doi.org/10.1111/add.13314

NHS Digital. (2019). *Statistics on Alcohol, England 2019*. NHS Digital. https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2019

NICE. (2011). *Alcohol-use disorders: Diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence*. NICE. https://www.nice.org.uk/guidance/cg115

Notley, C. (2021). *User pathways of e-cigarette use to support long term tobacco smoking relapse prevention: A qualitative analysis*. https://onlinelibrary.wiley.com/doi/10.1111/add.15226

Notley, C., & Colllins, R. (2018). Redefining smoking relapse as recovered social identity – secondary qualitative analysis of relapse narratives. *Journal of Substance Use*, 1–7. https://doi.org/10.1080/14659891.2018.1489009

Notley, C., Ward, E., Dawkins, L., & Holland, R. (2018). The unique contribution of e-cigarettes for tobacco harm reduction in supporting smoking relapse prevention. *Harm Reduction Journal*, *15*(1), 31. https://doi.org/10.1186/s12954-018-0237-7

Notley, C., Ward, E., Dawkins, L., Holland, R., & Jakes, S. (2019). Vaping as an alternative to smoking relapse following brief lapse. *Drug and Alcohol Review*, *38*(1), 68–75. https://doi.org/10.1111/dar.12876

SADQ. (n.d.). *Severity of Alcohol Dependence Questionnaire*. Retrieved October 14, 2020, from https://gpnotebook.com/simplepage.cfm?ID=x20070718165754672570

Schwartz. (2011). *Handbook of Identity Theory and Research*. http://www.springer.com/gb/book/9781441979872

Seaman, P. & Edgar, F. (2012). *Creating Better Stories: Alcohol and gender in transitions to adulthood*. Glasgow Centre for Population Health.

Sudhinaraset, M., Wigglesworth, C., & Takeuchi, D. T. (2016). Social and Cultural Contexts of Alcohol Use. *Alcohol Research : Current Reviews*, *38*(1), 35–45. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4872611/

Vangeli, E., & West, R. (2012). Transition towards a "non-smoker" identity following smoking cessation: An interpretative phenomenological analysis. *British Journal of Health Psychology*, *17*(1), 171–184. https://doi.org/10.1111/j.2044-8287.2011.02031.x

West, R. (2006). *Prime Theory Of Motivation—Theory Of Motivation*. http://www.primetheory.com/

WHO. (2019). *Alcohol*. https://www.who.int/news-room/fact-sheets/detail/alcohol

World Health Organization. (2016). *International statistical classification of diseases and related health problems.*