



Full length article

Identity in recovery from problematic alcohol use: A qualitative study of online mutual aid



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ABSTRACT

Aim: To explore how engagement with online mutual aid facilitates recovery from problematic alcohol use, focusing on identity construction processes.

Design: Qualitative in-depth interview study of a maximum variation sample.

Setting: Telephone interviews with UK-based users of *Soberistas*, an online mutual aid group for people who are trying to resolve their problematic alcohol use.

Participants: Thirty-one members, ex-members and browsers of *Soberistas* (25 women, 6 men): seven currently drinking, the remainder with varying lengths of sobriety (two weeks to five years).

Findings: Three key stages of engagement were identified: 1) 'Lurking' tended to occur early in participants' recovery journeys, where they were keen to maintain a degree of secrecy about their problematic alcohol use, but desired support from likeminded people. 2) Actively 'participating' on the site and creating accountability with other members often reflected an offline commitment to make changes in drinking behaviour. 3) 'Leading' was typically reserved for those securely alcohol-free and demonstrated a long-standing commitment to *Soberistas*; leaders described a sense of duty to give back to newer members in early recovery and many reported an authentic identity, defined by honesty, both on- and off-line.

Conclusions: Engagement with online mutual aid might support recovery by affording users the opportunity to construct and adjust their identities in relation to their problematic alcohol use; individuals can use the parameters of being online to protect their identity, but also as a mechanism to change and consolidate their offline alcohol-related identity.

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1. Introduction

Recovery is often conceptualised as a journey involving a complete life change (Laudet, 2007) that may include a transformation of identity into a 'non-drinker/user' (e.g., Biernacki, 1986; Buckingham et al., 2013; Doukas, 2011; Hill and Leeming, 2014; Reith and Dobbie, 2012). Change in social networks and engagement with recovery-orientated mutual aid groups (e.g., Alcoholics Anonymous, AA) may facilitate this transformation by encouraging development of a strong recovery-based social identity (Best et al., 2015; Frings and Albery, 2015). Social Identity Theory (SIT) contends that individuals establish their sense of self by drawing on their membership to social groups (Tajfel and Turner, 1979);

mutual aid groups, which rely on people with similar experiences helping each other through provision of social, emotional, and informational support (Public Health England, 2013; Raistrick et al., 2006), can provide members with a clear normative structure from which to derive their identity, values, and goals (Moos, 2008). Research has sought to understand the effectiveness of mutual aid (particularly within AA), but the underpinning mechanisms remain unclear.

Online groups have become popular for anonymous support and information (Dosani et al., 2014; Humphreys and Klaw, 2001), and can circumvent barriers to in-person meetings or services, including stigma, embarrassment, and inaccessibility (Cunningham et al., 2011; Gunn, 2015; Khadjesari et al., 2015). Online networks afford users a flexible platform to share narratives within a discreet environment (Merolli et al., 2013), which may be particularly beneficial for stigmatised groups (Hurley et al., 2007).

Users of online groups can disclose information at their own pace (Cooper, 2004), and selectively self-present (Walther, 1996);

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this permits the construction of an identity/identities that exist alongside others in the ‘real world’. Tracy and Trethewey’s (2005) ‘crystallised self’ theory conceptualises identity as multidimensional, fluid and context-dependent: there is no ‘fake’ nor ‘real’ self, just different aspects of the whole. This theory, stemming from a social interactionist view of identity (Blumer, 1969; Goffman, 1959; Mead, 1934) holds that one’s self is constructed through social interactions; it is not static, but changes and develops as a function of social context and audience. The use of the internet is therefore interesting for identity construction because as McEwan and Mease (2013) note, the relationship between physical self (e.g., age, gender, race), location (e.g., home, work) and audience – all provide information about membership to identity groups and determine which identity is enacted – is “altered” (p.87–88).

Research on identity around self-harm (Adams et al., 2005), eating disorders (Gavin et al., 2008), and gambling (Cooper, 2004) through internet sites is growing, but little is known about identity for problematic alcohol use¹ in online groups, and a recent review called for more qualitative research to understand alternatives to the 12-step approach (Parkman et al., 2015). *Soberistas* is an online mutual aid group, described by its founder as ‘non-prescriptive, non-religious, and non-judgemental’ (Rocca, 2016) and entirely peer-led except for limited content moderation. It is a private limited by shares company and a social business with a global membership base (including the UK, USA, and Australia) of 1828 subscription-paying members (fee: £34/year) and ~2000 active browsers. Subscription-paying members can create a profile, engage in discussions, post blogs, watch webinars and utilise various information resources; browsers can view most content but with restricted usage. A recent survey of the *Soberistas* community (Sinclair et al., 2016) found 94% of respondents to be female, the majority aged between 45 and 55 years, and 50% living with children. Over 60% reported problematic alcohol use for more than 10 years, although 46.5% had not utilised any form of support previously. While Sinclair et al. (2016) reported an evaluation of the *Soberistas* community, including description of its members and component parts and processes, the aim of the present paper is to explore how engagement with this online mutual aid group might facilitate recovery from problematic alcohol use, focusing on identity construction processes.

2. Methods

SEC conducted 31 in-depth telephone interviews with *Soberistas* users between October 2015 and January 2016. Participants were recruited via an online survey embedded within the *Soberistas* website (Sinclair et al., 2016); respondents provided an email address if willing to discuss their views and experiences of using the site. To be eligible, participants had to be over 18 years, based in the UK, speak English, visited *Soberistas* at least once and have telephone access. Seventy-six people provided email addresses.

Our strategy was to achieve a maximum variation of characteristics expected to influence experience of the site (Patton, 1990), including age, gender, current levels of alcohol use, previous treatment history and length of time with *Soberistas*. Using information provided during the survey, we purposively sampled and contacted 58 people. To address gaps in the sample, we placed an advert on *Soberistas* specifically inviting males, those new to the site, or thinking of leaving, to participate. The final sample comprised current subscription-paying members, ex-members, and browsers, 28 of whom were recruited via the survey, and 3 via the advert (Table 1

Table 1
Participant characteristics.

Characteristics	Participants n (%)
Gender	
Female	25 (80.6)
Male	6 (19.4)
Age	
25–34	2 (6.5)
35–44	7 (22.6)
45–54	8 (25.8)
55–64	10 (32.3)
65+	4 (12.9)
Membership status	
Current subscription-paying member	24 (77.4)
Ex-member	4 (12.9)
Browser (non-member)	3 (9.7)
Estimated length of time on the site	
<1 month	2 (6.5)
1–3 months	3 (9.7)
3–12 months	10 (32.3)
>12 months	16 (51.6)
Drinking Status	
Currently drinking	7 (22.6)
Alcohol-free ≤ 1 year	12 (38.7)
Alcohol-free > 1 year	12 (38.7)
Treatment/Support (other than <i>Soberistas</i> *)	
None	13 (41.9)
Previous	13 (41.9)
Current	5 (16.1)

* Examples of ‘treatment/support’: AA, private counselling, community services, other online support, and inpatient rehabilitation.

shows participant characteristics). Some participants had found *Soberistas* weeks prior to interview, while others had used the site since its launch (November 2012). Of those alcohol-free at time of interview, length of sobriety ranged from two weeks to five years.

During interview, participants were asked to talk freely about their use of alcohol, treatment history, and their views, experience and use of *Soberistas*. Open-ended interviewing techniques encouraged participants to lead, but the researcher used probes, asking for clarification with specific examples where necessary. Later interviews became more focused, reflecting the decision of the authors to concentrate on a few key categories (see data analysis section below). Interviews lasted on average 48 min (range 19–121). Participants were offered a £10 Amazon e-voucher for their contribution.

All participants provided verbal informed consent at the start of interview. The University of Southampton Faculty of Medicine ethical review committee approved the study [ID:17030/18457].

2.1. Data analysis

Interviews were audio-recorded and transcribed verbatim by SEC. The qualitative software package NVivo (v.10) was employed to aid storage, retrieval, and systematic coding of data.

This study was informed by constructivist grounded theory methodology (Charmaz, 2014), which acknowledges and emphasises the role of researchers in constructing theory from interactions with participants, knowledge of the field through personal experience, and/or relevant literature. SEC led analysis with discussion and input from the research team. In accordance with principles of theoretical sampling, data collection, coding and analysis were conducted recursively: the decision about who was selected for interview and topics of interest in each interview were informed by analysis of prior data. Participants were selected if they were expected to increase understanding of the theory as it developed.

¹ The term ‘problematic alcohol use’ is used throughout this paper to reflect the words used by participants when describing a spectrum of harmful and dependent drinking patterns.

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