

## Extended Length of Sobriety: The Missing Variable

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**ABSTRACT.** Researchers are turning their attention to the process of recovery from chemical dependency. Factors that establish and support the recovery process are being examined, while developmental stages of recovery over time are being outlined. Focused attention on recovery will complement the wealth of knowledge already accumulated regarding the process of addiction. However, the expanding literature of recovery tends to give scant treatment to recovery over the long-term. Few studies attend to extended length of recovery (ten years or more) as a relevant variable in alcoholism research. Following an examination of the literature on this point, the article suggests potential benefits of "long-term" research and outlines an ongoing exploratory project which utilizes this variable.

Comprehensive understanding of the nature and "natural history" of alcoholism requires knowledge of *both* its addictive and recovery "careers" (Edwards, 1984; Vaillant & Milofsky, 1982). Yet, while the literature is rich and varied in its exploration of alcoholic drinking, it is less abundant in its study of recovery. Only a relative handful of researchers have explored the dynamics of recovery, while sustained inquiry into the experience of *long-term* recovery is virtually non-existent. Research into alcoholism has not attended in any meaningful way to length of time in continuous and abstinent sobriety as a relevant variable.

It is important to understand long-term, sober recovery if we are to understand the full "natural history" and "clinical picture" of alcoholism (Edwards, Oppenheimer, Duckitt, Sheehan, & Taylor, 1983). Currently,

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long-term recovery appears to be the exceptional outcome rather than the rule in the treatment of alcoholism (Brown, Peterson, & Cunningham, 1988), while the general rate of relapse following treatment is staggering (Gorski, 1986). Several writers have called for research that highlights not only factors potentially precipitating relapse, but also factors that nourish and maintain recovery over the long-term (Kurtines, Ball & Wood, 1978; Moos, Finney & Chan, 1981; Vaillant, 1988). Understanding how alcoholism has been arrested for some, and its effects ameliorated, will allow insight into how recovery happens and what maintains it. Understanding long-term recovery, as it is lived and experienced over time, may give some guidance about relevant factors contributing to recovery success (Zinberg & Bean, 1981).

### STATE OF THE QUESTION

"Treatment outcome" studies, using *time-since-inpatient-discharge* as the relevant research variable, are abundant (Bromet & Moos, 1977; Finney & Moos, 1992; Nordström & Berglund, 1986, 1987; Pettinati, Sugeran, DiDonato, & Maurer, 1982). In addition studies of short- and mid-term recovery do exist, focusing attention on recovery anywhere from several months to several years in length (Gerard, Saenger & Wile, 1962; Knouse & Schneider, 1987; Kurtines, Ball, & Wood, 1978; Vaillant & Milofsky, 1982). There would, however, seem to be value in more accurate understanding of the entire process of recovery, with particular attention to long-term (say ten or more years) sobriety. Research is needed which focuses on *extended-length-of-continuous-and-abstinent-sobriety*.

Edwards and his co-workers (1983) raise the question of "what happens in the long term to alcoholics" (p. 269), and suggest some reasons for pursuing such an interest. Long-term studies would help in "completing the clinical picture" of the illness (Edwards et al., 1983, p. 269). Thus the full range of alcoholism and recovery, that is, the sequence of alcoholic *and* recovery "careers" and their "natural history" would be elaborated. Additionally some deeper insight into how recovery happens, what maintains it, and the contribution (if any) of various treatment modalities and healing factors may be gathered (Edwards, Brown, Duckitt, Oppenheimer, Sheehan, & Taylor, 1987). Long-term data and understanding may help as well in providing more information on the "costs and seriousness" of alcoholism (Edwards et al., 1983).

Gerard, Saenger, and Wile (1962) address the same question of research "need" from a somewhat different viewpoint. They too suggest that there is value in knowing what happens to those who stop drinking. They be-

lieve it is important to understand what persons in recovery are like "in their abstinent state" in order to understand what led to and what maintains their abstinence, what recovering persons may substitute for alcohol and addicted living, and how their abstinence may be seen in relation to overall personal improvement and adjustment (Gerard et al., 1962).

Vaillant and Milofsky (1982) give some indications that an understanding of "natural healing processes" in recovery may result from study of the recovery process, and that such knowledge may help guide the design and utilization of increasingly more effective clinical intervention which is congruent with natural forces. In addition, the ongoing work of Moos and his associates (Bromet & Moos, 1977; Finney & Moos, 1992; Moos, Finney, & Chan, 1981) appears to confirm the crucial role of such "natural" or "extratreatment" factors. It may well be that in order for treatment to be effective, it must be syntonetic with such "natural processes of recovery" (Edwards, 1984). In order to understand these issues we need research that focuses on dynamics that "invite and reinforce" sobriety over the long-term (Taylor, Brown, Duckitt, Edwards, Oppenheimer, & Sheehan, 1985). Important factors and characteristic changes may operate in long-term recovery about which we know very little at present.

The studies of (supposed) "long-term follow-up" and the "natural history" of recovery that do exist focus principally on populations that are actually abstinent for limited lengths of time. These studies draw primarily on previously inpatient populations, attempting to determine the efficacy of clinical intervention and/or posttreatment functioning, and so follow-up time is most often calculated as *length of time since admission or discharge from treatment*. In order to insure a sample of reasonable size—and taking into account variables of (multiple) relapse, unwillingness of subjects to participate in research, and attrition—these studies have all had to accept a standard of actual short-term sobriety in order to do long-term followup.<sup>1</sup> While this may be a necessary procedure for evaluation of inpatient clinical intervention and may yield data concerning some aspects of alcoholism's "natural history" after treatment, it nevertheless does have the side-effect of leaving the long-term abstinent and recovering population virtually unstudied!

I have been unable to find a single research study that gives sustained attention to extended-length-of-continuous-and-abstinent-sobriety as a primary variable for research, despite titles that might indicate otherwise (Finney & Moos, 1992; Kurtines, Ball & Wood, 1978; Nordström & Berglund, 1987).

### "ONGOING RECOVERY"

Another group of alcoholism recovery studies focuses on the *process* of recovery and examines the process at various stages or time-periods (Brown, 1985; Cary, 1990; Gerard, Saenger, & Wile, 1962). Let us look in more detail at one relevant example.

Stephanie Brown (1985) elaborates a "developmental model of recovery," intending to describe the recovery process in some detail. She utilizes an approach that assesses various factors (e.g., alcohol focus, environmental interactions, reconstruction of identity) interacting over time and developing in stage-like fashion. Her long-term sober stage is called "ongoing recovery" (Brown, 1985). This stage, Brown believes, is the advent of "something new" in a recovering person's life, based in a new sense of "identity" and profound alterations in personal frames of reference. However, a detailed examination of Brown's methods still leaves some things unclear about long-term or "ongoing" recovery.

Brown's research population (N = 80) was broken down by variable lengths of abstinent sobriety. Her longest sober group ("Ongoing Recovery") had five or more years sobriety. While there were seventeen participants in this group from a total sample of eighty, the reader is left in some doubt about the exact time distribution or actual length of sobriety of these seventeen participants. "Five or more years" is a vague designation. How many participants were sober five or six years as opposed to those with ten, twenty, or more years of continuous and abstinent recovery? Is her description of "Ongoing Recovery" coming predominantly from those with five years sober recovery or twenty years? Isn't there the distinct possibility, as Brown herself seems to suggest, that the experience of five years in recovery might look very different from a recovery of twenty or thirty years? What Brown describes in her discussions of "Ongoing Recovery" is based on the experience of these seventeen participants. Yet this group may actually be comprised of those with relatively few sober years. It would seem that extended length of continuous and abstinent sobriety is still not fully utilized as a research variable even in Brown's work. That is a task still to be accomplished.

One wonders what might be found if research were to focus exclusively on a population with actual "long-term recovery" defined as ten or more years of continuous and quality sobriety.<sup>2</sup> And, of course, one wonders if the "something new" at which Brown hints, when seen from this truly long-term vantage point, might provide valuable insight into the recovery process as a whole.

### THE "EXTENDED LENGTH" VARIABLE IN ACTION

Long-term alcoholism studies are notoriously difficult to do, unless one has some recourse to Alcoholics Anonymous (McBride, 1991; Pettinati et al., 1982; Vaillant, 1983). Such study is possible, however, if one considers using a population gathered through the network of A.A. (Edwards, Hensman, Hawker, & Williamson, 1966). As Edwards and his coworkers have pointed out, A.A.'s major contribution is "maintained sobriety" (1966, p. 3384).

If one wanted to study the experience of recovery *at its best*, in order to understand its dynamics and the ebb and flow of its processes, where would one look? Is it not reasonable to suggest that in trying to understand a phenomenon, one might inquire among those "most accomplished" and "best able to give an intelligible account" of the phenomenon under study? In studying recovery, is it not wise to begin learning from "expert specialists," who have long and proven experience with the recovery process, that is long-recovering alcoholics themselves?<sup>3</sup>

Zinberg and Bean (1981) challenge researchers to study examples of "successful" recovery, while Bean (1975) reminds us that long-term sobriety and membership in A.A. is "the source of authority" about recovery. Even though there may well be value in exploring the experience of those who enter and maintain sobriety along other paths, without the assistance of A.A. (e.g., "spontaneous remitters," or those who utilize one of the newer support groups such as Rational Recovery), utilizing "A.A. successes" would seem to be a valuable research starting-point.<sup>4</sup>

Alcoholics Anonymous has access to a population of long-term, successfully recovering alcoholics. A study of actual long-term, abstinent sobriety—its nature, dynamics, variables; its experience and meaning to those involved—is possible, if one considers using an A.A. population. However, while any study of long-sober alcoholics may have to include members of A.A. (McBride, 1991; Pettinati et al., 1982; Vaillant, 1983), researchers must continue to be mindful of the dangers of "self-selection" and "affiliation bias" in using A.A. members for research purposes (Bebbington, 1976; Seiden, 1960). Indeed, "long-term recovery" itself, independent of A.A., may function as a biasing variable, since those with long-term sobriety are a select group even in A.A. (Edwards et al., 1967). Of course, this does not mean that they ought not be studied; rather, it suggests that their (relatively rare) experience is valuable, even if they are a difficult population to find and their inclusion involves research methods that might be uncomfortable for some investigators (McBride, 1991).

Nevertheless, with the necessary provisos, a cohort of A.A. members with actual long-term, abstinent sobriety—"expert specialists" in recov-

ery—is available for research, if they can be enticed into cooperation. Naturally such study requires a kind of flexibility in research design more appropriate to qualitative, exploratory, and descriptive approaches (McBride, 1991; Vaillant & Milofsky, 1982). In fact since so little is known about the nature and dynamics of actual long-term sobriety, use of more quantitative measures is likely to be premature and inappropriate, and may preclude important serendipitous findings. A more open, responsive, and descriptive approach is warranted at present.

### "IN A SOBER VOICE"

I have chosen to invite long-term, successfully sober, recovering alcoholics with a history of contact in Alcoholics Anonymous to be participants in an ongoing qualitative research effort. The purpose is to understand and describe the experience and dynamics of long-term recovery. In outlining this research in progress, several brief points will be made: What is meant by a long-term, successfully recovering population? How is the research conducted? Are there preliminary findings?

#### Population

As a research endeavor, *In a Sober Voice* focuses on long-term, successfully sober, recovering alcoholics.

I have chosen ten-plus years of continuous and abstinent sobriety as one criterion for "long-term" recovery. Two considerations were paramount. My reading of the literature indicated that choosing a population with this length of sobriety for sustained and focused attention would be a novel endeavor. Several previous writers (Brown, 1985; Cary, 1990; Gerard, Saenger & Wile, 1962) had included some participants in their research with this target length of sobriety but no one, as far as I could determine, had focused full attention on such a population. In addition Brown's suggestion (1985) that such a population might actually experience "something new" in sober living was intriguing. The choice of ten or more years of continuous sobriety as a target allows me to explore this "something new" in a focused way, while at the same time addressing a missing variable in the recovery literature.

In choosing such a population, continuous length of time without a drink is an obvious bottom-line criterion (Brown, 1985). Another is the notion of "sobriety." Bebbington (1976) indicates the difficulty of defining "sobriety." Using this term attempts to indicate, over and above sim-

ple abstinence, something of the quality of a person's life, that is, recovery that is "successful." It indicates a broadening and deepening of vision and values, a state of abstinence that has been transformed (Brown, 1985).

Selecting a group of recovering alcoholics through A.A. connections seems a reasonable way to insure acquiring "long-term" (10-plus years), "successfully sober" participants. A selection procedure that asks recovering alcoholics to refer others (a) with long-term, ten-plus years of abstinent sobriety, (b) whose recovery they admire for its "quality," and (c) who they think would be beneficial for the study, is likely to present the desired population for research, that is, a population both abstinent and experiencing a "quality" of recovery that is powerful and attractive.<sup>5</sup> Such a population is helpful in articulating and understanding recovery at its best, that is, what works and how it is maintained.

### *Method*

*In a Sober Voice* is an exploratory project. Collaborative, qualitative interviews with a population of long-recovering alcoholics are conducted. Each participant is encouraged to tell his/her "story" of alcoholism and recovery; subsequent conversation further elaborates this initial narrative. Through a process of transcription, editing, and commentary, research protocols are produced, providing a unique opportunity for learning from successfully recovering alcoholics and their life-stories. Formal analysis of these protocols utilizes narrative methodology. The focus of this research is on the lived experience of persons in recovery over the long-term, allowing their stories—the "voice of their lifeworld" (Mishler, 1986)—to become part of the scholarly dialogue about recovery.

Phase I of this project explored the experience of long-sober, white, male alcoholics (Morgan, 1992). Fifteen recovering male alcoholics with at least ten years of continuous, sober recovery were contacted through the network of Alcoholics Anonymous and engaged in conversation about their experiences.<sup>6</sup> Study of the literature indicated that both women's experience (Blume, 1986) and that of other racial groups (Brisbane & Womble, 1985) might have important differences and nuances that could support independent and parallel research. Given the paucity of our understanding of long-term recovery experience, initial exploration with such a limited population (white males) was deemed to have value.

Phase II of this project has begun, with several women researchers collaborating in the gathering of long-recovering women's stories. Subsequent phases will explore recovery from the perspective of different racial groups, and of those who enter recovery along other paths, for example, "spontaneous remitters."

### *Preliminary Findings*

One value of recovery-focused research in the field of alcoholism is in sustained attention to factors and dynamics that nurture long-term, successful recovery. Examination of research data gathered thus far indicates that long-term recovery is supported by (a) a re-visioning of self, (b) a re-visioning of one's life-context, and (c) a restructuring of life-stance and lifestyle.

### *Re-Visioning of Self*

In telling the story of alcoholism and recovery, this population of long-sober alcoholics each claims a "personal social identity" (Mishler, 1986) as recipient of a gift of rescue and ongoing transformation. In retelling the tale of addiction through powerful descriptive metaphors, they describe themselves as having lost the essence of their humanity, as having degraded and dehumanized themselves. Without exception these persons portray degradation and loss of self as a crucial theme in understanding their life-stories (Morgan, 1992).

Building on this bedrock experience of alcoholic degradation, these long-sober alcoholics describe recovery as beginning in a founding moment of "rescue," and as continuing in an ongoing restoration and transformation of self (Morgan, 1992). The recovery narrative is a tale of rescue and renewal, not unlike the genre of "crisis-conversion" stories (Freccero, 1986). The result of this construal of life-story is a re-visioning of one's sense of self: I have worth and value; I am not simply another alcoholic but an alcoholic, rescued and saved. Such radical re-visioning has far-reaching consequences.

### *Re-Visioning of Life-Context*

Grounded in the lived experience of drinking degradation and recovery transformation, the process of recovery is envisioned by this population as occurring through the "intervention of a Higher Power." This intervention is seen as the key that loosens the grip of addictive decline; it is also the key to understanding recovery from the long-term point of view. While the bare facts of some recovering persons' beliefs in "intervention" and "rescue" were anticipated prior to this study, the scope of the transformation these beliefs engender in recovering persons' lives is truly astounding. The changes that result from such an understanding are radical and far-reaching. It makes a profound difference in their lives.

This understanding has become the context for living a recovering life today. The lives of these persons are grounded in confidence about the ongoing care of their Higher Power. That is, they experience and expect that their lives are enfolded by care; they understand their lives as secured and guided by "providence." They experience "miracles" happening in their lives and expect that "coincidences" are no longer coincidental. They expect good things to happen for themselves and those they love even in the midst of hardship. These are core beliefs that support them in good times and sustain them in hard times. This way of construing their lives is a central theme in successful, long-term recovery experience (Morgan, 1992).

Recovery-over-time becomes suffused with the sense of a (providential) "power greater" at the center of life, connected with a tremendous sense of oneself as worthwhile, loved, and loveable. This way of re-visioning one's self and life-context has direct consequences, not only in the ways one views recovery but also in the way one lives as recovering.

### *Restructuring of Life-Stance and Lifestyle*

Rooted in such dramatic perceptions of self and life-context, recovery involves a restructuring of lifestyle on a concrete and daily basis. Stories of long-sober persons are replete with descriptions of various recovery practices, rituals, and "tools" that appear to help maintain and nourish recovery living. Each of the research conversations provides a window into various recovery practices and rituals that appear to help maintain and nourish recovery over the long-term. These practices (e.g., A.A. meeting attendance, use of inventories, self-affirmations, cultivation of recovery habits and attitudes, recovery work with others) serve to embody and further recovery changes (Morgan, 1992).

### *"Natural Healing Factors"*

Earlier in this article, I noted that there are suggestions in the literature about "natural healing" or "extratreatment" factors (Vaillant & Milofsky, 1982) and various lifestyle changes (Moos et al., 1981) that may nourish ongoing recovery. I also suggested that treatment may well benefit from understanding such "natural processes of recovery" (Edwards, 1984).

This research in progress indicates that important factors in the development of recovery over time include cognitive and attitudinal re-visioning both of self and life-context, and behavioral restructuring of lifestyle. Long ago, Bateson (1972) hinted that such changes might be crucial fac-

tors in recovery from alcoholism. More recently, Brown (1985) has suggested the importance of similar factors. This project explores and describes such factors in detail.

*In a Sober Voice* is an ongoing research enterprise and continues to explore the recovery experience of various long-sober persons. As more is known about the factors that nourish and maintain recovery particularly over the long-term, consequences for intervention and treatment-dynamics that are syntonically with natural healing—will be forthcoming.

### SUMMARY

As researchers turn their attention to the process of recovery from alcoholism, they will attempt to understand the dynamics of recovery and to outline its shape over time. One important and neglected variable to explore in this research is the experience of those long sober. The characteristics and experience of such persons with extended lengths of continuous and abstinent sobriety are crucial factors in understanding what nourishes and maintains recovery over the long-term.

One project that attempts to utilize this "missing variable" has been briefly explained and some preliminary findings examined. Cognitive, attitudinal, and behavioral factors appear to influence the understanding and living of recovery among those long-sober.

### NOTES

1. See, for example, Vaillant (1983) for a description of difficulties in constructing long-term studies of alcoholics.

2. In addition to Brown's work, Gerard, Saenger and Wile (1962) were able to include participants with a variable number of years of actual sobriety in their population. However, they studied only four subjects (total N = 50) who had more than nine years sobriety. Nordström and Berglund (1987) do report having fourteen subjects (total N = 324) in their study of "successful long-term adjustment" with ten or more years "stable sobriety." Note, however, that this classification includes both abstinence and social drinking in its purview. Knouse and Schneider (1987) attend to "length of continuous sobriety" and speak of a focus on the "successfully recovering individual" (1987, pp. 596-597). However, "success" seems to mean "presently sober for some period of time since discharge" from treatment (average 13.4 months). Thus extended or long-term length of sobriety is not a variable here.

3. The references here are to William James's *Varieties of religious experience* (1890/1902). This "descriptive study" of religious and spiritual experience pro-

ceeded in a way similar to what I propose for studies of long-term recovery. The principle of population selection was simple: "To learn the secrets of any science, we go to expert specialists, even though they may be eccentric persons, and not to commonplace pupils. We combine what they tell us with the rest of our wisdom, and form our final judgment independently" (1986/1902, p. 486). Similarly, research that utilizes the experience of long-term recovering persons learns from the "expert specialists" in the recovery process.

4. Thirty years ago, Gerard, Saenger and Wile (1962) attempted to study recovery by focusing on groups of recovering persons with varying experiences and lengths of sobriety. One of their groups was called "AA Successes."

5. McBride (1991) describes his use of a "convenience sampling method," similar to my own selection of participants through A.A. connections, as "the only feasible approach to this population" of long-term recovering persons (p. 119). Such a sampling process utilizes A.A.'s own natural procedure for discovering "quality sobriety," i.e., sponsor selection (Kus, 1986).

6. The population studied in Phase I consisted of fifteen recovering alcoholics, whose time-length of continuous and abstinent sobriety varied from ten years and several months through forty-two years of sobriety (average 26.4 years).

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