

“I could’ve had a better life”: Reflective life reviews told by late-middle-aged and older women and men with ongoing long-term alcohol problems

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Abstract

Aim: This study accounts for how people aged 55–69 with ongoing long-term alcohol problems conceptualize past, present and future. **Methods:** A total of 19 interviews were performed, from which reflective life reviews were obtained and analyzed as narrative life accounts. Three structuring thematic traits were identified: resentment of life, acceptance of life and gratitude towards life. **Results:** The study shows how past, present and future intertwine into meaningful entities incorporating certain governing master narratives about recovery, familiar for example from expert discourse and the AA movement. When it comes to the theme of *resentment*, the participants articulated disappointment over what life had become and emphasized especially the missed work-related opportunities that the drinking had caused. In the theme of *acceptance* letting go of the past was viewed as important for creating a sober future. Within the dimension of *gratitude* the past was seen as a resource for self-development and future recovery. **Conclusions:** How long-term alcohol problems are conceptualized in the long view of a life narrative may have great implications for outlooks of a sober future. A closer look at the social and cultural material incorporated in the stories of this age group is an important task for future research.

Keywords

alcohol problems, elderly people, life reviews, life stories, middle age

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This article deals with a hitherto neglected field of research: late-middle-aged and older adults with ongoing and long-term drinking problems. Due to an ageing population, there is an increased focus in Sweden on “healthy ageing”, where financially independent, fit and active seniors are expected to burden the health-care and social services as little as possible. Research suggests, however, that drinking and alcohol-related problems are on the increase among people aged 50 years and older in Sweden and other European countries. The increase among women is particularly recognised (e.g., Galluzzo et al., 2012; Hallgren, Högberg, & Andréasson, 2009; Jyrkämä & Haapamäki, 2008; Raninen, Leifman, & Ramstedt, 2013). Increasing drinking problems among people in later life indicates that the pressure on health and social services will increase in the near future (Ahlström, 2008; Gilhooly, 2005; O’Connell, Chin, Cunningham, & Lawlor, 2003; Socialstyrelsen, 2015). Despite this, alcohol and ageing is described as an under-researched area, especially in qualitative research (Gunnarsson, 2012; Jyrkämä & Haapamäki, 2008; O’Connell et al., 2003; Schröder-Butterfill & Marianti, 2006). At the same time, underdetection and misdiagnosis of alcohol use disorders among people in later life is an acknowledged problem in healthcare settings. It has been suggested that this reinforces the misbelief that older adults, especially women, do not have alcohol problems, and the problematic alcohol use among the elderly continues unnoticed (O’Connell et al., 2003; Stelle & Pearson Scott, 2007).

Considering prevailing underdetection, misdiagnoses and so-called therapeutic nihilism – characterised by ageist perceptions that older adults will not benefit from treatment – it is hardly surprising that people aged 65 years and above are overlooked with regard to getting access to treatment for their drinking problems (see Gunnarsson, 2013; Stelle & Pearson Scott, 2007). In particular, people who have long-term drinking problems, often labelled as “chronics” and “hopeless cases” resistant to treatment, can

be described as an un-prioritised client group (O’Connell et al., 2003). Long-term alcohol problems have often caused financial, social, physical and mental consequences (Jung, 2010; Wood, 2006). Ageing with long-term drinking problems can therefore be regarded as a major dilemma for the individual at the same time as their life circumstances contrast with the ideal of healthy and financially secure older adults.

Given this lack of research, underdetection and prevailing ageist images it is important to acquire knowledge of the lives of late-middle-aged and older adults with ongoing and long-term drinking problems. The aim of this article is, through qualitative interviews, to analyse and discuss how women and men aged between 56 and 69 years with long-term alcohol problems reflect on their lives. The participants review their lives from the standpoint of being an “active alcoholic” where some made it clear that they intended to keep on drinking and others were in the process of trying to become sober.

Previous research

Although alcohol problems and ageing is an under-researched area, a few quantitative studies have been conducted. These studies suggest that alcohol consumption as well as overall alcohol-related problems are increasing among those aged 50 years and older, both in Sweden and in other Nordic and Western countries (e.g., Galluzzo et al., 2012; Hallgren et al., 2009; Jyrkämä & Haapamäki, 2008; Raninen et al., 2013).

Apart from an interest in levels of alcohol consumption, quantitative research has a medical focus and concentrates on the effects of alcohol on the ageing body and changes in late-life drinking patterns (e.g., Breslow & Smothers, 2004; Merrick et al., 2008). Even if average alcohol consumption decreases with age – especially among heavy drinkers due to declining health – studies also suggest that people with poor physical health rely on alcohol to

reduce pain (e.g., Brennan et al., 2005; Moos et al., 2010; Schutte et al., 2009).

Some quantitative studies about drinking problems in later life acknowledge the psychosocial aspects of ageing by focusing on what effects old-age retirement has on drinking. Some of these studies suggest that people who were drinking in order to cope with work-related stress or when socialising with their colleges, generally drink less after their old-age retirement. Reduced income also seems to restrict drinking (Galluzzo et al., 2012). Other studies suggest the opposite: an already high level of alcohol use increases after old-age retirement due to financial stress and the loss of structure, status and social networks (Gilhooly, 2005; Roman & Johnson, 1996). There also seems to be a connection between mental health problems in later life and high levels of alcohol use among people with ongoing drinking problems (Jung, 2010).

Qualitative research about the lives of late-middle-aged and older adults with drinking problems is almost non-existent (Gunnarsson, 2012; Jyrkämä & Haapamäki, 2008; Schröder-Butterfill & Marianti, 2006). The work of Gunnarsson and Karlsson (2013) gives insights into the everyday lives of older adults with drinking problems from the perspective of their care workers (see also Gunnarsson, 2012). When it comes to qualitative research based on interviews with people in later life having alcohol problems, there are a few studies that focus on the meaning that drinkers give to their alcohol use in order to explain and legitimise their drinking (see Alasuutari, 1990; Denzin, 1987; Kurube, 2004; Singer, 1997). Kurube (2004) focuses on why her participants have developed drinking problems, how they experience their present compulsory care and how they relate to their lived lives. Denzin (1987) and Singer (1997) pay attention to how men with long-term alcohol problems give meaning to their alcohol use, highlighting that drinking is portrayed as a meaningful but destructive way of dealing with the past, the present and the future. Alasuutari

(1990) considers problematic alcohol use to be connected to individual meaning-making while also connecting the life stories told by his male participants to working-class identity, masculinity norms and biomedically grounded knowledge about alcoholism. Only Kurube (2004) includes women in her study. None of these inquiries focus on age and ageing.

Theoretical perspectives

This article is based on theories about life reviews and life stories. The term “life review” was introduced by the psychiatrist Robert Butler (1963), who took inspiration from Erikson’s (1959) life-span developmental theory. Life reviewing is defined as a process of reminiscence, often associated with ageing. Becoming older often leads one to look back in time in order to construct meaning as a way of preparing for one’s death (Cappeliez & Robitaille, 2010; O’Rourke, Cappeliez, & Claxton, 2011). In contrast to the simple recall of memories, life reviews are defined as “identity work” where people attempt to make sense of themselves and their lives (de Medeiros, 2014). In this article, life reviews are defined as short statements by the participants evaluating their lives, often by narrating about drinking experiences that are considered to be important for how their lives as a whole have evolved. Furthermore, the life reviews told by the participants can be regarded as narrative reflections: they look back in time from the standpoint of the present, drawing retrospective connections between the past and present, and sometimes also the future (see Freeman, 2010).

The life reviews told by the participants are considered to be parts of their life stories about problematic drinking. In similar ways as life reviews, life stories are described as expressing a sense of what our lives are about and what kind of person we are (Chase, 2003; Linde, 1993; Randall, 2012). In order to create meaning and coherence, people generally refer to causality and sequence, where subsequent experiences are understood in relation to what

has previously occurred as well as in relation to one's expectations of the future. A coherent life story is thus told in terms of causes and motives where the past, present and future are understood in relation to each other (Bohn & Berntsen, 2008; Linde, 1993).

The ability to make sense of life can be challenged by major unexpected events that disrupt the structures of everyday life and the knowledge that underpins them (Cappeliez & Robitaille, 2010; Frank, 1995; Linde, 1993). Michel Bury (1982) calls such abrupt changes *biographical disruptions*, which is a concept originally aimed at understanding experiences of chronic illness but also used in research about other major unexpected events in life (e.g., Coleman, 1999; Frank, 1995; Riessman, 2008). In this study, however, most participants describe their drinking problem as something that has gradually developed over time. In terms of major consequences, the problematic alcohol use of the participants may nonetheless be regarded as something that challenges their ability to make sense of their lives, especially as their drinking problems have not yet been resolved and do not belong to a "distant" past (see Järvinen & Ravn, 2015). People with difficult life experiences often use narrative strategies to reconstruct order and coherence between their past, present and future. For example, they may deal with difficult experiences by emphasising how it is possible to learn and develop from them and thereby overcome their suffering (Cappeliez & Robitaille, 2010; Frank, 1995; Linde, 1993).

An example of this human response to dealing with difficult life experiences is found in Alcoholics Anonymous (AA), where members often talk about overcoming drinking problems as a part of a unique therapeutic mission leading to a "new" and better life (Antze, 1987/2010; Hänninen & Koski-Jännes, 1999). Alcoholics Anonymous settings hence provide narrative structures for people with drinking problems to give meaning to their alcohol use, their lives and their possible paths to recovery (e.g., Arminen, 1998; Cain, 1991; Hänninen & Koski-Jännes,

1999; Michel, 2012; Pollner & Stein, 1996; Thune, 1977). Collectively shared ways of talking about life illustrate that individual meaning-making is done in relation to (sub)cultural norms, common-sense beliefs and knowledge that the narrators either distance themselves from or integrate into their life stories. Norms, common-sense beliefs and knowledge constitute *master narratives*. These are socially shared understandings that are used to make sense of individual experiences and to justify personal actions (de Medeiros, 2014; Denzin, 1987; Linde, 1993; Randall, 2012; Riessman, 2008). As some of the participants in this study were engaged in AA and a majority had at some point in their lives been in contact with inpatient and outpatient treatment inspired by AA's 12-step programme, narrative theories about the construction of life stories in AA are important for analysing the life reviews told by the participants.

Methods

The data used for this article come from a data corpus collected for a research project about middle-aged and older women and men with long-term alcohol problems. The research project, and hence this article, is based on 19 qualitative interviews with six women and 13 men. The selection criteria for participation were:

- 55 years of age or older.
- A level of alcohol use that the participants experienced as problematic during the year prior to the interview. This means that the participants could be defined as having active alcohol problems (see DSM IV). "Problematic alcohol use" translates into the participants experiencing that they drink more than they want to and that they suffer negative consequences as a result of their drinking.

- The alcohol use should have been considered by the participants as problematic for a period of at least 10 years.

The participants were between 56 and 69 years of age, born between 1940 and 1955. The participants experienced that their drinking had been a problem for periods ranging from about 20 years to more than 40 years. At the time of the interviews, the participants' alcohol use fulfilled the criteria in ICD 10 and DSM IV for alcohol-dependence syndrome. All participants were clients of the Swedish social services because of their drinking. Four of the participants were in inpatient treatment, two were in outpatient treatment, and 13 had no ongoing treatment for their drinking problems. The participants also had different working-life histories. Some had university education and had been white-collar workers, others had had traditional working-class employment, whereas some had been marginalised for their entire adult lives. At the time of the interviews, none of the participants were tied to the labour market. Five had taken old-age retirement, 11 had taken early retirement due to health and drinking problems, one was unemployed, and two were participating in temporary part-time training schemes.

The participants were recruited through social service offices, inpatient and outpatient treatment facilities, a charity organisation and a government-run housing facility for people with alcohol and other drug problems. In order to give information about the research project, the participants were initially contacted by telephone. Some of them were immediately interested in participating whereas others needed time to consider whether to participate or not. In line with guidelines for the protection of the individual in research (www.codex.vr.se), the participants were informed about the aim of the research, that their participation was voluntary and could be withdrawn, and that anonymity would be preserved. Names of persons and places have therefore been changed, and information that

could easily lead to identification has not been included. The research project has been approved by the Regional Ethical Review Board (DNR 09-088Ö§29/09).

Interviews

The interviews were conducted by the author of the article. Depending on the preferences of the participants, most interviews were conducted in their homes, a few in rooms provided by treatment facilities and one in a pre-booked room in a library. The interviews lasted from about one to three and a half hours depending upon how talkative the participants were. The interview guide was structured into themes about past and present experiences, as well as future anticipations, of different aspects of everyday life such as social networks, physical and mental health, interests, finances and alcohol use. Although the interviews were semi-structured, the questions were not asked in the same order or in the same way. The interviews also generated different follow-up questions depending on what the participants were talking about. The reason for not conducting highly standardised interviews was to encourage the participants to talk about subjects that they considered to be important for them (see Fraser, 2004; Riessman, 2008). All interviews were audiotaped with the consent of the participants.

Analysis

The analysis was inspired by thematic narrative analysis, which is concerned with content, meaning and patterns (themes) within the data rather than the structure of the language (see Braun & Clarke, 2006; de Medeiros, 2014; Riessman, 2008). The analysis of meaning includes attention to norms, common-sense beliefs and knowledge that the participants draw on (see Riessman & Quinney, 2005). The transcripts of the interviews were to a certain extent "cleaned up" in order to clarify the content so that not every hum, repeated word, pause and sigh was transcribed (see Riessman, 2008).

However, even though content and readability were considered, the ambition was to change the language of the participants as little as possible. The interviews are regarded as co-constructions (e.g., Linde, 1993) where the content of the interviews developed in relation to what I wanted to know and what the participants wanted to tell me. I have therefore included my own comments and questions in the transcriptions.

I started the actual analysis by reading and re-reading the transcripts in order to become familiar with the data. To allow the participants' perspectives to come forward, the data were inductively coded. As the coding was data driven rather than guided by theory, the codes lay very close to the content, without considering the questions asked or established theories and concepts (see Braun & Clarke, 2006). The codes were kept together with related data extracts so as not to lose track of the context. The ambition was to keep the sequences of speech intact without cutting the data into short segments (see Riessman, 2008). The codes were, together with related data extracts, organised into overarching themes depending on the content of the data. This article is based on data constituting the theme of "reflective life reviews", which is one of four overarching themes identified within the data. The overarching theme "reflective life reviews" was divided into three themes depending on how the participants reviewed their lives. The data was analysed using a theoretical framework about life reviews and life stories as well as research on how people with drinking problems make sense of their alcohol use in relation to master narratives about problematic drinking.

Findings

From the perspective of being 56 to 69 years old, the participants were able to look back on their pasts and see the major consequences of their alcohol use. In the participants' reviews of their lives, three themes were identified: *resentment of life*, *acceptance of life* and

gratitude towards life. These themes are empirical examples of different ways of relating to difficult pasts, present drinking problems and the future role of alcohol in one's life.

Resentment of life

Several participants expressed resentment when looking back on their lives, focusing on what they had had and lost due to their drinking. Remarkably enough, both female and male participants mainly emphasised the loss of work-related opportunities, even though most of the participants mentioned that they had also lost friends, hobbies and families. For example, Oscar – who has been socially established with a house, family, university education and career – said:

The older I get the more I wonder if I really wanted it to become like this, and obviously the answer is no. Looking back on my past makes me feel really upset that things ended up like they have. I could've had a better life and a better career compared to what I've had if I hadn't become addicted, because it's ruined much of my life. Drinking has taken nearly everything away from me.

Oscar continued by describing the losses caused by drinking as an unexpected "total change". Within one year, he went from being socially well established to being divorced and marginalised with no job, family, driving licence or house. However, again Oscar emphasised the work-related losses, as he continues by saying:

When I was in the middle of my career, I'd never expected that my life would end like this. If someone had asked me in 1980 if I'd be retired and out of work at the age of 54, I would've said: "No! Are you crazy? That's not going to happen!" It's a different kind of life. Is it destiny or what? I don't know, but it's nothing I've consciously planned for.

By emphasising his resentment and the fact that his present life situation is unexpected,

unplanned and possibly the result of destiny, the consequences of Oscar's drinking seem to have caused a biographical disruption leading to discontinuity between the past, the present and the future (see Bury, 1982; Frank, 1995; Riessman, 2008). However, it was not only participants who were previously established in the labour market who talked about work-related losses. Participants who had spent their entire adult lives alternating between unemployment and temporary labour-market interventions also emphasised losses of work-related opportunities. The difference between those who have been attached to the labour market and those who have not is that the former are talking about what they have had and lost while the latter talked about opportunities they were *close* to getting but never did. For example, Ulla, who took early retirement at the age of 50 after many years of unemployment, said that in spite of her difficulties in becoming established in the labour market she has still had opportunities of getting a good job. As an example, she mentions that she was offered employment at a treatment institution for addiction problems after she had completed her own treatment. Even though she enjoyed being at the treatment institution, she decided to return to her ex-partner, who also had severe alcohol problems and physically abused her both before and after they got back together. It is particularly when Ulla drinks that she looks back on her life. Explaining what she usually reflects on, she says:

Well . . . you feel sorry for yourself and wonder how your life would've been if you'd acted differently but it's too late to think about that now, but it's hard not to. I've had lots of chances to get a good job and I ruined them by drinking and thinking about how the hell I could believe in a man who makes me feel really bad. Was he really so important, and yes, at that time he was, but today I can't believe how I could've been so stupid. His life meant more to me than my own and I can't understand how I ever . . . No, that wouldn't happen today, but now it's too late.

For Ulla, and other participants who have not been established in the labour market, the loss of work-related opportunities does not mean disrupted lives but rather that they returned to the everyday lives that they had before their drinking destroyed any possibilities for change. On these occasions, life reviews characterised by resentment involved expressions of continuity between the past, present, and – considering that Ulla thinks it is too late to use the lessons learned from her mistakes – possibly also the future. Even though continuity is usually portrayed as important for experiencing life as a meaningful whole (Linde, 1993; Polkinghorne, 2013; Riessman, 2008), Ulla illustrates that continuity does not always lead to notions of life as meaningful, at least not when destructive drinking creates a link between the past, the present and the future. Resentment over lost work-related opportunities can be regarded as grief over the fact that not only is it impossible to turn back time in order to act differently, but also that the future will not provide any second chances work-wise due to the participants' age, alcohol use and disconnection from the labour market.

Resentment over lost work-related opportunities can be understood in relation to the psychological, social and economic meanings of work. Work is considered important for well-being (Brülde, 2007), identity construction (Linde, 1993) and one's financial conditions in old age (Scharf, 2009). Life reviews about lost work-related opportunities can also be understood in relation to norms about productivity and independence that characterise Sweden and other Western cultures (Linde, 1993; Tornstam, 2011). What kind of work one has or has had, or as in the case for several participants, what kind of work one has *not* had, thus seems to be important for understanding and relating to how one's life has unfolded. Particularly the female participants thus opposed the traditional ideal of women as being those mainly responsible for keeping families together. That both male and female participants emphasised lost work opportunities can

be regarded as an indication of how strong norms of the importance of work are. It is also possible that the participants consider that it is too painful to review their lives by emphasising that important relationships with friends and family have been damaged by their drinking.

Acceptance of life

Several of the participants review their pasts in a way that is far closer to acceptance than to resentment. Acceptance, however, does not necessarily mean that the participants are content with their lives as they neither planned nor desired that drinking would structure their pasts to such a large extent. Possibly in order to prevent rumination, some participants talk about their pasts in terms of a *fait accompli*. This indicates a fatalistic approach to life, which suggests that one must accept what has happened regardless of whether you like it or not. For example, Tord, who has lost both his family and a well-paid job because of his drinking, illustrated how regret does not hinder acceptance:

I think I've wasted the best years of my life on drinking, those between 25 and 40. During that time I could've done something much more with my life. I had quite a lot, but when I look back I realise I could've done much more with my life. I regret a lot of course, but as I said, you can't change what's happened, *fait accompli*.

While emphasising that it is not possible to change the past, some participants maintained that they do not allow themselves to dwell on their past. Harriet said:

The worst thing you can do is to regret and regret because what's done is done and you can't do anything about that. The worst thing you can do is to get stuck in such thinking because what you've done is unchangeable, so the question is to make things good and think positively instead of dwelling on the past because otherwise a relapse is close.

As the past is understood as a potential threat to recovery, accepting the past can be regarded as

a strategy for trying to create a sober future. The excerpt from Harriet's interview is thus another example of how past, present and future are intertwined and understood in relation to each other. This time, however, the present and the future are not built on the past – the past is rather left behind and life starts here and now. Harriet continues her reflections about life by saying that she has learnt the importance of positive thinking and of “leaving it all behind and only looking forward” through the 12-step-inspired treatment that she participated in at the time of the interview. Different kinds of addiction treatment often emphasise the importance of letting go of the past, and particularly treatments inspired by AA and the 12-step programme talk about acceptance of the past and living for today (Antze, 2010; Michel, 2012). Speaking about acceptance as the “right” way to relate to life can be considered as an example of how master narratives in terms of “expert knowledge” are integrated into individual life reviews in order to enable a sober future. Harriet thus illustrates how life reviews characterised by acceptance are linked not only to individual meaning-making but also to social contexts.

Gratitude towards life

Some of the participants took acceptance even further by saying that they are grateful that drinking has been a central part of their lives. Göran said:

I would never change my past. I wouldn't like to have this undone because I'm glad about the things I have experienced. It probably sounds backwards, but that's how it is. It's because today I know what life really is thanks to everything I've experienced. Deaths, accidents and close friends who've died one after another. No, today I really know what life is.

When he talks about being grateful for his past, Göran portrays himself as an experienced person who has lived a difficult but rich life. At the same time, however, he emphasised several

times during the interview that he really wants to become sober. Göran argued that it will be possible to overcome his drinking problem thanks to his life experiences. The past is thus described as being important to both who he is today as well as to the future he hopes will come. Conceiving difficult experiences as a path to a better understanding of life is an example of what Frank (1995, p. 145) calls the “pedagogy of suffering”. The ability to use the past in order to overcome difficult life experiences and grow as a person can be regarded as an example of a master narrative utilised by AA, self-help literature, talk shows, etc. (see Hänninen & Koski-Jännes, 1999; Linde, 1993). Expressing gratitude can hence be viewed as a strategy for coming to terms with the lived life where drinking experiences create an important link between the past, the present and a possible future. The participants’ expression of how the future is in their own hands can be considered as restored agency. Life is no longer shaped by alcohol or other circumstances beyond their personal control. When the participants review their lives with gratitude, however, they often emphasise that there is no guarantee for the outcome. They portray a sober future as depending upon whether they manage to use their life experiences in a way that enables abstinence, and thus they do not consider will be easy. Uncertainty about the future often seems to make the participants uncomfortable. Birgitta explains:

I’ve been given an opportunity, an opportunity to become a better person. It’s like a kind of gift. The question is what I do with it... I feel stressed when I say it’s a gift, it’s such a demanding thought.

Uncertainty about the future can be regarded as a discrepancy between what the participants want, “expert knowledge” of how to achieve it and a lack of confidence in their own ability to change their drinking, themselves and their lives in general. This shows how restored agency, in terms of an ambition to take control over their alcohol use, means that the

participants become responsible not only for their own successes but also for their potential failures (see Frank, 1995). Master narratives about overcoming difficult life experiences can, however, together with reasonable standards of living, supportive social networks, access to treatment programmes and meaningful activities, be important for coming to terms with the lived life in order to make a future without alcohol possible.

Concluding discussion

The themes of *resentment of life*, *acceptance of life* and *gratitude towards life* are characterised by intertwined time dimensions in that the participants in one and the same account often move between the past, present and future. As part of this, retrospective life reviews are often interwoven with the participants’ thoughts about their future alcohol use. Life reviews characterised by *resentment* did not include talk of recovery, while life reviews of *acceptance* and *gratitude* were directed towards a sober future. The participants themselves emphasised, however, the importance of reviewing their past and reflecting on their future in the “right” way in order to increase their chances of overcoming their drinking problems. By individualising the recovery from alcohol problems, it is easy to look upon continued drinking as being due to a lack of self-motivation. This creates a risk that the importance of the social contexts that the participants are living in will be overlooked. References to master narratives about the meaning of drinking and how to overcome alcohol problems illustrate, however, that the life reviews are constructed in relation to the social contexts of the participants. Given that most of the participants have no supportive social networks and that their present health and financial situations are to a large extent defined by their alcohol use, the social services, in addition to self-help groups such as AA, are obviously an important resource for supporting them in overcoming their drinking problems. It is therefore important to take issue with the under- and misdiagnoses of alcohol-related

problems among older adults so that they can access those treatment options available and, more specifically, treatments tailored to their specific needs. This is all the more vital given that, contrary to commonly held ageist attitudes, older adults have been shown to be at least as likely to benefit from treatment as younger people (see O'Connell et al., 2003).

This article is about a small group of people in later life with drinking problems – all of them clients of the social services and whose alcohol use is thereby defined as problematic by society. Furthermore, all of the participants review their lives from the standpoint of themselves recognising their alcohol use as a long-term problem. This, most likely, has implications for how they review their lives: socially established people who have developed drinking problems late in life may well have generated different kinds of life reviews compared with those identified in the data used for this study. This does not, however, make this article less relevant as it focuses on a group of women and men who are particularly subjected to stigmatising attitudes and ageist discrimination. Older adults with social problems are a neglected group of people, overshadowed by the discursive norm of healthy ageing. It is therefore particularly important to acknowledge long-term drinking problems among women and men in later life.

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References

- Ahlström, S. (2008). Alcohol use and problems among older women and men: A review. *Nordic Studies on Alcohol and Drugs*, 24(5), 439–461.
- Alasuutari, P. (1990). *Desire and craving: Studies in a cultural theory of alcoholism* (Unpublished academic dissertation). Faculty of Social Sciences, University of Tampere, Finland.
- Antze, P. (1987/2010). Symbolic action in Alcoholics Anonymous. In M. Douglas (Ed.), *Constructive drinking: Perspectives on drink from anthropology* (pp. 149–181). New York, NY: Routledge.
- Arminen, I. (1998). *Therapeutic interaction: A study of mutual help in the meetings of Alcoholics Anonymous* (Vol. 45). Helsinki, Finland: The Finnish Foundation for Alcohol Studies.
- Bohn, A., & Berntsen, D. (2008). A life story development in childhood: The development of life story abilities and the acquisition of cultural scripts from late middle childhood to adolescence. *Developmental Psychology*, 44(4), 1135–1147.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Brennan, P., Schutte, K., & Moos, R. (2004). Pain and use of alcohol to manage pain: Prevalence and 3-year outcomes among older problem and non-problem drinkers. *Addiction*, 100, 777–786.
- Breslow, R., & Smothers, B. (2004). Drinking patterns of older Americans: National Health Interview Surveys 1997–2001. *Journal of Studies on Alcohol*, 65(2), 232–240.
- Brülde, B. (2007). Happiness theories of the good life. *Journal of Happiness Studies*, 8(1), 15–49.
- Bury, M. (1982). Chronic illness as biographical disruption. *Sociology of Health and Illness*, 4(2), 167–182.
- Butler, R. (1963). The life review: An interpretation of reminiscence in the aged. *Psychiatry*, 26(1), 65–76.
- Cain, C. (1991). Personal stories: Identity acquisition and self-understanding in Alcoholics Anonymous. *Ethos*, 19(2), 210–253.
- Cappeliez, P., & Robitaille, A. (2010). Coping mediates the relationships between reminiscence and

- psychological well-being among older adults. *Aging & Mental Health*, 14(7), 807–818.
- Chase, S. E. (2003). Taking narrative seriously: Consequences for method and theory in interview studies. In Y. S. Lincoln & N. Denzin (Eds.), *Turning points in quantitative research: Tying knots in a handkerchief* (pp. 273–326). Walnut Creek, CA: AltaMira Press.
- Coleman, P. (1999). Creating a life story: The task of reconciliation. *The Gerontologist*, 39(2), 133–139.
- de Medeiros, K. (2014). *Narrative gerontology in research and practice*. New York, NY: Springer.
- Denzin, N. (1987). *The alcoholic self*. Beverly Hills, CA: Sage.
- Erikson, E. (1959). *Identity and the life cycle*. New York, NY: Norton.
- Frank, A. (1995). *The wounded storyteller: Body, illness, and ethics*. Chicago, IL: University of Chicago Press.
- Fraser, H. (2004). Doing narrative research: Analysing personal stories line by line. *Qualitative Social Work*, 3(2), 179–201.
- Freeman, M. (2010). *Hindsight: The promise and peril of looking backward*. New York, NY: Oxford University Press.
- Galluzzo, L., Scafato, E., Martire, S., Anderson, P., Colom, J., & Segura, L., & VINTAGE project Working Group. (2012). Alcohol and older people. The European project VINTAGE: Good health into older age. Design, methods and major results. *Annali dell'Istituto Superiore di Sanità*, 48(3), 221–231.
- Gilhooly, M. (2005). Reduced drinking with age: Is it normal? *Addiction Research and Theory*, 13(3), 267–280.
- Gunnarsson, E. (2008). Socialt arbete i otakt med ett åldrande samhälle? [Social work out of time in an ageing society?] *Nordisk Socialt Arbeid*, 28, 112–120.
- Gunnarsson, E. (2012). Dilemman och utmaningar: Hemtjänstens arbete med äldre personer som har missbruksproblem [Dilemma and challenges: Home care services work with elderly people with alcohol problems]. In J. Storbjörk (Ed.), *Samhället, alkoholen och drogerna [Society, alcohol and drugs]* (pp. 237–253). Stockholm, Sweden: Stockholms Universitets Förlag.
- Gunnarsson, E. (2013). Alkoholmissbruk och självbestämmande: En kartläggning av den svenska hemtjänstens förutsättningar att arbeta med äldre personer med alkoholproblem [Alcohol abuse and self-determination: A mapping of the Swedish home care services work with elderly people with alcohol problems]. *Nordic Studies on Alcohol and Drugs*, 30(3), 227–242.
- Gunnarsson, E., & Karlsson, L. B. (2013). "Man slutar inte dricka för att man får städad": Om bistånd, hemtjänst och alkohol ["You don't quit drinking because you get help with cleaning": Care work, elderly home care services and alcohol]. Stockholm, Sweden: Stockholms Universitet, Arbetsrapport/Institutionen för socialt arbete 2013:3.
- Hallgren, M., Högberg, P., & Andréasson, S. (2009). *Alcohol consumption among elderly European Union citizens: Health effects, consumption trends and related issues*. Stockholm, Sweden: Swedish national Institute of Public Health.
- Hänninen, V., & Koski-Jännes, A. (1999). Narratives of recovery from addictive behaviours. *Addiction*, 94(12), 1837–1848.
- Jung, J. (2010). *Alcohol, other drugs, and behavior: Psychological research perspectives*. Los Angeles, CA: Sage.
- Järvinen, M., & Ravn, S. (2015). Explanations and expectations: Drug narratives among young cannabis users in treatment. *Sociology of Health and Illness*, 37(6), 870–887.
- Jyrkämä, J., & Haapamäki, L. (2008). *Äldre och alkohol: Nordisk forskning och diskussion [Elderly people and alcohol: Scandinavian research and discussion]*. Helsinki, Finland: NAD publication no 52.
- Kurube, N. (2004). *Det förlorade livet eller livet som oändlig kamp: LVM-klienters livshistorier med fokus på kvinnor [The lost life or life as a constant struggle: Life histories told by clients in compulsory care, with a focus on women]*. Forskningsrapport no 2. Västervik, Sweden: Statens Institutionsstyrelse.
- Linde, C. (1993). *Life stories: The creation of coherence*. New York, NY: Oxford University Press.
- Merrick, E., Horgan, C., Hodgkin, D., Garnick, D., Houghton, S., Panas, L., ... Blow, R. (2008).

- Unhealthy drinking patterns in older adults: Prevalence and associated characteristics. *The American Geriatrics Society*, 56(2), 214–223.
- Michel, M. (2012). *Folk talking, folk listening: How Alcoholics Anonymous works* (Unpublished academic dissertation). Institution for Philosophy in Culture and Performance, University of California, Los Angeles, USA.
- Moos, R., Schutte, K., Brennan, P., & Moos, B. (2010). Late-life and life history predictors of older adults' high-risk alcohol consumption and drinking problems. *Drug and Alcohol Dependence*, 108(2010), 13–20.
- O'Connell, H., Chin, A.-V., Cunningham, C., & Lawlor, B. (2003). Alcohol use disorders in elderly people: Redefining an age old problem in old age. *British Medical Journal International Edition*, 327(7416), 664–667.
- O'Rourke, N., Cappeliez, P., & Claxton, A. (2011). Functions of reminiscence and the psychological well-being of young-old and older adults over time. *Aging & Mental Health*, 15(2), 272–281.
- Polkinghorne, D. (2013). Narrative identity and psychotherapy. In C. Asplund Ingemark (Ed.), *Therapeutic uses of storytelling: An interdisciplinary approach to narration as therapy* (pp. 21–41). Lund, Sweden: Nordic Academic Press.
- Pollner, M., & Stein, J. (1996). Narrative mapping and the social worlds: The voice of experience in Alcoholics Anonymous. *Symbolic Interaction*, 19(3), 203–223.
- Randall, W. (2012). The importance of being ironic: Narrative openness and personal resilience in later life. *The Gerontologist*. Advance online publication. doi: doi:10.1093/geront/gns048
- Raninen, J., Leifman, H., & Ramstedt, M. (2013). Who is not drinking less in Sweden? An analysis of the decline in consumption for the period 2004–2011. *Alcohol and Alcoholism*, 48(5), 592–597.
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage.
- Riessman, C. K., & Quinney, L. (2005). Narrative in social work. A critical review. *Qualitative Social Work*, 4(4), 391–412.
- Roman, P., & Johnson, A. (1996). Alcohols' role in work-force entry and retirement. *Alcohol Health and Research World*, 65(2), 232–240.
- Scharf, T. (2009). Too tight to mention: Unequal income in older age. In P. Cann & M. Dean (Eds.), *Unequal ageing: The untold story of exclusion in old age* (pp. 25–52). Bristol, UK: Policy Press.
- Schröder-Butterfill, E., & Marianti, R. (2006). Understanding vulnerabilities in old age. *Ageing and Society*, 26(1), 3–8.
- Schutte, K., Brennan, P., & Moos, R. (2009). Treated and untreated remission from drinking problems in late life: Post-remission functioning and health-related quality of life. *Drug and Alcohol Dependence*, 99(2009), 150–159.
- Singer, J. (1997). *Message in a bottle: Stories of men and addiction*. New York, NY: The Free Press.
- Socialstyrelsen. (2015). *Tillståndet och utvecklingen inom hälso- och sjukvård och socialtjänst. Lägesrapport 2015 [The state and development in health care and social services]*. Stockholm, Sweden: The National Board of Health and Welfare.
- Stelle, C., & Pearson Scott, J. (2007). Alcohol abuse by older family members: A family system analysis of assessment and intervention. *Alcoholism Treatment Quarterly*, 25(1), 43–63.
- Thune, C. (1977). Alcoholism and the archetypal past: A phenomenological perspective on Alcoholics Anonymous. *Journal of Studies on Alcohol*, 38(1), 75–88.
- Tornstam, L. (2011). *Åldrandets socialpsykologi [The social psychology of ageing]*. Stockholm, Sweden: Norstedts Akademiska Förlag.
- Wood, S. (2006). Developmental issues in older drinkers' decisions: To drink or not to drink. *Alcoholism Treatment Quarterly*, 24(4), 99–118.