

MAKING SENSE OF DRINKING BEHAVIORS: MEANING MAKING AND  
IDENTITY CONSTRUCTION IN ALCOHOLICS ANONYMOUS AND ON COLLEGE  
CAMPUSES

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## ABSTRACT

In this paper, I explore the process of meaning-making around alcohol consumption in two contexts: Alcoholics Anonymous meetings and a college campus. Drawing on ethnographic observation of AA meetings, interviews with AA members, and a survey of college students, I will discuss how context and interaction shape the process of alcohol-related identity construction. In Alcoholics Anonymous, members are provided with a clear, established path toward identity creation. On the college campus, however, students must give meaning to their behaviors without the aid of explicit standards or expectations.

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It is well-known that alcohol consumption has different meanings depending upon its context: the group of old friends sipping cocktails on a lunch date, the college student shotgunning a beer at a fraternity party, the couple sharing a bottle of wine over a romantic dinner, the homeless downing a bottle of cheap vodka on the sidewalk; all of these situations make use of the same substance for different reasons and to different ends. The task of my project is to investigate how and why these different meanings are constructed.

Previous scholarship on alcohol and identity construction has documented past and present meanings around alcoholism, as well as the construction and presence of an alcoholic identity in groups such as Alcoholics Anonymous. However, much of this research has neglected to identify the reasons certain meanings are attributed to alcohol consumption in some situations and not in others. Through comparative research on AA groups and college students, I aimed to better understand the creation of meaning and identity around alcohol consumption in two distinct situations.

Sociologically, alcoholism and alcohol consumption have not been sufficiently studied. The field of collegiate alcohol consumption, in particular, is dominated by psychological perspectives. The aim of my project was to shed sociological light on this issue, as well as contribute to existing symbolic interactionist literature on meaning making and identities. In order to do this, I used a symbolic interactionist perspective to

analyze the construction of meaning and identity around alcohol in the contexts of Alcoholics Anonymous meetings and on a college campus.

### *Historical perspectives on alcoholism*

Alcoholism is a concept which has meant many different things to different people across time, place, and culture. Prior to the scientific revolution, alcoholism was widely thought of as a moral failure or vice. As early as the end of the eighteenth century, Scottish physician Thomas Trotter described alcoholism as a disease culminating in the alcoholic's total loss of control over drinking, though this view was unpopular (Aronson 1994). Instead, what is now known as alcoholism was first identified as "intemperance." Social workers of the time identified intemperance as one of the primary contributors to poverty (Gregoire 1995)

In the early 1900s, the disease model became more prominent. As Americans came to depend more heavily on science than religion, alcoholism ceased to be a sin, and instead became an illness. This scientific conception of alcoholism aided the passing of prohibition in 1919 by allowing proponents to argue that alcohol use was objectively bad and harmful, not just immoral. Although prohibition ended in 1933, the disease model persisted (Gregoire 1995). Alcoholics Anonymous (AA), a program which would become one of the most widely used treatments for alcoholism, was founded in 1935 along disease model premises. As AA gained popularity and the quality of scientific research improved, the disease model came to be the most prevalent explanation of alcoholism, both in the scientific and lay communities (Tonigan 2009).

In 1956, The American Medical Association (AMA) officially categorized alcoholism as an illness. According to the AMA, alcoholism is

a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial. (Morse and Flavin 1992: 268).

Still, there was and is considerable disagreement amongst scholars as to the exact nature of alcoholism as a disease. In 1960, the psychologist E.M. Jellinek defined alcoholism as “any use of alcohol that causes any damage to the individual or society, or both,” (1960: 37). He went on to create a typology which established five types of alcoholism, but categorized only two of these types, Gamma and Delta alcoholism, as disease. Both Gamma and Delta alcoholism are characterized by physical dependence, but Gamma Alcoholism also involves loss of control, whereas Delta alcoholism involves the inability to abstain. The remaining three types of (non-disease) alcoholism include variations of individuals who may be “psychologically addicted,” but have the power to stop drinking if they so choose (Jellinek 1960).

In the past 50 years, social learning theorists have provided an alternative to the disease model of alcoholism. According to this perspective, alcoholism is ultimately a learned behavior, and scientific study should “seek to locate the social, psychological, cultural, and environmental factors and forces which condition or shape the psychological predisposition to drink,” (Denzin 1987: 37). These theorists negate the idea that alcoholics have no control over their drinking behaviors, and further argue that alcoholics can and do recover, even to the point of being able to drink moderately (Gregoire 1995).

Although evidence exists in support of both perspectives, alcoholism has not been conclusively linked to either disease model or social learning theory. Twin studies suggest that alcoholism is “moderately to highly heritable,” (Ducci and Goldman 2008: 1415) and research indicates that persons with abnormal levels of certain neurotransmitters may be more likely to become addicted to alcohol (Ducci and Goldman 2008). However, numerous studies have linked socialization and various group norms to alcoholism and alcohol abuse (Ward 2009; Akins et al 2010). The contested nature of alcoholism leaves alcoholics and those with alcohol problems without a distinct way to think about and categorize their issues; they lack a clear identity (Gregoire 1995).

#### *The Symbolic Interactionist Perspective*

According to George Herbert Mead’s concept of symbolic interactionism, “human beings act toward things on the basis of the meanings the things have for them” (1969:2). That is, we live in a world of objects whose only meaning is that which we attribute to them. We attach this meaning through various processes of social interaction, and the meaning is “handled in, and modified through, an interpretative process used by the person in dealing with the things he/she encounters” (Mead 1969:2). Further, the meaning of any one thing is not constant; “the actor selects, checks, suspends, regroupes, and transforms meanings in light of the situation in which he is placed” (Mead 1969:5).

This conception of meaning is not limited to objects; it also applies to the human construction of “self.” According to Goffman, we are always and everywhere actors on a stage. We control others’ conduct by “influencing the definition of the situation which the others come to formulate...by expressing (ourselves) in such a way that will lead them to

act voluntarily in accordance with (our) own plan” (Goffman 1959: 33). In other words, we act in any given situation in such a way that we judge what will be best received by our audience. By controlling others’ impressions of ourselves, we are, to an extent, able to control the situation.

Similarly, Mead introduces the concept of multiple selves. He states that “The individual experiences himself indirectly...from the particular standpoints of other individual members of the same social group or from the generalized standpoint of the social group as a whole” (Mead 1939:122). Thus, because the individual belongs to or interacts with more than one social group throughout the course of his life, he must necessarily enact multiple selves. In Mead’s view, we are different things to different people, and “it is dependent upon the set of social relations that is involved as to which self we are going to be” (Mead 1939: 124).

However, not all selves are created equal. If a person’s presentation or conduct is judged to be abnormal or deviant, he is said to possess a stigma, an “undesired differentness from what we had anticipated.” The stigmatized person is considered “not quite human” and is therefore subject to discrimination (Goffman 1963:5). The stigmatized individual tends to agree with the “normals” who so label him. That is, he generally considers himself to be a distinctly different type of person, regardless of whether his stigma is existential (relating to a condition that is not his fault or which he has little control over) or achieved (earned due to his personal conduct) (Goffman 1963).

Along similar lines, Becker uses the term “outsider” to discuss individuals who embrace the deviant label society has attached to them (probably because of some kind of

stigma), and consider themselves to be “outside” of mainstream society. Becoming an outsider involves a primary act of deviance, which may be either intentional or unintentional, and then a secondary act of deviance, which is generally intentional, and leads the individual to take on a deviant label. Once this is done, the deviant label can easily become the individual’s master status, meaning that it will be the primary and most important factor by which others will judge him. He “will be identified as a deviant first, before any other identifications are made” (Becker 1960: 81).

#### *Alcoholics Anonymous and the AA identity*

In many ways, Alcoholics Anonymous provides such an identity. The organization embraces a version of the disease model perspective: it avoids any concrete definition of alcoholism, but loosely frames the issue as an affliction from which no alcoholic ever truly recovers. Rather, “alcoholics are in the grip of a progressive illness. Over any considerable period we get worse, not better. We are like men who have lost their legs; they will never grow new ones” (Alcoholics Anonymous 1939: 31). An alcoholic’s best option is to manage their disease by following the 12 Steps, which will lead him or her to a spiritual awakening regarding his or her condition (Alcoholics Anonymous 1939: 5). By putting forth this philosophy, AA establishes the alcoholic as a specific type of person; it creates an identity which is all-encompassing, inescapable, and bound to the Alcoholics Anonymous organization.

In order to adopt this identity, the new AA member must undergo a “radical reinterpretation of who he or she is” similar to what occurs during a religious conversion (Rudy 1986:18). First, the new member must accept alcohol as *the* issue which is causing

the turmoil in her life. “People who go to self-help groups are faced with a whole range of everyday problems... the task of these groups is to help them settle on one clearly defined set of problems and acknowledge their centrality” (Robinson 1979: 42). Irvine discusses this process in her work on Codependents Anonymous (CoDA), a self-help group which utilizes AA’s 12 steps. She argues that CoDA members use codependency as a way to make sense of the emotional turmoil caused by divorce or other incidents of “uncoupling.” Out of a universe of options, CoDA members come to form their issues according to the rhetoric of codependency. In fact, although Irvine did not consider herself codependent, she was able to study the group as a participant by telling stories from her own life (Irvine 1999).

In other words, the new member of Alcoholics Anonymous may have depression, anxiety, or family issues, but he must establish alcohol as the cause of these problems, rather than the effect, if he is to identify with AA. “People do not describe themselves and their lives as alcoholic because this is natural and obvious; rather, they learn to think about themselves in this way” (Cain 1991:229).

Once alcohol is established as the new member’s principal problem, he must learn to define himself accordingly. The rhetoric of Alcoholics Anonymous implies that “Alcoholism is not something one has, but rather something one is...The disease is part of one’s self” (Cain 1991:214). In fact, AA maintains that “self, manifested in various ways, was what had defeated us...and liquor was just a symptom” (Alcoholics Anonymous 1939: 64). In this way, the organization ties the disease of alcoholism to an individual’s emotions and personality. The new member, then, must learn to see the most fundamental

aspects of himself as alcoholic. He is not merely someone who drinks too much; he is “emotionally ill” (Denzin 1987:73).

### *The power of AA stories*

Many scholars emphasize the importance of “AA stories” in the formation and acceptance of the Alcoholics Anonymous identity. According to Cain, the AA story is a learned form, which is taught to new members as they read AA stories in “The Big Book” and listen to more experienced members tell their stories in meetings (1996: 222). The generalized story structure follows the progression from the “first drink,” to “negative effects of drinking,” “progression of drinking,” “suggestion by others that drinking may be a problem,” “denial,” “attempts to control drinking,” “entering AA,” “giving AA an honest try,” and finally, “becoming sober” (Cain 1996: 235). In order to integrate themselves into AA culture, new members must learn to tell their story according to this model.

The AA story serves three basic purposes: it includes (and therefore teaches) some of AA’s basic tenets and principles, “it encodes a model of what alcoholism is and what it means to be an alcoholic,” and it provides a “mediating device for self-understanding” (Cain:1996 215). Thus, as members learn to tell their own stories, they are at the same time redefining their lives and themselves according to AA’s principles. For example, the new member learns that the reason why he was unsuccessful when he tried to drink moderately is because alcoholism is like an “allergy” to alcohol, and because of this he will never drink normally. With his own story now standing as proof of AA’s truth and efficacy, the newcomer is inclined to identify himself as an AA alcoholic.

According to Pollner and Stein, however, AA stories not only aid in the identification process of newcomers; they also serve as “narrative maps” which at once produce and sustain the social world of Alcoholics Anonymous (1996). The power of these narrative maps is based on the voice of experience. Long-term AA members (known as “old timers”) who have “been through it all” are responsible for providing newcomers with “maps” which teach them what alcoholism is, as well as what it means to be an AA alcoholic. The more struggles and trials the old timer has faced on her “road to recovery,” the greater the authority of her voice (Pollner and Stein 1996: 209).

The task of narrative mappers is to create a world that is believable, consistent, and applicable to new members. AA old timers “map” by telling their own stories, embedding within them certain features designed to convince the newcomer of AA’s legitimacy. First, old timers historicize Alcoholics Anonymous by “specifically juxtaposing the past to the present.” As she compares AA past to AA present, the old timer both garners credibility and establishes the world of AA as enduring and real. Along these lines, old timers may also attempt to forecast the future experiences of new members. Their experience with the AA story form gives them a predictive power which further impresses the legitimacy of AA on newcomers. Finally, old timers emphasize the similarity between all AA stories. This focus makes the AA story both more relatable and more “true” (Pollner and Stein 1996).

The process of mapping “implicitly portrays the new psychosocial geography (of AA) as an objective reality.” Because old timers are able to talk about the past, present, and future world of AA with authority, as well as relate this world to the experiences of

newcomers, it seems both coherent and convincing. Therefore, “mapping is not merely a conduit for transmitting established features of a social world, but self-referential work through which that world is ‘talked into being’ (Pollner and Stein 1996:220).

Crafting an AA story is not a simple matter of remembering past events. Because the average human life does not fit neatly into the Alcoholics Anonymous “map” or form, AA members must, to some extent, reconstruct their past. That is, once the new member has internalized the AA alcoholic identity, she must organize her story in such a way that this end seems plausible. Jarvinen argues that “The past becomes valid insofar as it presents a history of becomings in nature leading up to that which is becoming today,” (2001:266). The objective of the AA story (or any personal narrative) is not to present a true record of the past, but rather to convince oneself and others that past events constitute a logical, meaningful plot. “A life history is a way of creating meaning by organizing events and incidents into the personal project we call our life” (Jarvinen 2001: 266).

Within the context of the Alcoholics Anonymous meeting, more experienced members help newer members to reconstruct their stories along AA lines. Fitting one’s life into the AA model is a process, and often, the group must help newcomers adjust their narratives. AA members do this not by correcting the new member outright, but rather by focusing on the parts of the newcomer’s story that do fit the model, emphasizing these, and confirming them by giving similar examples from their own lives. Experiences and events that do not fit into the AA model will likely be ignored (Cain 1996: 230).

### *College Drinking and Identity*

Outside of AA, however, alcohol use and abuse take on different meanings in different social contexts. For example, alcohol plays a notable, and according to many researchers, problematic role in the American college experience. Not only do many college students drink before they are of legal age, they also participate in considerable amounts of binge drinking. Many researchers link the the collegiate binge-drinking culture to increases in incidents such as alcohol-related car accidents, unintentional injuries, assaults, and rapes.” (Ryan 2010:1). Colleges and universities have responded to these issues by implementing various types of alcohol abuse prevention programs. However, few of these programs have been successful in reducing student drinking and drinking-related harm (Ryan 2010: 6).

Binge drinking has become a central feature of modern college culture, and most students perceive it as such. College students have been found to drink more frequently and more heavily than their peers who do not attend college, averaging about 10 drinks per week (Wheeler 2008:174). Further, current college students were less likely (than non-college students of their age) to have been binge drinkers prior to attending college, but more likely to binge drink once they entered college (NIH 2007:2). In fact, college students drink more throughout their lifetimes than their non-college graduate counterparts. Still, attending college does not condemn a person to a lifetime of drinking problems. While the most educated individuals were more likely (than uneducated individuals) to be binge drinkers throughout their 20s, these behaviors generally leveled off by age 30, and by age 40, college graduates were least likely to participate in binge

drinking (Jefferis et al 2007). These findings indicate that something about the college environment or culture promotes irresponsible drinking.

Most scholars define binge drinking as the consecutive consumption of four drinks for women or five drinks for men in a period of two hours or less . However, research shows that although nearly half of American college students participate in binge drinking, the majority of them do not see this behavior as problematic (Nelson et al. 2005). In fact, students in a 1995 study identified hangovers as the “most serious consequence of excessive drinking” (Wheeler 2008: 174). College students feel as though they are insulated from the negative consequences and problematic labels that come with binge drinking, even though in reality, this may not be the case.

Peer pressure provides one of the most common explanations of collegiate binge drinking behavior. While this concept alone cannot explain why college students binge drink, there is certainly a link between an individual’s drinking behavior and that of his fellows. Studies show that descriptive norms, that is, norms which “describe the social environment whereby the behavior of others provides a basis of personal behavior through the demonstration of what is socially acceptable” (Reed et al. 2007:270) promote the view that the majority of college students binge drink. Regardless of the accuracy of this norm, it has a powerful effect on students. Most students overestimate the prevalence of drinking amongst their peers. Thus, students “conform and drink more than they normally would to gain approval or avoid punishment from their peers” who they believe are drinking more than they are (Reed et al. 2007:270).

Other scholars suggest that college students' drinking behaviors may be connected to desire for certain positive outcomes. For many, "alcohol consumption is associated with fun, laughter, relaxation, feelings of euphoria, and sex," (Wheeler 2008: 175). Thus, students' positive expectations of binge drinking outweigh their conceptions of potential negative consequences. They also negate unfavorable social judgements. On the morning after, an individual may attribute her behavior, whether good or bad, to drinking, rather than to her own thoughts and feelings. Because binge drinking is (or at least perceived to be) the norm, many otherwise negative behaviors are excusable under this explanation, and college drinking comes to be defined by its perceived positive aspects (Crowe and George 1989).

Drinking in response to stress is a widely utilized explanation for alcohol abuse in all social contexts. However, certain aspects of college life may be especially stress-inducing, and therefore help explain the high prevalence of alcohol consumption amongst students (O'Hare and Sherrer 2006). First-year students, for example, are consistently found to binge drink more than other college students, and are the group most likely to report negative consequences of drinking (Nelson et al. 2005). One explanation for this discrepancy is that "stresses during this transitional time may be associated with an increase in risk-taking behaviors due to over-demand on young peoples' coping skills" (O'Hare and Sherrer 2006: 45). First-year college students must adjust to a completely new social and academic culture, and the stress associated with these changes may lead first-years to drink excessively.

The idea and cultural meaning of college itself may also play a role in students' choices to binge drink. According to Crawford and Novak, college occupies a liminal space between adolescence and adulthood. Because college students have neither exited the former nor entered the latter, "they occupy an inter-structural position and are, as a result, exempt from the social constraints that accompany other statuses," (Crawford and Novak 2011: 490). That is, because college is a liminal experience, students do not feel bound to standards of behavior that apply to others. Although the binge drinking behaviors in which college students regularly engage would be deemed inappropriate in the context of greater society, within the cultural construct of college, they are normal, and even expected (Crawford and Novak 2011).

In this paper, I explore how people in two distinct social contexts, Alcoholics Anonymous groups and college campuses, make sense of alcohol use and alcoholism. AA provides members with the tools to take on a complete, but fundamentally inalterable alcoholic identity, which for the most "successful" individuals, will become a full-fledged alcoholic self. The college campus, on the other hand, provides students with a range of temporary, and in many cases, inconsistent alcohol-related identities, leading to confusion and uncertainty as to what constitutes "normal" alcohol consumption.

## METHODS

In February of 2012, I began conducting research on alcoholism and alcohol consumption in a mid-sized city in Colorado. In order to investigate how people make meaning of alcohol consumption, I conducted observations, interviews, and a survey. Over the course of two months, I attended and made observations at 10 Alcoholics Anonymous

meetings. At these meetings, I obtained 10 interviewees. I also conducted a survey of 100 students at a small, selective liberal arts college in the same city.

All of the Alcoholics Anonymous meetings I observed were “open,” indicating that non-alcoholics are allowed to attend. At each meeting I arrived early, approached the person who appeared to be in charge, and informed him or her that I was a college student doing a research project on alcoholism and support groups. I asked if I could observe the meeting, emphasizing that all participants would remain anonymous, and that I did not want to make anyone uncomfortable. All of the meetings permitted me to observe, although one chairperson held a vote by show of hands to ensure that everyone was in agreement before allowing me to sit in. I was permitted to take notes at all but two of the meetings, and I did so. I did not participate in the meetings, and if I was asked to contribute, I simply “passed” my turn.

While my interview and observation sample was convenience based, I attempted to choose meetings in different parts of the city in order to gain some demographic diversity. However, the city within which I was working is predominately white, and thus, so were most of the people I observed. I observed a designated women’s meeting, a de facto men’s meeting, and several meetings with relatively equal gender distribution. However, it is worth noting that there were consistently more men than women present. The majority of attendees at all meetings appeared to be either working or middle class. The ages of attendees varied quite widely, ranging from under 21 to over 70. All of the meetings I attended were discussion based, indicating that in most cases everyone spoke

at least once. The largest meeting I observed was attended by over 50 people, and the smallest was attended by 7. The average meeting size was 17.

In addition to my observations, I conducted 10 semi-formal interviews. I obtained interviewees by approaching AA attendees after meetings and asking if they would be willing and comfortable to participate in an hour-long interview. If they agreed, I either set up a time and place in which to interview them, or conducted the interview immediately following the meeting. Several interviews took place at AA meeting sites, while others occurred at various coffee shops throughout the city. Prior to participating in the interview, participants were given a consent form detailing their rights and providing them with information about my research.

In these interviews, participants were asked approximately 10 broad questions about their history and relationship with AA, their beliefs about alcohol and alcoholism, and their personal experiences with AA and alcohol. The questions concerned the person's life before and after AA, how he or she defined alcoholism, and the extent to which he or she identified with the tenets and beliefs of AA. The interviews lasted between 40 and 60 minutes.

I conducted the survey portion of my project using Qualtrics, an online survey program. I obtained participants by asking students to take the survey via email and Facebook. All participants were students at a small, selective liberal arts college in Colorado. Participants read and agreed to a consent form, then answered 15 questions regarding their basic characteristics, alcohol use, and their beliefs about alcohol and

alcoholism. I used Qualtrics as well as Excel software to obtain descriptive statistics from my data.

There are several limitations to this research. First, my sample is not representative of all Alcoholics Anonymous attendees, or even all Alcoholics Anonymous attendees in the city of my research. There are over 25 AA meetings in the city every day of the week, and in order to gain a complete understanding of the organization, I would need to attend many more, as well as revisit the same meeting sites multiple times. Nearly all of those whom I observed or interviewed were white, and while it is possible that this is AA's main demographic, further research should be conducted to fully understand the intersections of race, class, and gender within the organization. Additionally, it is possible that my presence at these meetings altered the behavior of the attendees. My status as an outsider could easily have affected both my observational and interview data.

My survey data were also based on a convenience sample, and are therefore not representative of the college at which I conducted my research or the greater collegiate population. Both my gender ratio (25% male and 75% female) and class level ratio (64% Seniors, 26% Juniors, 9% Sophomores, and 1% First-Years) were highly skewed. Additionally, although they were assured of the survey's confidentiality, it is possible that students did not feel comfortable answering questions about sensitive matters such as alcohol consumption and alcoholism, and were therefore not completely truthful in their responses. Further, the college population I studied is disproportionately white, upper-

middle class, and politically liberal, and therefore does not represent a socially diverse perspective.

## ANALYSIS

### *How it Works: Becoming an AA Alcoholic*

Most of my interviewees did not consider themselves alcoholics prior to attending Alcoholics Anonymous meetings. Rather, they characterized their past behaviors as “drinking problems.” Paul, a 70-year-old alcoholic described his pre-AA drinking this way: “When my drinking got really bad, I would go to bars after work and leave my wife at home with two little kids. I would drink all the time; whenever I could. Obviously I was an alcoholic then, but I think at that point I would have said that I had a drinking problem.”

Many AA alcoholics struggle with this distinction because of the disease model of alcoholism put forth by AA. According to the organization, alcoholics have an incurable disease or “genetic allergy”, and thus have always been and will always be alcoholics. In order to make their stories fit within this framework, the AA alcoholic conceives of his past behaviors as “alcoholic” even though he did may not have thought this way when the behaviors were occurring. Ken, a 55-year-old alcoholic, articulated the tension around this point: “I knew I was an alcoholic. Or maybe-I didn’t know what the definition of alcoholism was, but I knew I did not drink like other people.”

In order to account for this discrepancy, several interviewees used Alcoholics Anonymous’ discourse regarding denial. The Big Book states that “Most of us have been unwilling to accept that we were real alcoholics...our drinking careers have been

characterized by countless vain attempts to prove we could drink like other people” (Alcoholics Anonymous 1939). Thus, denying one’s alcoholism before coming to AA becomes an acceptable, normal part of the AA story. According to Cameron: “I always knew. I’ve known I had a serious problem with drinking. I just wasn’t willing to define myself as an alcoholic. I wasn’t willing to define myself as an alcoholic until I went to that first meeting.” AA’s discourse around denial provides AA alcoholics with a way to “account for trouble” when their stories do not precisely match up to the Alcoholics Anonymous framework. In doing so, they redefine their past in such a way that their present circumstances and definitions of self seem plausible and accurate (Javinen 2001).

The moment at which an interviewee began to apply the term “alcoholic” to himself almost invariably occurred after he began to attend AA meetings. For some, this realization was essentially immediate. “I heard a whole bunch of other people that had the same problem that I did. And I was able to relate to these guys, and they were telling their stories and as an alcoholic, I understood. I got it. In that very, very first meeting, I got it,” explained Steven, a 50-year-old alcoholic. Similarly, Sam stated that “[I considered myself an alcoholic after going to] my first meeting. I don’t know, I related to it. I bought into it. I didn’t fight it at all. I just knew that the shoe fit.”

However, for a majority, the shoe did not fit well at first. Seven of my eleven interviewees articulated that they they were unsure whether they were alcoholics for at least the first few meetings they attended. Several, like Rick, a 55-year-old alcoholic, stopped going to AA for some time after their first meeting, only to return months or

years later and dedicate themselves to the program. As he put it, “When I first went in, it was not for me. I went to one meeting and I thought ‘This is nuts. These people are nuts. I have no desire to be in here.’ I just thought they were so different from me...all the horrible things they talked about.” Paul, a 75-year-old alcoholic, had a similar experience at his first AA meeting. “I didn’t relate to the stories people were telling. I thought they were full of shit. I’d never had a DUI, I’d never spent the night in prison, I’d never lost a wife or a family...so I guess I didn’t know if what they were saying- if AA applied to me at all.”

The label of “alcoholic” is not an easy one to acquire, even once one begins to attend Alcoholics Anonymous meetings. It appears that the ability to relate to and see one’s self in other members is closely tied to identification as an alcoholic. Both Steven and Sam cited a feeling of belonging in their first AA meetings. They could relate to others at the meeting, and in turn, felt understood by them. In contrast, Paul and Rick felt out of place. They viewed the alcoholics at the meeting as very different from themselves, and were therefore not inclined to see themselves in the same manner.

Despite initial differences in feelings of identification and belonging, all of my interviewees eventually came to consider themselves alcoholics. Some participants identified a traumatic event attributable to their alcohol use (sometimes called “rock bottom”), which “pushed them over the edge,” leaving them with no alternative but to consider themselves alcoholics. According to Ken, “I came to on a bed with all my clothes on after a night of drinking- no idea where I was or what had happened- and I knew the game was up. I was an alcoholic, and I needed to go back to AA.” The

experience of rock bottom is a very important theme in AA ideology. According to Rick “if you haven’t hit a bottom deep enough that brings you to the first step where you can admit that you’re powerless over alcohol and your life has become unmanageable, you will not be successful in AA.” It is possible that Ken’s rock bottom experience allowed him to better relate to AA members and ideology, and thus more easily take on their alcoholic identity.

However, not all interviewees cited a rock bottom experience as the moment they knew they were alcoholic. For some, simple exposure to AA meetings and materials over time was enough to convince them of their alcoholism. Cameron, a 35-year-old alcoholic, explained his process of identification this way:

In AA they say you have to be rigorously honest. You know, I had to sit back and really look at my life and start exploring it. Part of it is just understanding- ‘hey let’s look back on my entire life and see where I have manifestations of this issue, and where I just simply accepted it because of whatever circumstances- I was just having a good time in college, or grad school for that matter, or when I was in the military, I was drinking cause I was just hanging out with the guys.’

Here, Cameron is describing the process of reinterpreting his past to fit an AA model, which Cain, Pollner and Stein assert is a crucial step in acquiring an AA alcoholic identity. It is not acceptable for an AA alcoholic to say “I was just drinking because I was in college.” Rather, he must redefine this period of his life and learn to see his college drinking as an early sign of the alcoholism he has always had. As he reconstructs life events to support and affirm the ideology of Alcoholics Anonymous, he is increasingly able to see himself as both an alcoholic, and as a living example of the truth of AA.

Alcoholics Anonymous operates under the idea that its members are able to relate to one another based upon their shared experience as alcoholics; the alcoholic is a

specific type of person whom only other alcoholics can truly understand. According to Ken, AA is “one alcoholic talking to another alcoholic. And there’s immediately a connection, because we understand what it’s like; what that’s like to not be able to stop drinking- to have that allergy to alcohol.” One of the primary ways in which AA members relate to one another is through the AA story. Ideally, as they tell and hear these stories, AA-goers relate to one another and come to share an alcoholic identity.

AA stories are not only told in meetings, but are also found in *The Big Book*, the manifesto of Alcoholics Anonymous’ ideology and principles written in 1939. In fact, the first chapter of *The Big Book* is entitled “Bill’s Story,” and details the alcoholic saga of AA founder, Bill Wilson. The first 164 pages provide a general outline of the AA program: they describe a disease model of alcoholism, how AA can provide a solution through the 12 steps, and what members must do in order to “make the program work.” The following 395 pages of *The Big Book* consist entirely of stories detailing how “42 alcoholics recovered from their malady” (Alcoholics Anonymous 166).

These stories “disclose in a general way, what we were like, what happened, and what we are like now,” (Alcoholics Anonymous 1939: 58). With titles such as “Safe Haven,” “Building a New Life,” and “AA Taught Him How to Handle Sobriety,” they provide the new AA member with a broader range of narrative models (all of which reinforce the tenets of AA), should he not be able to relate to the stories he hears in meetings. For Eric, *The Big Book* made up for the fellowship he did not initially find in AA meetings. He stated that “You know, at first I was really skeptical; wasn’t sure if AA was for me. I remember I was talking to this guy- who later became my sponsor- and he

told me to just keep reading the book. Well I thought it was stupid, but I did keep reading, and eventually it all made sense to me.”

However, several of my interviewees did not find relating to the stories of other alcoholics easy, even with the help of The Big Book. In fact, they had to make a conscious effort to find common ground with many fellow AA attendees. According to Rick,

You have to stop listening to the specific details and you start seeing the generalities. You know- down and down and down, hit the bottom, became aware of the damage they’ve been doing to themselves and to others, conscious contact with god, and how their life had turned around.

Here, Rick discusses the important but difficult task of maintaining the alcoholic identity of AA. In order to keep the group’s ideals and messages consistent, all members must come to define and view themselves in a similar way. In his statement, Rick acknowledges the existence and use of the AA “narrative map.” Members must fit all of their alcohol-related experiences into an established form: the downward spiral, hitting rock bottom, and turning one’s life around with the help of AA (Pollner and Stein 1996).

However, “telling one’s drinking experiences in the form of an AA story is not natural or simple,” (Cain 1991:233) and members must make an active effort to keep their stories and the stories of others from deviating from the narrative map. According to Linda, a 45-year old alcoholic “One of the most important things at an AA meeting is that a person looks for the similarities, not the differences. So that’s become a habit of mine. I relate almost every time someone speaks. I find the similarities between us, and so I relate.”

Both Linda and Rick consciously acknowledge the existence of an AA model; there are certain things which should be said, and other things which should not. When a member makes appropriate statements, they are to be understood and appreciated by others (Cain 1991). In the meetings I observed, AA members frequently affirmed one another's AA-supportive comments. Members who tell appropriate AA stories often receive sympathetic encouragement through responses like "I'm so glad you said that. I feel just the same way." References to Big Book catchphrases such as "One day at a time" and "Let go and let God" were nearly always met with nods and interjections of support from around the room. At one meeting in particular, each member's introduction of "Hi, I'm (name), and I'm an alcoholic" was answered with a chorus of affirmations such as "Hell yeah you are!" from around the room.

On the other hand, when a member makes inappropriate statements, they are to be ignored (Cain 1991). During one of my observations, a woman broke AA protocol by stating "I've lost everything... I'm about to be homeless again, so I guess I don't really see where it matters if I'm sober or not." Only the chairperson responded to this comment, stating "Thank you for sharing. We hope you keep coming back," and the subject of discussion was abruptly changed. Because this comment undermined the ideology and "truth" of AA, it was unwelcome in the meeting. By ignoring statements such as these and affirming others, the AA story, and thus, identity, remains consistent and applicable to all members.

*Alcoholics Anonymous and Identity Conversion*

Thus, through the exposure to AA meetings, materials, and stories, Alcoholics Anonymous has the power to transform a person's identity from "normal" to "alcoholic." For several of my interviewees, this was a difficult and effortful process. According to Rick, "The first time I introduced myself as an alcoholic, I was just mouthing the words cause everybody else said it." Here, Rick was giving a performance which he did not yet believe. Faced with the unfamiliar new world of the AA meeting, he wanted to present himself to his audience in the most favorable way possible. In this case, the most favorable way he could present himself was as an alcoholic. Not to admit himself as such would have been to lose face and to make himself an outsider. Rather than suffer these consequences, Rick became a "cynical performer" (Goffman 1959:10).

Other interviewees also felt the pull to perform the role of the alcoholic before they had actually claimed it as an identity. Cameron stated that when he introduced himself as an alcoholic for the first time, "It was the right thing to do. I felt like it was the right thing to admit." While Cameron did not feel that his statement was true, he felt the need to "do the right thing," or as Goffman might say, "present the self best suited to his audience" (1959:23). In doing this, he eventually convinced not only the other members, but also himself, of the truth of his performance.

This sort of behavior is actively encouraged in AA. At several meetings I observed, the phrase, "You can't believe your way into action, but you can act your way into belief" was repeated in the context of encouraging new members to do the 12 steps even if they did not have faith in the effectiveness of the AA. Despite the profession that one simply *is*, objectively, an alcoholic, AA provides the framework for the development

and construction of the alcoholic identity. As members “act their way into belief,” they are “taken in by their own performances,” and become sincere, rather than cynical performers (Goffman 1959:11).

A second group of my interviewees stated that they felt they were truly alcoholics as soon as they introduced themselves as alcoholics in a meeting, providing further support for this idea. According to Sam, “After I said it (that I was an alcoholic,) it didn’t bother me, and I felt that it was probably true.” As an individual begins to act out an identity, others come to see him from this perspective. According to Mead, the individual begins to see himself from the perspective of the others, and eventually, comes to develop a “self” based upon this view. Thus, once an AA member has acted his way into belief and come to see himself from the (alcoholic) perspective of the other, he creates an alcoholic self.

The alcoholic self is no longer an effortful performance. It provides the individual with definition and meaning that seem to have been natural and obvious all along. In the words of Steven, “Alcoholics were never *not* alcoholics. They’re born that way- without some enzyme- with some kind of allergy to alcohol.” While the alcoholic self was a common theme amongst my interviewees, not all have them had developed it to the same extent. Cameron, who had only been attending AA meetings for 5 months, had a less developed alcoholic self than some members with longer AA histories. When asked to “tell a little bit about who you are,” he did not mention alcoholism, as did most senior members with whom I spoke, but rather that he was “A Christian and a father,” who had spent many years in the military. Further, whereas most interviewees spoke at length

about how much they had changed since coming to AA, Cameron insisted “I’m exactly the same guy. Now I just accept that I can’t drink.”

In contrast, Ken, who has been attending AA meetings for about 20 years, had an unusually well-developed alcoholic self. When asked to “tell a little bit about who you are,” he responded “I’m an alcoholic, number one. It’s *the one thing*. I mean, I’m married, I have kids, I’m in the newspaper business...but the fact that I’m an alcoholic is really, really the defining thing in my life.” Although he is now sober, Ken considers alcoholism to be “the thing” that makes him who he is. Additionally, Ken’s alcoholic self is exclusive. He has internalized it so deeply and believes it to be so natural that only other alcoholics can truly relate to him.

When you- as a ‘normal’ -go to a meeting, you’re sitting there going ‘What’s wrong with these guys? They’re just crazy.’ but for us it’s one alcoholic talking to another alcoholic. And there’s immediately a connection, because we understand what it’s like. What that’s like to have that allergy. And only another alcoholic can understand that.

Although the alcoholic self is considered negative by the majority of society, Ken takes a sort of pride in it, as though he is part of a selective club.

Differences in the level of development of the alcoholic self may be related to how much time the individual in question has spent in AA. In general, interviewees who had spent the most time in AA had the most completely developed alcoholic selves, while newcomers such as Cameron had only just begun the process of constructing one. This is not surprising given the deviant nature of identifying as alcoholic. Outside of the AA environment, the alcoholic self is a stigmatized one; it may lead normals to discredit or discriminate against the alcoholic (Goffman 1963). Thus, in its early stages, the alcoholic

self is kept hidden, and in the case of Cameron, comes second to other conceptions of self such as “Christian” and “father.”

However, as time goes on, the alcoholic self may become more dominant. As an individual goes beyond his primary act of deviance (behaving like an alcoholic) to his secondary act of deviance (regularly attending AA, a group of acknowledged deviants), he may become an “outsider” and come to embrace his deviant self. (Becker 1960.) If this occurs, the deviant, alcoholic self may function as a master status: the primary way in which the world sees the individual, as well as the primary way the individual sees himself. This is what appears to have occurred in the case of Ken. He asserts that as an alcoholic, he is a special type of person whom only others of his kind can understand. While he acknowledges that alcoholism is a bad thing, and does not believe that “normals” are wrong, “(he) does not regard those (normals) who judge him to be either competent or legitimately entitled to do so” (Becker 1963: 2). Alcoholism is the essence of his identity, despite the fact that it is negatively perceived by the majority of society.

### *Drinking Identities in College*

Alcohol also plays an important role in the identity and self formation of my second group of participants: college students. For most of the individuals I surveyed, drinking was a common and important part of life; about half of students consumed alcohol 2-3 times per week, and only a 6% minority stated that they never drank. Approximately 28% of the students I surveyed considered themselves to be “moderate drinkers,” placing themselves at either 4 or 5 on a scale of “light drinking” (1) to “heavy drinking” (8). An additional 40% of students considered themselves “light,” drinkers

(between 1 and 3) while 32% defined their drinking as “heavy” (between 6 and 8). Thus, while there is a fairly even distribution across drinking categories, a majority of students identified as light drinkers.

The frequency at which students reportedly drank varied depending upon their self-professed drinking category. For example, most students who considered themselves light drinkers drank about once a week. However, 19% of these students stated that they drank at least 3 times per week. Interestingly, 78% of self-identified moderate drinkers, as well as 90% of self-identified heavy drinkers also consumed alcohol at this rate. These data demonstrate that while there is a great disconnect between the frequency of consumption amongst self-professed light and moderate drinkers, self-professed moderate and heavy drinkers drink with very similar frequency.

Binge drinking behaviors also varied across drinking identity categories. As might be expected, the vast majority (92%) of light drinkers claimed that they rarely or never participated in binge drinking. Amongst heavy drinkers, a 45% majority participated in binge drinking at least 3 times per week. However, the rates at which self-professed moderate drinkers participated in binge drinking were identical across frequency categories. That is, approximately 33% rarely or never participated in binge drinking, 33% participated in the activity about once a month, and 33% binge drank about once a week.

Based upon these data, it appears that some drinking category identities are more meaningful than others. The “light drinker” identity, for the most part, was made up of individuals who drank considerably less than those who placed themselves in the

moderate- or heavy- drinker categories. That is, this identity category constituted a consistent and logical whole. This may have occurred because those who adopt the light drinker identity go against the well-established stereotype that college students are heavy drinkers (Wheeler 2008). While light drinkers are considered normal in the greater American culture, they may be considered deviant in the liminal space of college, where neither the norms of childhood nor post-graduate adulthood apply (Crawford and Novak 2011). Because they perceive themselves to be a deviant minority, light drinkers may become attached to their label (Becker, 1969), aiding in its establishment as a coherent and meaningful identity.

The heavy and moderate drinker identities, on the other hand, appear remarkably less consistent than the light drinker identity. Participants who placed themselves in these categories both drank and participated in binge drinking activities with very similar frequency. While it should be noted that heavy drinkers both drank more often and participated in more binge drinking than did moderate drinkers, these differences were quite minimal. Behaviorally, there are only small differences between self-identified moderate and heavy drinkers. Further, the moderate drinker category was particularly ambiguous. According to my data, moderate drinkers were just as likely to never participate in binge drinking as they were to binge drink at least 3 times a week.

The inconsistency concerning students' moderate and heavy drinker identities may be born of the same liminality that helped create the consistency of the light drinker identity. Outside of the college environment, heavy drinking is frowned upon and considered deviant. However, college students are, to some extent, expected to drink

heavily while attending school (Crawford and Novak 2011). Thus, the definition of heavy drinking inside the college environment likely differs from the same definition outside the college environment.

While light drinkers can easily identify themselves based upon their difference from the collegiate drinking stereotype, those drinkers whose behavior more closely fits this stereotype may have difficulties defining and categorizing their behaviors. While they may be aware that their drinking would be considered heavy in greater society, they also know that this is not the case within the liminal environment of college. Because they have ties and social obligations both inside and outside the realm of college, students may be unsure of which stage on which to perform. This liminality may lead to confusion concerning appropriate alcohol consumption, and ultimately, the ambiguity surrounding the moderate and heavy drinker identities.

College drinking identities are further shaped by beliefs about other college students' drinking behaviors. Numerous studies have shown that college students consistently overestimate how much their peers drink (Wheeler 2008; Reed et al. 2007), and my research provides support for this assertion. Although self-identified light drinkers actually constituted a 40% majority in this sample, they did not perceive themselves as such. When asked to rank their immediate peer group along the same continuum of drinking they had used for themselves, only 20% of participants believed their peers to be "light" drinkers. while 31% believed their peers drank "moderately," and 49% considered their peers' drinking to be "heavy." This false assumption may further

confuse students' ideas about normal and abnormal drinking, and therefore affect their identification as light, moderate, or heavy drinkers.

### *Alcohol Problems and Alcoholism in College Students*

Regardless of their drinking identities, most students did not see their alcohol consumption as problematic. In fact, 95% of them claimed that one of the primary reasons they drink is “because it’s fun,” indicating that, as Wheeler suggested, they focus more on the pleasurable aspects of alcohol than any potential negative consequences (2008). However, 11% stated that they had felt they had an alcohol problem, and 7% of these students considered themselves to be alcoholics. A further 8% of those surveyed suspected that they might have a drinking problem, but were “not sure.”

Amongst those who believed they had a drinking problem or were alcoholics, there was a high level of consistency between identity and behavior. The average student with a drinking problem listed himself as approximately 6 on a scale of light drinking (1) to heavy drinking (8), consumed alcohol an average of 2-3 times per week, and participated in binge drinking an average of 2-3 times per month. The average drinking score rose to 7 amongst students who considered themselves to be alcoholics, and while the average frequency of alcohol consumption remained constant (2-3 times per week), and the average participation in binge drinking rose to once a week. In contrast, the average “normal” student listed herself as approximately 4 (defined as moderate drinking) on the drinking scale, consumed alcohol an average of once a week, and participated in binge drinking an average of once a month.

With regard to alcohol, students who see their drinking as problematic or identify as alcoholics behave differently than those who do not. On average, these individuals report both drinking and binge drinking more often than students who consider themselves normal drinkers. That is, alcoholics and problematic drinkers are able to articulate the difference in their drinking behavior the way students who identified as “moderate” and “heavy” drinkers could not. This indicates that the “alcoholic” and “problem drinker” identities are more powerful and perhaps more deeply internalized than identities based solely on amount of alcohol consumed. Like the collegiate “light drinkers,” alcoholics and problem drinkers perceive themselves to be a deviant minority, and thus construct more coherent, meaningful identity.

#### *College Drinking Culture and Identity*

Some researchers have suggested that modern collegiate culture has made irresponsible drinking “part of the college experience” (Wheeler 2008; Jefferis et al. 2007). My research provides some support for this assertion. According to my data, 45% of participants agreed that drinking is a desirable part of the college experience, 15% disagreed, and 40% felt neutrally. Those students who believed college drinking to be desirable both drank and binge drank more frequently than their peers who felt neutrally or who did not see drinking as part of the college experience. Belief in college drinking as positive and desirable may affect the way in which students create identities around drinking behavior.

Students who view drinking as desirable behave differently (with regard to alcohol) than those who do not. According to my data, 75% of students who believed

drinking to be part of a desirable college experience drank at least 2-3 times per week, while only 46% of those who felt neutrally and 7% of those who disagreed consumed alcohol at this rate. Further, a 35% majority of those who agreed that college drinking is positive participated in binge drinking about once a week, while 12% of those who felt neutrally, and none of those who disagreed shared this behavior. Students who believe drinking to be a desirable part of the college experience may consume more irresponsible amounts of alcohol because they feel protected from accusations of deviance under the identity of the “college drinker.” The idea that “this is just what people do in college” allows them to form what they believe to be a non-deviant identity concerning their drinking behaviors.

## CONCLUSION

Like everything else in the social world, alcohol is an “object.” As such, its only meaning is that which is assigned to it through processes of interaction. Just as “a tree will be different to a lumberman, a poet, and a home gardener,” a shot of whiskey will be different to an AA member receiving his 30 day chip and a college freshman preparing to leave for a Friday night party (Blumer 1969:12). In this paper, I have attempted to outline how and to what effect processes of interaction function to give alcohol its different meanings.

Alcohol plays an important role in the formation of identity and self for both college students and AA members. However, both the processes by which this occurs and their outcomes are distinct. Whereas Alcoholics Anonymous provides members with all of the resources necessary to adopt a ready-made alcoholic identity, college students live

in a liminal space with unclear norms and expectations, and therefore struggle to define and give meaning to their alcohol consumption. Eventually, alcoholics who attend AA meetings adopt an alcoholic self which remains a constant and defining factor in their lives. College students, on the other hand, are likely to adopt changing, and often inconsistent identities with regard to their drinking behaviors.

Upon walking in the door of her first meeting, the AA member is provided with an established ideology which will help her give new meaning both to alcohol and herself. She is literally provided with a step by step process by which this change is to occur. Whether or not she is able to carry out this shift in meaning depends almost entirely on her ability to relate to others who have already done so. If she is able to “be rigorously honest” with herself and see that she, just like the others in the room, is something called an alcoholic, their meaning will become her meaning, and eventually she will adopt the AA conception of self. The AA self is a fixed concept, essentially available to anyone who is willing to completely devote herself to the program (Robinson 1979).

In contrast, college students have access to a range of drinking-related identities which are neither fixed nor permanent. Within the liminal and undefined space of the college campus, identities such as “heavy drinker” or “moderate drinker” are defined by individuals who for the most part, lack a framework by which they can categorize their behavior. Because of this confusion, many students seem to adopt a “college drinker” identity, which negates the need for labels like “heavy drinker” and essentially makes any sort of alcohol consumption acceptable. A college drinker need not analyze his alcohol consumption, and so the identity may not explicitly appear unless the student’s behaviors

are challenged (or in this case, surveyed). Within this identity, college students are expected to behave in ways greater society views as deviant.

The liminal world of college is also free of many of the responsibilities of “the real world.” For instance, the vast majority of students I surveyed did not have the same commitments (such as full time jobs and dependent children) as did the AA attendees I interviewed. Many AA members listed failure to fulfill work and family-related responsibilities as the point at which they realized they were alcoholics. According to Eric, “I had destroyed everything in my life...I’d lost my job, my girlfriend, my family wouldn’t speak to me. That’s when I knew [that I was an alcoholic].” By insulating students from the commitments and responsibilities of greater social life, it is possible that the college culture and identity also prevents the majority of them from being able to identify as alcoholics.

However, a small number of students inside the college environment do identify in a way that is similar to AA members. Participants who believed that they were problem drinkers or alcoholics held a consistent and permanent identity regarding their drinking: they noted that their alcohol consumption was distinct from that of their peers, and believed that this made them deviant. For one reason or another, these students negated the college drinker identity, which would have allowed them to drink abnormally and avoid a deviant label, and instead chose the deviant identities of “problem drinker” and “alcoholic.” While about half of these students had been to Alcoholics Anonymous or some other form of therapy for alcohol problems (providing them with access to the alcoholic identity), it is unclear exactly how and why they identified this way.

In summary, alcohol-related identities are achieved rather than self-evident, and are deeply affected by the context in which they form. What might be termed alcoholism in an AA meeting is a typical Saturday night for some college students, most of whom have never suspected they might have an alcohol problem. While both AA members and college students are deviants with regard to alcohol, their respective environments lead them to construct distinct meanings and identities concerning the substance. AA provides its members with a logical and consistent definition of alcoholism, and thus, of themselves. Given enough time and dedication, the successful AA member will shape this definition into an alcoholic conception of self. In contrast, the college student is provided with no such framework and must construct her own identity within the confusing, liminal college environment.

My research has shed some light on identity formation around alcohol, but further study, especially on college students who do consider themselves alcoholics or problem drinkers, will be necessary to fully understand this process. The findings of this study have implications for colleges dealing with student alcohol consumption, as well as anyone who suspects he might have a drinking problem.

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