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Alcohol-related problems and self-help groups: the situational construction of self-image

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Abstract

The construction of self-image constitutes a process that accompanies the individual throughout the entire duration of their personal existence and is considerably influenced by the contexts in which the individual lives and grows.

The existence of a stigma related to a form of behaviour, for example, in the case in question here, alcohol-related problems, emerges as a central element in the definition of self-image, both from the point of view of public opinion and private feelings.

The aim of this study is to analyze whether and, if so, how the self-image of a person with alcohol-related problems changes, both in the public and private sphere, when they join the self-help group of the Club for Alcoholics in Treatment, *i.e.* when they begin to form part of a context that “labels” the condition the individual and their family unit find themselves in a different way.

Keywords: alcohol-related problems, stigmas and labels, self-image

Introduction

From an etymological point of view, the word *stigma* means “mark, brand”: it was the mark made with a needle on the forehead of slaves who had committed crimes. As a consequence, it represented an injury, a brand that connoted the social attributes of dangerousness and blame. Today, the concept of stigma evokes the image of a destructured personality within which the corporeal, mental and affective-relational dimensions of the individual cease to be integrated, following and/or because of a disproportionate amplification of a particular attribute (an illness, a physical malformation, a form of behaviour, etc.) that leads to the dissolution of personal harmony. This dissolution takes place equally in both the social group the individual belongs to and the wider socio-cultural context they form part of: therefore stigma represents a permanent or temporary erosion of the fundamental components of one's existential experience. The first structured and in-depth studies on stigma were made in the field of mental illness, most likely due to the intensity of the emotional responses this issue provokes, responses that are not unconnected with defensive reactions in direct proportion to their intensity. The twin elements of mental or physical suffering and social stigma can be considered as something that has always existed, from the practice of abandoning babies born with physical deformations on the Tarpeian Rock to the dramatic expressions described by Foucault (1961; It. trans. 1988), confirming the collective discomfort felt regarding dynamics of physical and mental disease and the reactions to said discomfort: denial, refusal and distancing (both physical and mental).

What happens when an individual comes into contact with a stigma during the process of the construction of their self-image has been amply dealt with in sociological and psychological literature from the 1930s onwards. If we take the classic definition of stigma made by Goffman: “While a stranger is present before us, evidence can arise of his possessing an attribute that makes him different from others in the category of persons available for him to be, and of a less desirable kind (...) He is thus reduced in our minds from a whole and usual person to a tainted, discounted one. Such an attribute is a stigma, especially when its discrediting effect is very extensive. Sometimes it is also defined as a lack, a handicap or a limitation” (Goffman 1963:3), a stigmatized person is one whose

social identity or belonging to a certain social category casts a doubt over the completeness of their humanity and because of this is seen as discredited, spoiled or defective in the eyes of others.

A large part of the discussions about stigmatization processes state that the stigmatized person internalizes the discreditation, the negative images and the stereotypes regarding their stigma that form part of their contingent cultural baggage: in fact, diversity and undesirability depend on the set of rules that govern social relations and on the weight that these rules assign to a certain kind of difference (Lonardi 2011). This internalization process can, in turn, modify or even damage the personality of the stigmatized individual. Among psychologists and sociologists the tendency to maintain that stigmatization leads to the internalization of feelings of self-discreditation and consequently to personality disorders is reflected in the great interest shown in the consequences of social stigmatization on self-image and on the management of daily experiences and social interaction. Indeed, when social stigma is transmuted into a negative self-image and low self-esteem, not only one's social identity in the eyes of others, but also one's experience of self, is affected. On this issue, hundreds of studies focus on the self-esteem of individuals with a variety of stigmatized identities (Crocker and Major 1989).

Stigma: the situational construction of self-image

Most of psychological and social theory for a long time suggested that stigmatized people should have an essentially negative self-image. This point of view was borne out by the 'looking-glass self' hypothesis of symbolic interactionists. In the 1930s and 1940s, Mead (1934) and Cooley (1956) maintained that the self is a social construction and that individuals develop their sense of who and what they are by observing and interpreting the responses they receive from others. In other words, interactions with others provide the individual with a looking-glass where they can see themselves reflected. Each person then incorporates what they have seen reflected in others into their own self-image. The implication of this analysis for the stigmatized is clear: being stigmatized or discredited by others should lead to personality disorders, in particular internalized, stable ones reflected in low self-esteem and lack of care for oneself. In the mid-twentieth century, this point of view was so widely accepted by social psychologists that it was considered a self-evident truth. In 1950, Dorwin Cartwright held that the group a person belongs to serves as the primary determinant of their self-esteem and that feelings of personal worth depend to a considerable extent on their social standing within the group they identify with, based on the observation that feelings of worthlessness and low self-esteem tend to arise when people belong to disadvantaged or marginalized groups. In a subsequent study, Erik Erikson maintained that there was ample proof of feelings of inferiority and self-hatred in all minority groups (1956). Allport (1954) recognized that, although responses to having a stigma attached could vary widely, a common consequence was low levels of self-esteem, and that the oppression of the group could completely destroy the integrity of the Id. In the second half of the century, there were dozens of studies aimed at measuring the extent of this phenomenon, but the comparison between the average levels of self-esteem among groups of stigmatized and non-stigmatized individuals often produced conflicting results. As a matter of fact, in all these studies it was taken for granted that self-esteem was a fixed trait regardless of social situations and contexts.

Only towards the end of the last century did the effects of stigma on the self begin to be considered as something negotiated, created and acted out in concrete situations (Crocker 1999). In other words, the image of one's own self – in both stigmatized and non-stigmatized individuals – is not something monolithic and unchanging in any and all situations the person finds themselves in. This meaning is in part modelled by the representations that the stigmatized person brings to the situation, but also depends on the features of that situation, often the most subtle ones. In this way, so-called collective representations (or, in other terms, shared beliefs or shared systems of meaning) take on a central role and can take the shape of cultural stereotypes regarding a specific group or interpretations of why a certain group occupies the position it occupies in the social hierarchy. These representations may be fully acknowledged and shared both by the stigmatized and the non-stigmatized, or they may be shared by individuals with a particular social identity and not by individuals with a different social identity; at times they may also be shared only by certain individuals with a specific stigmatized identity. These representations, therefore, can make the same situation assume different meanings and different implications for one's self-image. In order to understand what the effects of having a discredited identity are, we need to understand both the collective representations stigmatized individuals bring to

situations and the way in which the characteristics of the situation (often rather subtle) make these collective representations either relevant or irrelevant in that situation.

1. Stigma, addiction and self-help groups

What we have seen thus far is particularly important in relation to the analysis of the concept of stigma when applied to forms of behaviour relating to the use of addiction-forming substances, such as narcotics, psychotropic drugs, alcohol and tobacco.¹

Often associated with mental illness, in particular because of the effects on behaviour that they cause, situations of (drug) addiction have always been – and still are – the subject of stigma and, at times, social reprehension. The development over time of this kind of stigma should be associated with the changes in the way addiction is viewed socially and in the social representations that have accompanied it. From the 1960s to the 1990s, drug addiction was successively viewed as a transgressive experience, a dangerous vice, a form of maladaptive behaviour adopted by socially deviant groups (of young people in particular) and as criminal behaviour that must be controlled and punished, up to the present day where it is recognized as a specific illness with various levels of severity. Stigma and the moralizing attitude that pathological addictions provoke on a social level have been and are often still today justified based on a mistaken belief that assigns a kind of blame that must be atoned for to the lack of motivation to change seen in the addict (blamed for making bad life choices), rather than the concrete expression of their clinical condition (as the result of a pre-existing illness).

In the field of mental illness, stigma is divided into public stigma and self-stigma; the former is what is manifested by the general population through prejudices and displays discrimination towards people with mental illnesses, while the latter is what these people internalize following repeated experiences of marginalization, with evident repercussions for their self-esteem and self-efficacy. Making a thorough review of the medical and social literature on this topic, Lonardi (2011) identifies three dimensions that make up what is defined as health-related stigma: enacted stigma, felt stigma and internalized stigma. The first refers to episodes of effective discrimination suffered by stigmatized individuals, to distancing and/or derisory forms of behaviour that, when enacted, can lead to the second dimension, *i.e.* the expectation or imagination of discrimination leading to a progressive withdrawal from society on the part of the person concerned in order to avoid exposure to situations that would show them as losers in their own and in others' eyes. While these first two types fall under the category of “public” stigma, internalized or self-stigma comes under the heading of “private” and is given concrete form by the person taking on a negative label by themselves and their consequent introjection of feelings of self-blame and self-discreditation. A similar division is proposed by Corrigan and assistants (2006): the authors add the concept of self-esteem decrement to the three steps of awareness of the stigma, the degree of agreement with the same and self-concurrence. This model was then taken up by Schomerus and assistants (2011), with a special focus on alcohol addiction. The results of both these studies trace the outline of a gradual process of self-stigmatization in people with alcohol addictions, a process that turns out to be similar to the one experienced by people suffering from serious mental illness, with the awareness of the stereotype at the beginning, followed by agreement with the stereotype, self-concurrence and a consequent decrement in self-esteem (labelled as 'harm'). Each stage of the self-stigmatization process becomes more and more closely intertwined with the previous one.

Becoming aware of the importance of social representations and the definition that groups or individuals give to the situation, and also of the importance of the active participation of the people involved within labelling and social exclusion dynamics, has, since the 1930s and 1940s, contributed to an implementation of reflections on the need to adopt models of action that, moving beyond the traditional individual approach (of a medical or psychological stamp), would be aimed at collectively dealing with widespread problems in society. The experiences of Alcoholics Anonymous (Alcoholics Anonymous, 1999), of social psychiatry (Bierer 1948, 1962), of communal therapy (Jones 1970, 1987), of Goffman's studies on so-called 'total institutions' (1961) and the changes in historical-social and political-social conditions have all highlighted the central role of the 'oldest' form of interpersonal help: mutual aid, in particular when enacted within the individual's network of acquaintances (Kropotkin

¹ The discussion could be widened to include so-called 'social addictions', *i.e.* addictions whose 'subject' is a legal substance or form of behaviour that becomes pathological (from alcohol to tobacco to food, from gambling to shopping, from Internet use to overwork). For an in-depth study, see Lavanco and Croce's work (2008).

1908). The unique feature of the way problems are handled and dealt with in group therapy and self-help groups² is the possibility to identify and try out new relationship patterns that allow the individual to abandon the status they have acquired because of their problem and to achieve new standing not only as a member of the group, but also in the outside world. The self-help group becomes a space where the stigmatization and labelling each member suffers from in the social sphere they belong to are reduced to a minimum – in effect neutralized. Joining and participating in the group are moments that affirm an identity that, although problematical (“I’m an alcoholic/drug addict/diabetic”), if it is faced with awareness, encourages the reduction of social stigma by increasing acceptance of the subject and working together to establish new social standing for them.

One of the unique features of self-help groups is the idea of *sharing*: telling one's own story and recounting one's experiences to the other members of the group means that a process can be started wherein the individual's perceptions of these experiences (though they may be rather confused) are transformed by placing them in a narrative that may not be one hundred per cent clear, but at least has a thread that can be followed both by the narrator and the listeners. According to Robinson (1980; Noventa *et al.* 1990), sharing experiences sets in motion a dual process that deconstructs the problem and reconstructs a new definition of the self. Deconstructing the problem allows the participant to acknowledge the problem that has led them to the group by defining the problem itself (*e.g.* “I’m a person who has problems with alcohol”), and to share the information they have about the problem and the strategies adopted to help face it (as well as the difficulties encountered in putting these strategies into practice). It also allows them to destigmatize their behaviour, or in other words to try to eliminate the discredit, the social labelling the person feels they and their problem have been subjected to (by attempting to change on the one hand the negative sensation of being isolated that group members tend to feel, and on the other the behaviour and stereotypes that outsiders adopt towards such problems). The reconstruction process, conversely, is implemented by performing activities aimed at creating a new self-image and a fulfilling lifestyle: in other words, the plans and activities come up with, shared, and enacted by the members of the group working cooperatively. The final goal in setting up and setting to work a self-help group is essentially to promote individual and collective *empowerment*: this term indicates both the process of increasing self-efficacy among the members of an organization by identifying the causes at the root of a condition of powerlessness and eliminating them through organizational and informal changes (Conger and Kanungo, 1988), and the process of increasing the possibilities that the subject can adopt and make operational and among which they can make choices, by making the best possible use of their current and potentially attainable resources (Piccardo 1995).

The terms mutual aid/self help thus reveal the foundations of the effectiveness of these groups in promoting wellbeing: by taking part in the group, the person experiences at the same time help for themselves (self-help) and direct help given to other members of the group in an environment of reciprocity (mutual aid) (Pasini 2006).

2. Outline of the study

2.1 Objectives

The objective of this study is as follows: to understand whether, and if so, how self-image changes in individuals who form part of the self-help group 'Club for Alcoholics in Treatment'. In particular, our attention will be focused, on the one hand, on the image conveyed by subjects belonging to the social circles each individual comes into contact with (public opinion) – in order to be able to trace the contours of the self-image of the subject as filtered through the eyes of significant others – and on the other hand on the personal opinion (private judgment) that each individual forms about themselves at the time of joining the group and over the course of several years of attending the Club.

The Club for Alcoholics in Treatment is formed of groups of families who have alcohol-related problems in common and who share the aim of changing the quality of their lives in a more positive direction. The Clubs operate according to an ecological-social approach (the Hudolin method, Hudolin

2 Katz and Bender (1976) give us the most renowned definition of self-help groups: “voluntary, small group structures for mutual aid and the accomplishment of a special purpose. They are usually formed by peers who come together for mutual assistance in satisfying a common need, overcoming a common handicap or life-disrupting problem, and bringing about desired social and/or personal change. The initiators and members of such groups perceive that their needs are not, or cannot be, met by or through existing social institutions. Self-help groups emphasize face-to-face social interactions and the assumption of personal responsibility by members. They often provide material assistance, as well as emotional support; they are frequently “cause”-oriented, and promulgate an ideology or values through which members may attain an enhanced sense of personal identity” (p.9).

1990) in which it is not so much the individual that is the main focus in dealing with alcohol-related problems but the social context they belong to and, in particular, their families. As the Club considers alcohol-related problems as types of behaviour, lifestyles caused by relationships and interactions with ecological systems (in the community and in the family), the logical outcome is that the whole system the alcoholic forms part of is called on to undergo treatment. The whole family takes part in the Club, not just the person who displays a problem related to the consumption of alcoholic beverages. The involvement of the whole family in the group derives from the idea that alcoholism is a systemic disorder that influences and affects the system the person lives in, in particular the process of communicating emotions and feelings.

2.2 Methodology, procedures and instruments

As this study focuses on personal life paths and on feelings, perceptions and reflections on individuals' self-image, it has been carried out using a qualitative methodology and giving voice to the participating subjects themselves in order to draw out the significance and the personal, reflective revisitation that each of the subjects has applied – and still applies today – to the path they have walked during their time at the Club.

Given the exploratory nature of our objective and the delicacy of the subject matter, we opted for the selection of an empirical reference set made up of individuals selected not because of any particular characteristic but simply on the basis of being willing to take part in a study on people who attend these Clubs.

The research technique used was the semi-structured interview (carried out by the writer in the months of September and October 2012). Through these interviews we tried, by listening to the voices and the stories of the subjects in question, to draw out the dynamics that are activated at the time when a person joins a group that raises questions about (and defines as problematic) a lifestyle that they have led their existence through for many years. There were two macro fields of analysis: the judgment of others (the field of stigma and labelling) and self-judgment (the field of self-esteem and competences).

A total of 21 individuals took part in the study: of these, 13 have been Club members for four years or less, while the other 8 have been members for 5 years or more.

An audio recording was made of each interview, which was then transcribed in full. The process of analyzing the material gathered was divided into an initial analysis of each interview, with the fields of analysis codified, followed by a cross-section comparison of all the interviews based on the field of analysis focused on at that moment.

Results

The judgment of others

The first macro field of analysis was designed to trace the contours of the subject's self-image as filtered through the eyes of their significant others; to this end, each interviewee was asked if and how they felt judged by family members, friends and colleagues concerning their drinking habits.

The looking-glass self hypothesis, according to which the subject defines their self-image as part of a negotiation process that takes place in interactions with significant others, was corroborated with the concept of reflexivity, or rather the process of a critical review of one's own life experience and one's being in relation that it is presumed everyone (although with varying levels of depth) carries out over the course of their existence (Mead, 1934; Cooley, 1956; Crocker, 1999). In particular, we attempted to draw out the processes of reflection set in motion thanks to their participation in the Club and to their sharing the same set of problems that present themselves in daily life. The questions were designed to lead the interviewees' reflections towards a reconstruction of their self-image before they joined the Club, at the time of joining and at the present time, both in relation to what others thought of them (public judgment) and in relation to their own thoughts about themselves (private judgment).

The judgment of others before the interviewees joined the Club

What emerged is that the judgment about oneself is basically formulated on the basis of two components – private and public – and that these components have diametrically opposed contents.

Indeed, while in the private sphere of family networks (spouse/partner and offspring) a negative judgment (often a strong one) emerges towards the person's behaviour, in networks of friends and acquaintances this judgment is not found, at least not in any explicit form. In the former case, therefore, we find ourselves faced with a definition of their drinking habit as problematical, a source of problems for the family unit; in the latter case, conversely, the behaviour is completely normalized, shared by the group (friends at the bar, workmates, etc.) and no doubts are cast about whether it should be modified or abandoned. For men, the judgment of their spouse/partner takes on the form of an accusation, while that of their friends and workmates takes on the light tones of a joke, of acknowledging a form of behaviour that has indeed become excessive, but that fails to provoke particular reactions of disapproval or blame, as the phenomenon is widespread and widely tolerated. In this case, the problem becomes clear to networks of friends only when the subject is hospitalized, or is involved in an accident or incident that makes the dangers of heavy drinking clear. As far as women are concerned, the critical attitude tends to be perceived through their children: they are the only ones who come into contact with their mother's difficulty, as her drinking habit is practiced only within the walls of her home and not in public places. Lastly, in some cases it is the person themselves who creates the judgment, even when it is not verbalized by others: it is the awareness of the consequences of this behaviour that generates a kind of remorse and "self-condemnation"; on the other hand, in other cases, even when the label is verbalized it is not accepted ("*I don't feel like an alcoholic?*").

In the words of the family members of individuals with alcohol-related problems, the stigma associated with the behaviour, the labelling and the sense of shame it generates come through strongly. The feeling of being watched and judged are the consequences of the fact that the drinking habit is something that is acted out in public, in bars and other places frequented by the community (at least for men). The *via crucis* of drinking becomes a common feature of experiences with alcoholism: mothers and wives, knowing which watering holes are frequented by their kinsman, make no secret about 'stationing' themselves outside these bars to make sure that no irreparable damage or serious problems are caused, or to literally 'pick up' their loved one if he is unable to stand on his own feet. Therefore we can see that for the person with alcohol-related problems the feeling of guilt emerges in line with the extent to which the person begins to realize that the consequences of what they are doing also affect their loved ones; here, before joining the Club, the sense of shame also appears, in relation to the fact that their behaviour has begun to be defined differently from the experiences they have thus far lived and is now seen as problematic.

In this sense, a separation is created between the public and private spheres of drinking, which leads to the person trying to make sure that the two worlds do not overlap: their defence mechanisms, while they hold fast, are those of normalizing their behaviour and inserting it into a frame of meanings that speak of normality and widespread forms of behaviour. Sharing these forms of behaviour with groups of friends or workmates ends up corroborating these defences and contributing to their strengthening and to putting off seeking or asking for help. "*I work on the railways, on a team of hard drinkers: no one noticed my problem, because it was normal. But since my change, maybe they've started to question things?*": the separation of different spheres of one's life, in the long term, does not turn out to be a sustainable strategy (Goffman 1963). What happens when, to use Goffman's expression, the subject makes the transition from discreditable to (apparently) discredited person? What happens when the two worlds come into contact with each other?

The judgment of others: joining the Club

On this note, joining the Club could represent the moment when the public and private spheres come to overlap, at least at certain points³. Being a Club member, together with one's family members and members of the community one lives in, constitutes a public coming-out, an embryonic realization of the need to deal with a situation that has created or is creating communication difficulties at home.

Becoming part of the new reality of the Club is initially perceived as a moment of disorientation: in particular, there are two 'obstacles' to get over. The first is a sort of prejudice towards the group, a reluctance to take part in a sharing experience that is hard to accept at a time when one's whole life has

³ We can see here the strong differences between the group of Alcoholics in Treatment and the Alcoholics Anonymous: for the AA, joining the group has no effect on the separation between the spheres. The confidentiality they guarantee allows participants to keep up the separation between public and private and therefore continue to handle their life and their rehabilitation process along separate lines.

been called into question. The second is the feeling of shame that one has at the time when one's drinking habits are given a new definition. However, this feeling is not given time to put down roots, as it were. In fact, it is promptly ousted by the welcome given by the other members of the Club who, far from wanting to interrogate the newcomer, busy themselves with making sure that he and his family are able to find their own space independently and feel free to express themselves or just to listen, according to each individual's needs.

In cities, the fact of not knowing the other Club members is compensated by having life situations in common: "*the very fact of finding myself together with other people who had my same problem helped me a lot*". In smaller communities, on the other hand, finding oneself together with acquaintances dampens the sense of shame and of guilt, and 'normalizes' the situation of the family, who have the opportunity to identify with common experiences that can be faced and overcome and that allow them to get over their feeling of isolation: "*I felt relieved because outside, before we joined the Club, I always thought, "it had to happen to me, didn't it?" and that other people had nothing wrong with them; then you go to the Club, you meet some people and you realize you're not alone*". Over time, the individual sees their feeling of belonging to the multi-family community of the Club grow; the Club becomes an 'extended family group', a place where they can share their own personal experiences and cultivate relationships and friendships, and also deal properly with issues that make this sharing difficult, even with lifelong friends, as they touch on delicate subjects and require the shake-up of ties and feelings that not everyone is willing to expose in a public arena.

A change in self-image

On joining the Club, the first major shift is the change in the looking glass each individual sees their reflection in. As well as looking at themselves through different judgments, the members come into contact with different attitudes: no longer do they have to face fierce criticism of their behaviour (not even from family members); they now hear words of understanding, acceptance and reassurance. Therefore we asked the interviewees to attempt to describe how their self-image had changed since they started frequenting the Club, or, in other words, whether the individual felt like a different person since joining.

What emerges from our analysis of the empirical material is a kind of 'gap' between those who have been Club members for a relatively short period of time (four years or less) and those who have attended for a longer period (five years or more). The former, in their narratives, describe themselves on the one hand as being basically the same as they were when they first joined (except for their drinking, which they gave up immediately) and do not see any kind of discontinuity between before and after; on the other hand, they see themselves as the instigators of a change that is put into practice in their daily actions, regarding their renewed desire to feel alive and to be in control of their own lives. For women, in particular, this change can be seen in the greater care they dedicate to themselves and in the fact that they open up to social activities outside the home. Therefore the change either is not perceived by these individuals or it can be detected in daily activities, as a form of re-activation of their selves in relation to what life offers and to the activities that they had given up while alcohol was absorbing so much of their energy and interest. Conversely, those who have attended the Club for a longer period of time testify to changes in their self-image that involve the cognitive and emotive spheres and therefore reverberate on the behavioural sphere. The Club stands as an experience that allows members to gain awareness of their being an individual in relation to others, with the strengths and weaknesses each person presents. This awareness, we could say, is forged by testing 'rules', such as avoiding alcohol for those who come from contexts that are not directly linked to alcohol abuse or those who have arrived at the Club after great suffering, which generate tranquillity and mutual trust.

The change also becomes visible to the eyes of the social networks the interviewee forms part of outside the Club, while it remains 'invisible' for the women who lived out their experience inside the home, as solitary drinkers. At times, the radical nature of the change, which can be seen by social networks outside the family, can be difficult to understand for family members who do not attend the Club. The dynamics that governed family life before are completely overturned: responsibilities need to be shared and no longer left to the spouse or parent, and dialogue between family members needs to be cultivated and maintained with delicacy and commitment. The need emerges to abandon patterns of behaviour that until that moment had been observed (which, however dysfunctional they were, each family member knew how to deal with and knew what outcomes they would lead to) and to embrace a

different philosophy, a more difficult one based on serene acceptance of past history, mutual understanding of each person's actions and the launching of the family unit towards a future to be created together, letting the past go but without forgetting it. The mindset that has to be adopted is one of forgiveness, acceptance of the other beyond the image that has been formed of them over time and what they believe the other should have been or is. To ensure that anger does not become destructive and the family does not stay rooted in the past or keep blaming a scapegoat, what needs to be done, fundamentally, is to focus on the here and now, stop digging up the past and stop chasing after things one feels one has missed out on, in order to move towards a future that is there for the making.

When new families arrive

Our information-gathering about the thoughts and feelings connected with new families arriving at the Club had the aim of analyzing whether and, if so, to what extent, this event activates mechanisms for reflecting on and rethinking personal experiences, given that when new people arrive, Club members have the opportunity to see their own experiences again from the perspective of a spectator. In general, the first months after joining are described as months where a kind of settling-in process takes place, both for the individual undergoing withdrawal from alcohol and their family, regarding the relationships between members. The focus on doing, on practical activities (and, as we have seen, the fact that there are other problems being faced), in some cases takes attention away from a reflection on what is effectively happening at that time. For this reason, we have attempted to assess whether the arrival of new families at the Club activates identification processes that allow members to make a kind of retrospective interpretation of their own story.

The passing of time (from several weeks to several months) and the opportunity to gradually take greater part in group activities (without any kind of obligation to speak or express oneself) allows the new members in a certain sense to distance themselves from their own experiences and to recognize their story in other people's, as well as giving a name to the emotions they feel and handling them without being overcome by them. The stories told during group sessions are all alike and all have the common background of alcohol abuse as an experience that slowly eroded family ties: sharing other people's experiences and identifying with their suffering allows members to sift through what has happened in each person's life and their relationships, to isolate events, habits and misunderstandings that have turned into avoidance and silence and have interrupted both verbal and emotional communication. Despite the fact that it is not the Club's aim to provide therapy or to rake through the past of each family in order to find answers to current situations of unease, it is often the members who find their own answers by listening to and reflecting on what everyone else has said. The Club presents itself as a 'neutral' space where people can find the necessary composure, and perhaps also courage, to open up to others and to bring to light parts of themselves that they have kept hidden or unexpressed for a long time.

While a past of suffering is what unites the members of the Club, it is true, however, that the container of each story of suffering is filled with different contents. What the Club offers is not ready-made recipes; they are not solutions that work for every family or for all the different problems they have to face. In fact, we do not see a desire to make members understand or rationalize what they are experiencing so that they will transform their lives from one day to the next, but we can detect a subtle desire to be available and near to the others that does not turn into oppression and interrogation, so that their own positive experience of joining the group can be transmitted to others. *"I feel the need to let them know I'm here, yes, to manage to convey ... there's no recipe, you can't say to them, "Do this and everything will be alright" – to say that if a family stays united, if they manage to talk, they will come through this; there isn't a road already paved, each person has to find their own, we're all completely different people and each family has its own history and its own path to walk"*. Therefore it is empathy and the desire to represent for others what the Club has represented for them that is the product of reflection on one's own moment of joining the Club and watching new families join: having gone through the same situation themselves gives rise to what is defined as experiential knowledge, knowledge that cannot be gained through study but only through concrete experiences.

Arrival at the Club represents for its members, whether willingly or unwillingly so, the moment when they take on the label "Person with alcohol-related problems". However, this label turns out to be positive inasmuch as it contributes to increasing awareness of the problems related to their

behaviour, both for themselves and their families. Admitting to having a problem related to alcohol consumption is far from being a simple step; it involves questioning oneself and sifting through one's life and one's choices, then starting again from this point, with renewed awareness, in a direction leading to a new lifestyle, one governed by sobriety.

Self-judgment

The second macro field of analysis was designed to bring to light the personal self-image of each of the participating individuals. In particular, we focused on two dimensions in terms of which individuals tend to describe themselves: self-esteem and self-efficacy. The former is the subjective and lasting sense of approval of one's own worth that, forming an internalized prop, supports the individual by making them independent from other people's judgments (Rosenberg 1979); the latter is the confidence in one's own abilities to organize and implement the course of actions necessary to adequately handle any situations that happen to arise so as to achieve the goals one has set for oneself. This confidence influences the way in which people think, feel, find their personal motivation and act (Bandura 1997). The aim of the questions was to bring to light the dynamics and, above all, the contents of both of these concepts, as well as the process by which they are developed.

Self-esteem and self-efficacy

From our analysis of the empirical material, it emerged that the two dimensions in question are closely linked to each other; in fact, they are almost never treated separately. The rediscovery of one's self-worth reverberates directly on personal care (on a physical and psychological level) and on the care given to the activities one is involved in: one rediscovers the pleasure of doing things, of being involved in society, of company and of sharing. The end of isolation and the re-forging of social bonds, together with the desire to 'get in the game' again, are intrinsically correlated to the reinforcement of self-esteem, which in turn is linked to the re-appropriation of roles that had for some time been delegated to others (usually one's spouse or offspring). Re-appropriating tasks and responsibilities activates the virtuous cycle of self-efficacy: by doing things, one finds the motivation to do things and gratification constitutes the stimulus that lends consistency to the commitment.

While self-efficacy is promoted by the reinstatement of social roles in different fields of experience, the fulcrum of self-esteem lies first in giving up alcohol and then in lasting sobriety. Therefore, given that self-esteem grows as abstinence continues, a relapse should constitute a defeat after all the efforts made up to that moment; however, in actual fact it is not seen in this way but rather, if handled by the Club, is used as an opportunity to reinforce self-esteem. The awareness of having a 'treasure' to guard, one that the individual has worked hard to obtain, gives them the strength to take action to protect it and to ask for help wherever they know they can find support. Commitment and tenacity in working towards a goal for some people constitutes a kind of social redemption, as a demonstration of maturity and a new life path that has broken with the past and, without denying what has gone before, draws the motivation to be a new person precisely from that past.

All the stories have as a common thread the importance of not giving in when the first difficulties or failures present themselves, and the need to find in themselves and in others the strength to keep walking along a path that – especially in the first years – requires not insignificant efforts to give up using alcohol and re-establish a positive and fulfilling relational environment in the family and with friends. Willpower and the ability not to feel defeated represent the first element of the inner (subjective) force that leads the individual not to leave the Club. The second, as we shall see, is an external element: the strength of the group, the strength of the Club.

Club membership and daily life: a new self-image

Regarding modified self-images, thus far we have analyzed the changes – on a practical level and in terms of relationships – that membership of the Club has brought about in handling everyday situations.

On the one hand, the fact of giving up alcohol and sharing the same problem have contributed to overcoming the isolation the individual had barricaded themselves into and to helping them rediscover a long-forgotten sense of self-worth and of the value of the family; on the other hand, the opportunity

to have someone listen to them and also to listen to other people's experiences emerges as the trigger that motivated and continues to motivate them to stay at the Club. What keeps them there is the opportunity to see themselves mirrored in other people's stories, in situations that, however painful, have been resolved and have brought peace to many families. The chance to establish friendships within the Club adds a further bonus to the experience: a constant we find across almost all the stories (especially men's) is the loss of friends when they stopped drinking ("*I don't have friends any more, because I've cut myself off a lot and anyway most of them were only drinking buddies*"). It was with their bar stool friends, their drinking buddies that they used to spend their after-work hours or their evenings (in Italian, these are known as "elbow friends", as their elbows stay leaning on the bar all evening). A reassessment of the concept of friendship, not conducted or mediated by substances or artifices that break down the walls of shyness, allows Club members to establish authentic bonds that do not need to hide some parts of themselves while revealing others, both inside and outside the Club.

In this way, members overcome the strict separation between the spheres of public and private life that distinguishes the drinker's 'career', as it were. By taking part in the Club, the ex-drinker and their family redefine their drinking habit as a problematic one that can be given up in order to embark on a different, more serene lifestyle. Nevertheless, their history of alcohol abuse does not become taboo or something that needs to be hidden or that they feel ashamed of; on the contrary, because of what has happened the member families become an active part of their community in promoting a different, alcohol-free culture. The Club and its member families become a point of reference for the community, an example of positive change. Having experienced and overcome the problems alcohol brings with it becomes the reason for a kind of "positive labelling", an experience that has forged new forms of awareness, new characters and happy families. In this way, members bear testimony to the possibility of growth and change as they gain more and more faith in the possibility of being an example to others.

Family dialogue, the end of social isolation, making peace with the past: these are the major changes that attending the Club has made in the lives of those who form part of the group. The family unit re-establishes (or, in some cases, establishes for the first time) a form of authentic communication that has its roots in the possibility of sharing what one feels or what one is going through without pretence or the fear of not being understood or accepted. The Club offers its members the chance to learn a new way of looking after oneself and others, to learn how to put into practice techniques for self-help and mutual aid that will then, like concentric circles, reverberate through their wider social relations, their friendships and their work. For families who have lived through experiences related to an addiction and who have dealt with these difficulties using the Club's approach, it is not infrequent to hear them thank that experience for having given them the chance to change and offered them the possibility to experience relational wealth.

Those who stay and those who leave

Lastly, we analyzed the reasons given by those who have been Club members for a period of time of no more than four years and those who, on the other hand, have stayed on the programme for a longer time.

In view of the benefits that the individual has reaped during the time they have been an active member of the Club, their leaving the Club is usually justified by the onset of further problems that remain to be solved once alcohol has been eliminated. These are problems that absorb physical and mental energy and stop them from reflecting tranquilly on themselves and their progress (*e.g.* divorce, depression or financial difficulties). In other cases, however, once the alcohol problem has been dealt with and the person has re-established tranquillity in their daily life, they feel that the time has come for them to "start walking on their own two feet again", autonomously of the Club; in other cases still, after many years of attending the Club they begin to feel the weight of repetitiveness and they begin to distance themselves, though without definitively burning the bridges that connect them to a world they owe a great deal to.

Those who continue, on the contrary, underline the continuous benefits that group membership brings with it: the chance to be listened to and to discuss topics and issues regarding various different aspects of life (the subject of alcohol is gradually abandoned), both for those who are alone and those who have a family supporting them. For these people, continuing to be involved with the Club becomes a way of taking on responsibilities towards oneself and towards the Club; being anchored to

the group means that they develop a strong sense of belonging and of interdependence. In this way, the desire to give something back after receiving so much is activated: the mindset of personal need is left behind and the person fully embraces the philosophy of giving of themselves in order to benefit others. Their story, their suffering and their joys become a gift for others, as through these they become an instrument of change and growth. Each person's triumphs do not become something individual to be jealously guarded, but are made available to the group so that through them more families will be able to benefit.

This also helps to explain why communal treatment of alcohol-related problems is so effective and individual therapy less so. The latter, often used as a form of preparation for Club membership, is described as necessary to achieve certain results, but certainly not sufficient to change the family environment the individual forms part of. In one case, individual therapy is described as “continual bouncing a ball back and forth”, a one-on-one game that, after a certain point, leads nowhere and loses its potential for transformation. Nonetheless, the group experience can blossom on the basis of this work, as it does not focus exclusively on one specific problem and does not involve an asymmetrical relationship between therapist and patient, but is seen as continuously generating ideas for reflection and discussion. Taking a step back from oneself and projecting oneself towards others becomes a source of strength: in the Club, members learn from others' experiences and from the mutual involvement that social relations – whether engaged in willingly or unwillingly – establish between social actors. Seeing things from someone else's point of view allows a person to also look at themselves from another angle and to discover that they are in the driving seat of their own life while belonging to a community.

Conclusions

In the Italian context, abusive drinking is a widespread phenomenon and is not perceived as particularly problematic or deviant; on the contrary, it is normalized and widely accepted by the community. The 'drinking culture' the individual is exposed to from childhood is not likely to be called into question or problematized either by individuals or the families they come from, at least not unless there are repercussions on a social level or in terms of health, and until the person joins the Club and becomes more aware of the cultural environment they were brought up in and still live in. As we have said before, once they join the Club, these individuals have great difficulty in defining as problematical a way of doing things that they have always seen as normal: they can recognize that they drink frequently and perhaps even excessively, but, at least at the beginning, they tend to insert their drinking into a wider frame of normality. This attempt to minimize the problem can hinder the search for common solutions to the problems deriving from it. Quite often, the inability to handle something normal and normalized – *i.e.* drinking – is blamed on the individual person, on their lack of education or, in other words, their lack of ability to control themselves in social situations of sharing.

Therefore, being seen as a form of behaviour accepted by society, drinking, unlike consumption of other drugs, does not lead to the creation of marginalization dynamics (the same time happens for those who smoke cigarettes, for example). People who drink do not see themselves and are not seen as deviant, while the occasional bout of excessive intoxication (“getting hammered”) is not generally stigmatized as a maladaptive or dangerous form of behaviour. The stigma associated with this form of behaviour only arises following an increase in the frequency of episodes of excessive drunkenness and the onset of 'abnormal' situations (falls, hospitalization, accidents) that make it clear to family members and close acquaintances (if not to the drinker themselves) that the situation has got out of control.

This is why it is interesting to analyze the dynamics that are activated at the time when, by joining the Club for Alcoholics in Treatment, the subject is brought into contact with a different definition of the situation (their drinking habit) and finds themselves, whether willingly or not, being labelled as “Person with alcohol-related problems”: the beginning of stigmatization. As we have seen, admitting to having an alcohol-related problem, far from being a simple step, means laying oneself open and sifting through one's life and one's choices, then starting afresh from this point, with renewed awareness, towards a new lifestyle based on sobriety. Having experienced and overcome the problems alcohol brings with it in this way becomes the reason for a sort of “positive labelling”, an experience that has forged new awareness, new characters and happy families. The ex-drinker then bears witness to the fact that it is possible to change and grow, as their belief that they can be an example to others grows. From this point of view, their self-image becomes the outcome of a complex process of construction

that cannot disregard the environments it takes place in or the meaning given to the forms of behaviour the individual displays within these contexts: this is the meaning of situational construction (Crocker, 1999), in other words the fact that the consequences of stigma depend on the social context the behaviour takes place in and on the meaning that said context takes on for the stigmatized person.

“*It's something that happens slowly, without you even realizing it*”: in these words we find the summary of a process of change that, beginning by questioning a habit that is widespread and accepted in the society our interviewees live in (so-called 'common-sense behaviour'), leads to the redefinition not only of the habit itself but also of the network of social relations that have been created around it. From our analysis of the interviews (without any desire to generalize), what emerges strongly is the centrality of relationships as vehicles/instruments – or, perhaps even better, realities – through which one can learn something about the self by projecting one's thoughts outside of one's self and returning to it through a process of reflection.

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