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The Intersection of Narrative Therapy and AA Through the Eyes of Older Women

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Older adulthood can be a time of loss and transition, particularly for women who often outlive their male counterparts. The changes associated with aging may also influence older women's personal narratives through which meaning is created. Practitioners established narrative therapy under the umbrella of constructivism as a method of shaping personal narratives by deconstructing and re-authoring life stories, ultimately creating meaning. In parallel, storytelling is paramount in Alcoholics Anonymous (AA), specifically, the story of the AA member's life transformation from addiction to sobriety. The researcher conducted a phenomenological study with women age 50 and older in Alcoholics Anonymous (AA) to explore the narrative processes of AA storytelling. Results suggest that the storytelling component in AA parallels narrative therapy practices in two ways: 1) the use of a three-stage model, and 2) the ever-evolving nature of the story structure. Mental health practitioners can benefit from examining the intersection between narrative therapy and AA in creating meaning through stories when working with older female clients who have had experience with, or who are being referred to AA.

Key Words: Alcoholics Anonymous, Older Women, Narrative Therapy, Alcoholism

Narrative therapy is a counseling modality that relies on the client's stories or self-narratives. These self-narratives shape how individuals identify themselves and provide a framework that allows individuals to interpret their experiences. Thus, through the narrative process, the client imbues his or her life with personal meaning that result from these stories. When using the narrative approach in therapy, clients are encouraged to "deconstruct" and "re-author" their stories by examining the meaning behind certain narratives and to create new narratives that attribute different meanings to experiences within the broader context of their lives (White, 1995).

Deconstruction and re-authoring occur when problems are objectified and externalized so that they become an entity separate from the individual discussing them. This externalization of problems allows the client to remove herself from the dominant events that have influenced her life. In this way, the individual can more readily separate from the problem and ascribe new meaning to it from a more objective distance. Therefore, the "problem" is separate from the person (White & Epston, 1990).

For example, an adult who was bullied as a child might tell his life narrative as having been a "victim" as a child. Therefore, the problem (being bullied) defines the entire narrative of childhood (I was a victim). However, upon looking beyond (or externalizing) the "bullying," it might come to light that the client may also provide examples of strength and self-advocacy. Through the process of narrative therapy, the adult client would be encouraged to challenge the current narrative of being a child "victim" by recalling examples of other behaviors that oppose this narrative. In this way, the old narrative might be deconstructed and recreated into a new narrative: "I fought for myself."

Constructivism

Narrative therapy falls under the Constructivist paradigm, a post-modern framework that espouses the ideas that reality and knowledge are subjective and holds that truth is not absolute. Rather, it exists as relative, contextualized phenomena, invented or constructed differently by each individual (Berger & Luckmann, 1966; Sexton, 1997). Since the client is responsible for actively constructing her social world, her history is not viewed as a record of the events and experiences in her life, but rather as "a living representation of how one is experiencing life" (Hayes & Oppenheim, 1997, p. 25-26). The client's

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narrative is therefore constructed based solely on her lived experiences and not on any absolute "truth."

Narrative Therapy and Older Adults

Later life can be a time of change and transition; losses such as the death of a loved one, health declines, retirement, and reduced autonomy can be challenging. These changes that accompany aging also affect the "stories" that older adults create about themselves, and effectively alter how they make meaning in their lives (Kropf & Tandy, 1998). The use of narrative therapy can be particularly helpful for older adults in recreating an alternate meaning system when facing challenges of old age. Thus, the problem narrative can be deconstructed and "re-authored" in a way that assists older adults in constructing new meaningful narratives (Kropf & Tandy).

Third Stage in Narrative Therapy

Morgan, Brosi, and Brosi (2011) reinforce the utility of narrative therapy with older adults by applying narrative therapy to older adult clients battling addictions. The authors reiterate the importance of having older clients externalize the problem, and deconstruct and re-create a new narrative in their lives, but they add one more task for clinicians: "To assist the client in connecting with people who will assist him or her in reinforcing the new story… the development of the new story empowers the older adult to take pride in the life that has been recreated" (p. 452-453). Gardner and Poole (2009) also discuss this third task. They illustrate narrative therapy as (a) deconstructing the problem, and (b) reauthoring new stories; but, like Morgan et al. (2011), they add a third stage (task) which they call, "Making it real – Presenting and witnessing preferred ways of living" (p. 603) in which the clinician bears witness to the reconstructed narrative. Therefore, the third stage in narrative therapy is attained through the process of telling one's new narrative to a counselor and the resulting reinforcement of that new narrative by the counselor.

Women and Narrative Therapy

Narrative processes can be beneficial to women in counseling. Lee (1997) finds that from a feminist perspective, women can benefit from narrative therapy because it enables them to break down the prevailing gendered stories rife with misogynistic undertones and assign new meaning to their experiences through alternative narratives that empower them. Further, narrative therapy can also be effective when working with middle aged women suffering from body image dissatisfaction because it helps them "unpack" their unnatural body expectations and adopt new ones that focus on health (Duba, Kindsvatter, & Priddy, 2010). Finally, Draucker (1998) explained that women who suffered from sexual violence could benefit from narrative therapy by finding the unique outcomes in their shared stories. These unique outcomes represent moments of strength that are otherwise buried in the tragedies of their life stories. Uncovering these moments of triumph can allow these women the possibility of building a new, stronger life narrative.

Alcoholics Anonymous (AA) and the Use of the Narrative

AA was developed by self-proclaimed alcoholics Bill Wilson and Bob Smith for alcoholics circa 1935 as an approach to alcoholism recovery (Alcoholics Anonymous World Services, 2001). AA members meet in groups as often as needed, and there are no fees or dues associated with membership—the only requirement is a desire to stop drinking. AA meetings may be open (anyone is welcome to attend) or closed (only alcoholics may attend). In addition, meetings can be mixed genders or more specialized for women or gay and lesbian individuals (www.aa.org).

The narrative aspect is an integral component of AA (Cain, 1991; Humphreys, 2000; Jensen, 2000; Pollner & Stein, 1996). The majority of an AA meeting is spent in a shared group where members have the opportunity to speak about their struggles and successes in abstaining from alcohol in the time since their last AA meeting. There are also times when members are invited to speak to the group about the story of their alcohol addiction and journey to sobriety. Cain viewed the narratives told in AA as a model, illustrating the definition and meaning of alcoholism to other members. This model typically includes the difficulties associated with drinking (e.g., loss of job, problems with relationships), the process of attaining and maintaining sobriety (e.g., false starts, supportive or unsupportive friends), how present life is experienced as a sober individual, and the need to remain vigilant in one's sobriety. An individual then uses that model as a vehicle through which to compare her stories with others in order to determine if she is an alcoholic:

> As the AA member learns the AA story model and learns to place the events and experiences of his own life into the model, he learns to tell and to understand his own life as an AA life, and himself as an AA alcoholic (Cain, p. 215).

Likewise, Humphreys (2000) identified the "Drunk-a-Log." This story described a member's "personal account of descent into alcoholism and recovery through A.A." (p. 498) and accounted for a large portion of the *Big Book's* content. The Big Book is a reference book for Alcoholics Anonymous that explains the purpose of the program, outlines the "rules," and gives personal narratives of individuals who have found sobriety through the practices of AA. (Alcoholics Anonymous, 2001). As the member grew to better understand the AA process, his drunk-a-log narratives became altered and constructed in ways that greater reflected and supported the philosophy of AA;

specifically, by using the framework of "experience, strength, and hope" and "what we used to be like, what happened, and what we are like now" (Jensen, 2000, p.11).

Purpose of the Research

A central tenet of narrative therapy involves an exploration of the client's "story" within the counseling session (White & Epston, 1990). Likewise, the AA program incorporates narrative elements into its central philosophy for treating alcohol addiction (Alcoholics Anonymous World Services, 2001). Further, the author identified the overlap in the "third stage" of narrative therapy (Gardner & Poole, 2009; Morgan, Brosi, & Brosi, 2011) and the process of bearing witness in the AA meetings (Cain, 1991; Jensen, 2000). Given these parallels, there is surprisingly limited research exploring how the narrative elements of AA compare with the narrative therapy paradigm. Additionally, there is research addressing women in AA (Alcoholics Anonymous World Services, 2001; Beckman, 1993; Blume, 1991; Katz, 2002; Matheson & McCollum, 2008; Nakken, 2002; Pagliaro & Pagliaro, 2000; Sanders, 2006; The National Center on Addiction and Substance Abuse at Columbia University, 1998; Timko, Moss, Finney & Connell, 2002; Travis, 2009) and older adults in AA (Alcoholics Anonymous World Services, 2001; Mosher-Ashley & Rabon, 2001; Rathbone-McCuan, 1988; Satre, Blow, Chi, & Weisner, 2007; Satre, Mertens, Areán, & Weisner, 2004; Schiff, 1988; Washburn, 1996); but again, limited research specifically explores older women in the AA program. To begin to address this gap, the author sought to better understand the lived experiences of older women who participated in the AA program, with a focus on the narrative component, to determine if older women's narrative experiences in AA paralleled both the AA framework and the processes in narrative therapy.

The interviewer utilized a qualitative approach and a phenomenological interview process. Much like the meaning-making process of telling one's story in AA, the process of interviewing participants enabled them to share their stories and impart the meaning of these life experiences. Through this methodology, the researcher sought to obtain "thick," highly detailed descriptions in order to best understand the women's experiences through their own words (Creswell, 2013; Creswell & Miller, 2000; Patton, 2002). There was an established protocol for questions, but broad streams of inquiry were employed as necessary to address the research question of how the narrative aspect of AA was experienced by the participants. Specifically, the interview questions, 1) "Have you ever told your story in AA? How did telling your story to the other members impact you?" and 2) "Do you share in meetings? What's it like revealing parts of yourself in this way? How does sharing impact you?" echoed a review of the literature describing the AA and narrative therapy processes and reinforced the parallels between AA and narrative therapy.

Methods

Participants

The researcher adhered to all IRB protocols and participants signed the informed consent document before the interviews occurred. Fourteen older women in AA were interviewed for a total of 27 mostly face-to-face sessions over a one-year period. The women ranged in age from 52 to 81 with an average age of 71 and a standard deviation of 7.3. They greatly varied in the amount of time they had been sober in AA from one to 32 years, although nine of the women had been sober for 15 or more years. The average length of sobriety was 18 years with a standard deviation of 11.9 years. Eight women had at least one false start where they tried to attain sobriety but relapsed, and all women had been drinking for ten or more years before they found AA. Table 1 presents a detailed summary of participants' history of drinking. Two interviews were conducted with each woman (with the exception of one participant). This participant suffered a relapse between the first and second interviews and the

Table 1.

Summary of Study Participant History of Drinking

Participant pseudonym	Age	Years sober in AA	False starts getting sober	Years drinking before AA	What prompted AA?
Meg	61	15	2+	33	Difficulty staying sober before annual blood work
Nancy	59	2	0	10	Nervous breakdown
Rose	64	27	0	21	Having to travel with husband's family sober
Susan	66	34	0	18	Joined a group with AA members in it
Beth	58	5	2	19	Didn't want to live the way she was living anymore
Betty	64	25	0	22	Work identified it and she went to treatment
Brenda	56	27	0	15	Friends dying
Dianne	69	32	0	20	Blacked out, forgot to pick up son
Ginny	57	1	1+	11	Car crash with son in car, drinking
Hannah	61	5	1+	14	Depressed, mandatory because of DUI
Linda	52	24	1+	16	Boyfriend's ultimatum
Louise	81	29	2	10	Realization that alcohol was killing her
Mary	58	6	1+	20	Lost job, mother died, taken to emergency room
Ruth	54	17	2	27	In psych unit, realized she had same disease as parents

researcher deemed that continuing the interviews might be detrimental to her sobriety.

First and second interviews occurred within four weeks of each other, typically lasting one to two hours and were held in private homes, offices, and eating establishments. Every effort was made to ensure the confi-dentiality and privacy of the participants. Three of the second interviews were held over the phone due to illness or scheduling conflicts.

In order to garner participants from the anonymous AA community, an AA member served as a confederate to assist with the recruitment of women who met the study's criteria. This sample was characterized as homogenous racially (white), socio-economically (upper-middle class), and geographically (living in and around a small urban community in southwest Virginia). Eight participants were currently employed, five were retired, and one was between jobs. Four were married or had a life partner, nine of the women had children, and five of the women had grandchildren. In every case, strict measures protected the confidentiality of interviewees.

The women were all forthcoming and interested in this research, and several viewed their participation in the study as a way of giving back to the program. Participants' interviews exhibited consistent evidence of common themes in their experiences as depicted through thick, rich descriptions (Creswell & Miller, 2000). However, divergent viewpoints (disconfirming evidence) were also noted as significant and acknowledged in the findings (Creswell & Miller).

Data analysis

The researcher sought to attain detailed, illustrative descriptions of the data. At the completion of each interview, audio recordings were precisely transcribed by the researcher, adding additional notes with observations about the participants' nonverbal behavior and information about the setting from the researcher's field notes. Additionally, within four weeks after each interview the participant was given her typed transcript to review in order to ensure accuracy. After meticulously reading the transcripts (totaling over 300 pages), the researcher highlighted excerpts that reflected the meaning of the phenomena of interest. Later, a constant comparison method was employed to open code these excerpts, identifying common and differing experiences among participants, and then codes were grouped into categories and subcategories. After examining the narratives, themes were established that addressed the research question, and categories and sub-categories were further assigned (Rossman & Rallis, 2012; Saldaña, 2009). A review of the transcripts indicated strong consistent evidence of common themes in the participants' experiences as depicted through thick, rich descriptions (Creswell & Miller, 2000). The transcripts were also reviewed by a second researcher to ensure the accuracy and adequacy of the codes and to help identify constructs, resulting in theme analysis agreement. All participants were ensured confi-dentiality by masking identifying information and assigning pseudonyms to the transcripts.

Results

In developing the theme, "Intersection of narrative therapy and AA," two main categories emerged related to storytelling: 1) three unique stages and 2) continually-evolving stories. Table 2 provides an overview of the data analysis process and the resulting subcategories and supporting codes for these two main thematic categories.

First, women's descriptions of their stories in AA had three unique stages (subcategories). Members passed through these stages in order, discussing their lives while addicted (*Despondence*), the movement towards sobriety (*Recovery*), and finally, shifting the focus to sharing that success story with others (*Retelling*). These stages emerged organically through the discussion about the

Table 2.

Categories, Subcategories, and Supporting Codes Contributing to the Theme of "The Intersection of Narrative Therapy and AA"

Categories	Subcategories	Supporting Codes
Three stages of storytelling	Despondence Stage	Sadness in alcoholism
		Desperation in alcoholism
		Depression in alcoholism
		Worthlessness in alcoholism
		Fear in alcoholism
		Physical Injury from alcoholism
	Recovery Stage	Empowerment - recovery
		Success - recovery
		Fortitude - recovery
	Retelling Stage	"Qualify" to speak
		Help others to relate through storytelling
		Learning process through storytelling
Continuously evolving story	New Revelations	Insights/discoveries through storytelling
	Shifting Focus	Past stories static
		Future stories changing
		Benefits of evolving story

storytelling experiences in AA and were labeled by the author to best conceptualize the women's words.

The women also discussed another defining characteristic of the stories in AA as being ever-evolving and subject to change. Their stories encompassed lengthy narratives that they identified as not yet being complete. This potential for future mutability was cited as a defining feature of their current stories.

The Three Stages of Storytelling as Defined by Older Women in AA

Stage 1: Despondence

The women described their early days in AA as miserable—mired in alcoholism and feeling worthless. These despondent women commonly felt fear, depression, hopelessness and failure, and their personal stories about this time reflect these emotions. Susan, 66, works in the medical field and has been sober for 34 years. She had attained the longest length of sobriety of all the participants, and when I met her after work at a local diner, she described the negative and powerful reaction she still has to retelling her early stories of alcoholism:

> *So we need to qualify and go back in there and re-experience our drinking, and that's what it does for me. It takes me back, reminds me, reliving it almost, of what it was like. I've done enough work it doesn't hurt me, but it can take my breath, sometimes, or make me sick to my stomach.*

Women discussed the heart-wrenching precipitating incidents that led to their decisions to join AA (Table 1). Several women referred to situations involving their children. Ginny, 57, was living in a halfway house when I met her at a local park. She tearfully described how she was driving drunk with her son when she got into a major car accident, leading to her decision to seek help in AA. Likewise, Dianne, 69, a retiree with over 31 years of sobriety, told me a bit about her days of alcoholism, and the significant event that persuaded her to join AA. She blacked out and forgot to pick up her young son after school. There is, however, a purpose in the retelling of these difficult stories involving drinking. Dianne discussed how recalling these painful early experiences was an important step in the recovery process:

> *So in that sense, I think it (storytelling) really now lets me remember. And keeps me focused. And then an extreme amount of gratitude for the way things are now…a big piece of it is so you remember, you remember what the pain was like and how miserable it was.*

For the women, describing their early stories of alcoholism, and the devastating experiences that accompanied that time was a necessary first step towards attaining sobriety. These stories illustrated *Despondence*, the first stage of storytelling in AA.

Stage 2: Recovery

In this stage, women shifted to speaking about their recovery process. This storytelling stage exhibited more positive terms, and personal stories were revised to highlight the strengths and successes that enabled them to resist drinking, and illustrated their transformation to sobriety. Betty, 64, a retiree with 25 years of sobriety, relished her relationships with many women in AA. She expressed her joy in being able to share her story of recovery with others: "Telling the recovery part is the fun part, it has work, it has sadness, but it's fun."

Dianne explained how over time her storytelling focus shifted from dwelling on past experiences with alcoholism, to describing the fortitude involved in gaining and attaining sobriety:

> *Because that's really what you want to hear about. I mean, we all knew how to drink. We might have done it in different places and with different consequences and stuff like that, but basically we all knew how to drink too much and not be able to stop and that kind of thing. What you want to know is, how do I stop? And how do I get rid of that stuff inside me that's just eating me up?*

Discussion of the recovery process, involving the transition from alcoholism to sobriety, is another integral stage in storytelling for older women. Women expressed that this second stage of storytelling, *Recovery*, allowed them to illuminate and articulate their transformations.

Stage 3: Retelling.

In this stage, women in AA focused on sharing their journey with others in the program. This allowed them the opportunity to fully articulate their process of becoming sober individuals, but also to share current daily experiences with maintaining sobriety. Women discovered that sharing their stories of alcoholism and early struggles in AA "qualified" them in others' eyes to speak in AA and gave a context for new members to identify with the stories. Meg, 61, has been sober for 15 years. She currently sponsors 13 women and is considered by many to be an icon in the AA community. She articulated the importance of telling her AA story so that others might relate:

> *That is the real benefit of meetings, in storytelling, is that somebody who's 25 can come in and listen to somebody like me who's 60, and I can say, "This is what happened to me," or "I didn't think it would ever happen to me, but this is where alcohol took me. And if alcohol is taking you to places you don't want to go, you don't have to keep going until you're desperate."*

Recounting the story of one's journey to sobriety was integral to the women because it helped to reinforce their positive self-images and increased feelings of self-worth. Beth, a 58 year old professional with four years of sobriety, met me in her home. She was in the process of moving to another state to be closer to family, and lamented that her current job afforded her little time to connect with other women at AA meetings. She explained the power of storytelling in AA, and how sharing her story with the group helped to strengthen her new identity as a sober woman, "It just shows the progress you've made, where you were and how you were versus how you are currently…it's great, it's comfortable, it's a learning process."

Thus, the third stage, *Retelling*, afforded the women the opportunity to speak to others about their growth and transformation within the program. By doing this, they demonstrated that they were "qualified" to speak, and enhanced their self-esteem and confidence.

Evolving Stories in AA

Eight of the 14 women articulated a second category within the overlap of narrative therapy and AA: A continuously-changing narrative in their AA storytelling. As the women's perceptions of life events were altered, so were the resulting stories as told in the context of AA. Of particular note to the researcher, none of the interview questions mentioned the specific characteristics of the AA story. Over half of the women independently volunteered information regarding the continuously changing story as an important element. Hannah, 61 a doctor with five years of sobriety, met me in her busy office and, between patients, discussed the value of telling her story to the group. For her, storytelling was accompanied by discovery of a new insight or revelation about herself each time:

> *There's always something that's a growth experience when you get up and tell your story and it always seems to be a little different—I hope it's a little different—that I've learned something or had some different insight or experience at the time I'm talking… I hope it (the story) continues. I mean, I would be happy right now with what I've got, as static. But, being an alcoholic I want more.*

Similarly, Ruth, 54, in the janitorial field with 17 years of sobriety, spoke about her story as evolving in the present and future, but static when discussing the past. She viewed her story as changing according to her personal growth, and that change was imperative to maintaining her sobriety.

> *As you continue to grow (the story) changes. I mean, what I was like doesn't change. And what happened doesn't change, but what it's like today is ever-evolving… I heard a speaker say one time that it takes the first five years to find your marbles and it takes the next five years to learn how to play with them (laughs). And then it's been about growing spiritually. That's the big thing is that we want you to continue to grow because if we don't, then we're going to go back to where we came from, chances are pretty good of that happening if we don't continue to grow.*

Where Ruth and Hannah saw growth and evolution in how their stories changed over time, Linda explained that variations in her story are also attributable to changes in her life from day to day. She expressed how she may shift her focus or even how much she shares depending on her present situation and feelings at the moment:

> *I find that every time I tell my story it varies. Several things affect how that goes for me on any given day: where I am, because there's been times when I was going through a divorce and I'd be asked to share my story and I was really struggling emotionally about the divorce and how it impacts my daughter, and just all the things, the life changes that was going to create. .. So there's been times like that when I shared and I was like, "I don't really know if I've got much to share," and ultimately my story may sound a little different then. Like I may focus on some other aspect than I would have if I go up there and I feel like I'm in a really good spiritual place, and a really good place in my life and more confident.*

One major feature of storytelling in AA was the idea of a continuously evolving narrative. As the women's lives changed, so did their accompanying life stories. These women had the self-awareness to recognize that their ever-transforming identities were reflected in the continuously evolving stories that they told. While every woman at the time of interview had obtained sobriety, not everyone made the connection between their ongoing evolution and the characteristics of their resulting stories.

Discussion

Three Stages of Narrative Therapy and the Stages of AA Storytelling as Defined by Older Women in AA

Through this exploration, the author discovered that the three-stage model for older women's narratives in AA paralleled both AA's storytelling framework and the narrative therapy process. The three stages of narrative therapy—(a) current feelings, (b) deconstruction and recreation of those feelings, and (c) shared new narratives (Epston & White, 1990)—reflect the narrative models commonly used within the AA meeting: (a) "What we used to be like (experience), (b) what happened (strength), and (c) what we are like now (hope) (Jensen, 2000, p. 11). In

Table 3

The Three Stages of Both Narrative Therapy and Storytelling in AA

	Stage 1		Stage 2		Stage 3
Narrative Therapy (Theory)	Personal narratives reflect current feelings about situation	→	Personal narratives deconstructed and recreated	→	New personal narratives shared with others, reinforcing and empowering
AA (Theory)	o Mired in alcoholism o Experience o What we used to be like	→	o "Works" steps o Strength o What happened	→	o Share story o Hope o What we are like now
AA's Twelve Steps	1. Admitted we were powerless over alcohol—that our lives had become unmanageable 2. Came to believe that a Power greater than ourselves could restore us to sanity 3. Made a decision to turn our will and our lives over to the care of God as we understood Him 4. Made a searching and fearless moral inventory of ourselves 5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs 6. Were entirely ready to have God remove all these defects of character	→	7. Humbly asked Him to remove our shortcomings 8. Made a list of all persons we had harmed and became willing to make amends to them all 9. Made direct amends to such people wherever possible, except when to do so would injure them or others 10. Continued to take personal inventory and, when we were wrong, promptly admitted it 11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out	→	12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in our affairs
Storytelling Subcategories	Despondence		Recovery		Retelling
Narrative Therapy in AA (Discussion)	Personal stories reflect failure and hopelessness around drinking and alcoholism	→	Personal stories recreated to emphasize strengths and successes in abstaining from alcohol	→	Personal stories of journey to sobriety told in AA meetings, reinforcing the new story and helping others to reconstruct their own stories of sobriety

addition, the twelve steps of AA (Alcoholics Anonymous World Services, 2001) can also be mapped onto these same three stages of the narrative model. The women in the study echoed this three-stage process of AA storytelling through their descriptions of their narrative experiences across three stages: (a) *Despondence*, (b) *Recovery*, and (c) *Retelling*. Each stage was derived and labeled from the women's descriptions of their experiences, and parallels can be drawn when comparing the stages as described and defined by the women in the study with stages of narrative therapy and the stages of the AA storytelling model.

Table 3 presents the progression of these parallel processes, tracing the three stages of: (a) narrative therapy, (b) the AA model, (c) the twelve steps of AA, and (d) the women's experiences in storytelling. Finally, the table gives an overview of what is addressed in the discussion section: how narrative therapy and the women's narrative experiences in AA intersect in each of the three stages.

The Overlap of Narrative Therapy and Women's Narrative Experiences – Stage 1.

Narrative therapy. The beginning client in narrative therapy focuses on her present understanding of her current situation (White & Epston, 1990). Morgan, Brosi, and Brosi (2011) explained that in early stages of narrative therapy with substance-abusing older adults, the client is encouraged to define the problem of being a substance abuser and discuss how that has affected her life.

AA storytelling model. Likewise, the AA storytelling model in this stage is focused on past alcoholic experiences and "what we used to be like" (Jensen, 2000, p. 11).

Study findings. In that same vein, older women in this study recalled early stories of being consumed by their unhappiness, desperation, and misery around their alcoholism. These experiences were examined and labeled with the overarching category, "despondence."

The Overlap of Narrative Therapy and Women's Narrative Experiences – Stage 2.

Narrative therapy. As clients engage in narrative therapy, they are encouraged to externalize the problems, deconstructing and recreating them (White & Epston, 1990). Following the Morgan, et al. (2011) model, older adults should begin to separate their alcoholism from their identities and reshape their stories by focusing on instances when they were able to overcome desires to drink.

AA storytelling model. Likewise, in the AA model, women "work" the steps of AA, demonstrating their strengths and explaining to others, "What happened" (Jensen, 2000, p.11).

Study findings. Older women in this study articulated feelings of pride and achievement in attaining sobriety, as evidenced in their storytelling. They were effectively able to separate their narrative from the "problem" of being an alcoholic, and the resulting strength and fortitude in their new life stories were examined and labeled with the overarching category, "recovery."

The Overlap of Narrative Therapy and Women's Narrative Experiences – Stage 3.

Narrative therapy. Clients in narrative therapy shared their new personal narratives with others to reinforce new stories and empower the storyteller in "outsider witness groups" (Carr, 1998, p. 496; White & Epston, 1990). Morgan, et al. (2011) found that after overcoming substance abuse, the older client should connect with other people in order to reinforce the new story and to reduce a sense of isolation commonly experienced with older adults.

AA storytelling model. AA specifically addresses the challenges that these older women faced in the third stage of narrative therapy by providing a critical venue (the meeting) for older adults to congregate and tell their stories. AA storytelling in this stage focused on sharing "what we are like now," giving hope to others that they, too, can reconstruct their own stories to reflect this narrative therapy process (Jensen, 2000, p. 11).

Study findings. Women in this study shared a desire for their stories to be an example to others in their own struggles towards sobriety and saw value in sharing their story, not just of their identity transformation, but of how they maintained their new identities as sober individuals. These experiences were examined and labeled with the overarching category of "retelling."

Linda summarized that the process of sharing her story with the AA group reinforced the entire three-stage process, by helping her to better understand and redefine herself:

> *(Telling your story) gets easier, and I think it crystallizes your journey. You know how you change and you don't always see things until you've already changed, you know, like hindsight's 20/20? So I think that's one of the things that sharing does, and that idea of redefining yourself. It gives you that opportunity to kind of look back after you tell your story, and that idea that as you redefine, looking back and getting a little clearer…And I think my story, my sense of what I've been through gets clearer having to put it into words.*

Evolving Stories in Narrative Therapy and AA

The experience of living is by nature ever-changing and continually transitioning. Narrative therapy provides women with the means to explore "a living representation of how one is experiencing life" (Hayes & Oppenheim, 1997, pp. 25-26). Therefore, it follows that the life stories generated by clients within the context of narrative therapy are not static, but rather fluid, responding to evolving life experiences. Just as the stories generated in narrative therapy are ever-evolving, the women in this study indicated that their narratives in AA are never static and change according to the variations in their lives. This is particularly important for women in AA who seek the program's services because of a desire to change. Ultimately through their stories, their identities as alcoholics can be deconstructed and recreated to give new meaning to their lives as sober, productive individuals. Thus, their stories change to coincide with their alterations in identity. The story elasticity also lends an additional sense of hope for positive future change as well.

Implications for Mental Health Practitioners

Examining experiences with AA through the lens of narrative therapy may be particularly beneficial for older women in two distinct ways. In terms of age, older women face unique challenges, including declining health, decreased social networks, and the negative stigma of

aging (Katz, 2002). As older women begin to evaluate their lives, narrative therapy can help to create a sense of meaning encompassing their past and present experiences. Narrative therapy allows older women the ability to deconstruct and recreate their life stories. Through this process, these women can construct new narratives that tell their life's "story" to the world (Kropf & Tandy, 1998).

From a strictly feminist perspective, "re-authoring" one's story is necessary in order to remove it from the "dominant gendered stories that are central in maintaining the social construction of femininities in contemporary society" (Lee, 1997, p. 2). The feminist narrative perspective gives women a "voice," allowing them to vocalize the injustices that they have faced within a larger society. They are encouraged to change their relationship with their problems and reconstruct new, preferred stories (Lee, 1997).

Finally, mental health practitioners who counsel older women who have either had experience with, are currently in, or may be referred to AA, may consider the overlap of narrative therapy and the AA storytelling model when deciding on appropriate treatment methods. In particular, narrative therapy processes may be complementary to the work that their clients have already done in AA and will have some familiarity. For mental health practitioners who refer their older-woman clients to AA, it may be useful to prepare these clients for the narrative traditions that are reflected within the AA environment. In these cases, mental health practitioners who employ narrative therapy may wish to reiterate the AA model and verbiage in their practice by emphasizing: "Experience, strength and hope," and "What we used to be like, what happened, and what we are like now." Mental health practitioners may also want to aid recovering older female clients in finding venues to share their new stories if they are not currently members of AA. For example, group therapy might be one arena where older women could share their stories. Older women might also speak to others in retirement communities or nursing homes about their personal experiences. While these women suggested features of narrative therapy that can be found within AA, more research is necessary to ascertain the effectiveness of pairing individual narrative therapy with the membership and practices of AA.

Future Research

Future research might explore further how experiences in narrative therapy compare with experiences in AA. One major difficulty with this is that often individuals in AA choose the program because it is free and because of its emphasis on anonymity. Narrative therapy with a counselor typically costs money and lacks anonymity beyond normal counselor-client confidentiality. For these reasons, it might be challenging to identify individuals who are willing and able to attend both the AA program and narrative therapy, so a purely objective comparison may not be possible.

Beyond the scope of narrative therapy, there are other settings that make use of the narrative including reminiscence and life review (Burnside & Haight, 1992). Future research might explore how these techniques compare with the narrative processes of AA to better inform the research on best practices for adults with addictions.

Limitations

Limitations of this study include the narrow focus on only the experiences of older women in AA. Other insights might be derived by studying how the narrative component is experienced by women and men of all ages.

In addition, this study only addressed women in one geographic area, with relatively homogenous socio-economic backgrounds. This is likely due in part to the fact that the recruiting "confederate" invited women to participate in the study with whom she was friendly and possibly with whom she shared characteristics like race and socio-economic status. Perhaps results may differ in another region of the country with women who are from more diverse backgrounds.

Conclusion

This research has only scratched the surface of understanding older women with addictions by exploring their narrative experiences in the AA program. It is the researchers' hope that this is only the beginning of addressing a population that has largely been unacknowledged in previous studies. By continuing to better understand the experiences of older women with addictions, counselors can more effectively meet the clinical needs of this growing group.

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