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Terminating Addiction Naturally: Post-Addict Identity and the Avoidance of Treatment

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ABSTRACT

This paper examines the characteristics of alcoholics and drug addicts who terminate their addictions without the benefit of treatment. Using what is commonly referred to as "natural recovery" processes, respondents terminated their addictions without formal treatment or self-help group assistance. Data for this study are based on in-depth interviews with 25 alcoholics and drug addicts who were identified through snowball sampling techniques. First, we examine the post-addict identities of our respondents to see how they view themselves in relation to their addictive past. Next, we explore the reasons respondents gave for avoiding treatment and self-help groups. We then examine the factors in our respondents' lives that promoted natural recovery. Finally, this paper concludes with a discussion of the relevance of our findings to clinical treatment and social policy.

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Introduction

The termination of alcohol and drug addictions without clinical intervention has received limited empirical attention. Research exploring this phenomenon, typically referred to as natural recovery, has found that significant numbers of people discontinue their excessive intake of addictive substances without formal or lay treatment. While the actual size of the natural recovery population remains unknown, researchers agree that their numbers are large (Goodwin *et al.* 1971) and some even contend that they are substantially larger than those choosing to enter treatment facilities or self-help groups (Biernacki 1986; Peele 1989). Some have estimated that as many as 90 percent of problem drinkers never enter treatment and many suspend problematic use without it (Hingson *et al.* 1980; Roizen *et al.* 1978; Stall and Biernacki 1986).

Research on natural recovery has focused on a variety of substances including heroin and other opiates (Valliant 1966; Waldorf and Biernacki 1977; 1981; Biernacki 1986), cocaine (Waldorf, Reinarman, and Murphy 1991; Schaffer and Jones 1989), and alcohol (Valliant and Milofsky 1982; Valliant 1983; Stall and Biernacki 1986). Much of this literature challenges the dominant view that addiction relates primarily to the substance being consumed. The dominant addiction paradigm maintains that individuals possess an illness that requires intensive therapeutic intervention. Failure to acquire treatment is considered a sign of denial that will eventually lead to more advanced stages of addiction and possibly death. Given the firm convictions of addictionists as well as their vested interests in marketing this concept (Weisner and Room 1984; Abbott 1988), their rejection of the natural recovery research is of little surprise.

Despite vociferous opposition, research on natural recovery has offered great insight into how people successfully transform their lives without turning to professionals or self-help groups. The fact that people accomplish such transformations naturally is by no means a revelation. Most ex-smokers discontinue their tobacco use without treatment (Peele 1989) while many "mature-out" of a variety of behaviors including heavy drinking and narcotics use (Snow 1979; Winick 1962). Researchers examining such transformations frequently point to factors within the individual's social context that promote change. Not only are patterns of alcohol and drug use influenced by social contexts as Zinberg (1986) illustrated, but the experience of quitting as well can be understood from this perspective (Waldorf, Reinarman, and Murphy 1991).

Biernacki's (1986) detailed investigation of former heroin addicts is perhaps the best known text on natural recovery. Emphasizing the importance of social

contexts, Biernacki demonstrates how heroin addicts terminated their addictions and successfully transformed their lives. Most of the addicts in that study as well as others initiated self-recovery after experiencing an assortment of problems that led to a resolve to change. Additionally, Biernacki found that addicts who arrest addictions naturally utilize a variety of strategies. Such strategies involve breaking off relationships with drug users (Shaffer and Jones 1991), removing oneself from a drug-using environment (Stall and Biernacki 1986), building new structures in one's life (Peele 1989), and using social networks of friends and family that help provide support for this newly emerging status (Biernacki 1986). Although it is unclear whether the social contexts of those who terminate naturally is uniquely different from those who undergo treatment, it is certain that environmental factors significantly influence the strategies employed in the decision to stop.

While this literature has been highly instructive, much of this research has focused on the respondent's unwillingness to undergo formal treatment such as therapeutic communities, methadone maintenance, psychotherapy, or regular counseling in outpatient clinics (Biernacki 1986). Many of those not seeking professional intervention nevertheless participate in self-help groups. Self-help groups have been the most popular avenue for people experiencing alcohol and drug problems. This may be due in large part to the fact that groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or Cocaine Anonymous (CA) medicalize substance abuse in such a way as to alleviate personal responsibility and related guilt (Trice and Roman 1970). Moreover, these groups contribute to the cultivation of a support community which helps facilitate behavior change.

Despite these attractions and the popularity of these groups, many in the field remain skeptical about the effectiveness of these groups. Research has demonstrated that addicts who affiliate with self-help groups relapse at a significantly greater rate than do those who undergo hospitalization only (Hingson 1991). Some have raised concerns about the appropriateness of self-help groups in all instances of addiction (Lewis, Dana and Blevins 1994). In one of the most turgid critiques of self-help groups, Peele (1989) estimates that nearly half of all those who affiliate with such groups relapse within the first year. Peele contends that these groups are not very effective in stopping addictive behaviors since such groups subscribe to the ideology of lifelong addiction. Adopting the addict-for-life ideology, as many members do, has numerous implications for a person's identity as well as ways of relating to the world around them (Brown 1991).

Somewhere between the two positions of skepticism and optimism are the findings of Emrick, Tonigan, Montgomery, and Little (1993). In one of the most

comprehensive analyses of AA participation to date, their meta-analysis of 107 various studies on AA effectiveness reports only a modest correlation between exposure to self-help groups and improved drinking behavior. They additionally point out the compelling need for further research on the personal characteristics of individuals for whom these programs are beneficial and those for whom they are not.

Given the emerging challenges to the dominant views of recovery, research on recovery will be advanced through an examination of those who terminated their excessive drug use without the benefit of either formal or informal treatment modalities. While research has provided insight into those who reject formal treatment modalities, we know little about the population who additionally reject self-help groups. This paper examines the process of natural recovery among this population of heavy alcohol and drug users. This paper first explores the identity of previously addicted respondents in relation to their past addictions. Next, respondents' reasons for rejecting self-help group involvement or formal treatment are examined. Strategies used by our respondents to terminate their addictions and transform their lives are then examined and the implications of our findings in relation to current addiction and addiction treatment are presented.

Method

Data for the present study were collected from 25 former drug addicts and alcoholics. Lengthy, semi-structured interviews with each of these respondents were conducted to elicit thickly descriptive responses regarding their drug involvement and termination experiences. The interview instrument was designed to examine respondents' drug use history, problems associated with use, decisions to terminate use, termination strategies, perceptions of past drug use, and attitudes toward treatment. All interviews were tape-recorded and later transcribed.

Strict criteria were established for respondent selection. First, respondents had to have been drug dependent for a period of at least one year. On average, our respondents were drug dependent for a period of 9.14 years. Determination of dependency was made only after careful consideration; each respondent had to have experienced frequent cravings for drugs, extended periods of daily use, and associated personal problems due to their drug use. Second, to be eligible, individuals had to have terminated their addictive consumption of drugs for a period of at least one year prior to the interview. The mean length of time of

termination from addiction for the entire sample was 5.5 years. Finally, the sample includes only individuals who had no or only minimal exposure to formal treatment. Individuals with short-term hospitalization (up to two weeks) were included provided they had had no additional follow-up outpatient treatment. Also, individuals who had less than one month exposure to self-help groups such as AA, NA, or CA were included. Some of our respondents reported attending one or two of these self-help group meetings. However, the majority of our respondents had no contact with formal treatment programs or self-help groups whatsoever.

Respondents in this study were selected through "snowball sampling" techniques (Biernacki 1986). This sampling strategy uses referral chains of personal contacts in which people with appropriate characteristics are referred as volunteers. Snowball sampling has been used in a variety of studies involving hidden populations. In particular, snowball samples have been employed in previous studies of heroin users (Biernacki 1986) and cocaine users (Waldorf, Reinarman, and Murphy 1991). In the present study, snowball sampling methods were necessary for two reasons. Since we were searching for a population that circumvented ongoing drug treatment, these individuals were widely distributed. Unlike those in treatment or in self-help groups, this population tends to be more dispersed. Also, these individuals did not wish to expose their pasts as former drug addicts. In most cases, very few people were aware of the respondent's drug-using history, making them reluctant to participate. Consequently, personal contact with potential respondents prior to the interview was necessary to explain the interview process as well as the procedures to ensure confidentiality.

While there are limitations to this sampling strategy, probability sampling techniques would be impossible since the characteristics of the population are unknown. Yet, because snowball sampling relies on network chains, demographic characteristics can sometimes be homogeneous. For instance, respondents in the present study are predominantly white. Despite this racial clustering, however, there is diversity in gender and age. Fifteen respondents were male and ten were female. In addition, the age range in the sample is 25 to 60 with a mean age of 38.4 years. All of our respondents had completed high school, and 9 were college graduates. Most were employed in professional occupations or operated their own business. The homogeneity within our sample, however, should not be necessarily construed as undermining the validity of our results. While the actual population parameters of natural recoverers are unknown, research on the characteristics of this group suggests that our sample is representative (Sobell, Sobell, Toneatto 1992; Waldorf, Reinarman and Murphy 1991; Biernacki 1986).

Forming a Post-Addict Identity

Research within the tradition of symbolic interaction has frequently explored the social basis of personal identity. Central to the symbolic interactionist perspective is the notion that personal identity is constituted through interaction with others who define social reality. From this perspective, the self emerges through a process of interaction with others and through the roles individuals occupy. Symbolic Interactionists maintain that the self is never immutable, but rather change is an ongoing process in which new definitions of the self emerge as group affiliation and roles change. Consequently, identities arise from one's participation within social groups and organizations.

The perspective of symbolic interaction has frequently been used when analyzing the adoption of deviant identities. For instance, the societal reaction model of deviance views the formation of a spoiled identity as a consequence of labeling (Lemert 1951; 1974; Goffman 1963). Reactions against untoward behavior in the form of degradation ceremonies often give rise to deviant identities (Garfinkel 1967). In addition, organizations which seek to reform deviant behavior, encourage the adoption of a "sick role" for the purposes of reintegration (Parsons 1951). Alcoholics Anonymous, for instance, teaches its members that they possess a disease and possess a life-long addiction to alcohol (Trice and Roman 1970). Such organizations provide a new symbolic framework though which members undergo dramatic personal transformation.

Consequently, members adopt an addict role and identity, an identity which for many becomes salient (Brown 1991; Cloud 1987).[1] One respondent in Brown's study, for instance, indicated the degree of engulfment in the addict identity:

> Sobriety is my life's priority. I can't have my life, my health, my family, my job, or anything else unless I'm sober. My program (participation in AA) has to come first. . . . Now I've come to realize that this is the nature of the disease. I need to remind myself daily that I'm an alcoholic. As long as I work my program, I am granted a daily reprieve from returning to drinking.

Brown's (1991:169) analysis of self-help programs and the identity transformation process that is fostered in those settings demonstrates that members learn "that they must constantly practice the principles of recovery in all their daily affairs." Thus, it is within such programs that the addict identity and role is acquired and reinforced (Peele 1989).

If the addict identity is acquired within such organizational contexts, it is logical to hypothesize that former addicts with minimal contact with such organizations will possess different self-concepts. In the interviews conducted with our respondents, a striking pattern emerged in relation to their present self-concept and their past drug involvement. Respondents were asked, "How do you see yourself now in relation to your past? Do you see yourself as a former addict, recovering addict, recovered addict, or in some other way?" A large majority, nearly two-thirds, refused to identify themselves as presently addicted or as recovering or even recovered. Most reported that they saw themselves in "some other way." While all identified themselves as being addicted earlier in their lives, most did not continue to define themselves as addicts. In several cases, respondents reacted strongly against the addiction-as-disease ideology, believing that such a permanent identity would impede their continued social development. As one respondent explained:

> I'm a father, a husband and a worker. This is how I see myself today. Being a drug addict was someone I was in the past. I'm over that and I don't think about it anymore.

Our respondents saw themselves neither as addicts nor ex-addicts; rather, all references to their past addictions were purged from their immediate self-concepts.

Unlike the alcoholics and drug addicts described by Brown and others, our respondents did not adopt this identity as a "master status" nor did this identity become salient in the role identity hierarchy (Stryker and Serpe, 1982; Becker, 1963). Instead, the "addict" identity was marginalized by our respondents. Alcoholics and addicts who have participated extensively in self-help groups often engage in a long-term, self-labeling process which involves continuous reference to their addiction. While many have succeeded in terminating addiction through participation in such programs and by adopting the master status of an addict, researchers have raised concern over the deleterious nature of such self-labeling. Peele (1989), for instance, believes that continuous reference to addiction and reliance on the sick role may be at variance with successful and enduring termination of addictive behaviors. Respondents in the present study, by contrast, did not reference their previous addictions as being presently central in their lives. Their comments suggest that they have transcended their addict identity and have adopted self-concepts congruent with contemporary roles.

The fact that our respondents did not adopt addict identities is of great importance since it contradicts the common assumptions of treatment programs.

The belief that alcoholics and drug addicts can overcome their addictions and not see themselves in an indefinite state of recovery is incongruous with treatment predicated on the disease concept which pervades most treatment programs. Such programs subscribe to the view that addiction is incurable; programmatic principles may then commit addicts to a life of ongoing recovery, often with minimal success. Some have suggested that the decision to circumvent formal treatment and self-help involvement has empirical and theoretical importance since it offers insight about this population that may be useful in designing more effective treatment (Sobell, Sobell and Toneatto 1992). While research has examined the characteristics of individuals who affiliate with such groups, few studies have included individuals outside programs. Therefore, there is a paucity of data that examines the avoidance of treatment. We now turn to an examination of respondents' attitudes toward addiction treatment programs.

Circumventing Treatment

Given the pervasiveness of treatment programs and self-help groups such as AA and NA, the decision to embark upon a method of natural recovery is curious. Some of our respondents report having had direct exposure to such groups by having attended one or two AA, NA, or CA meetings. Others, although never having attended, reported being indirectly familiar with such groups. Only two of our respondents claimed to have no knowledge of these groups or the principles they advance. Consequently, respondents, as a group, expressed the decision not to enter treatment, which represented a conscious effort to circumvent treatment rather than a lack of familiarity with such programs.

In order to explore our respondents' decisions to bypass treatment, we asked what they thought about these programs and why they avoided direct involvement in them. When asked about their attitudes toward such programs, a few of our respondents commented that they believed such programs were beneficial for some people. Several respondents credited treatment programs and self-help groups with helping friends or family members overcome alcohol or drug addictions. Overall, however, our respondents disagreed with the ideological basis of such programs and felt that they were inappropriate for them.

Responses included a wide range of criticisms of these programs. In most cases, rejection of treatment programs and self-help groups reflected a perceived contradiction between the respondents' worldviews and the core principles of such programs. Overcoming resistance to core principles which include the views

that addiction is a disease, once an addict always an addict, or that individuals are powerless over their addiction, must be adopted by those who affiliate with such programs. Indeed, individuals who subscribe to alternative views of addiction are identified as "in denial" (Brissett 1988). Not unlike other institutions such as the military, law school, or mental health hospitals, self-help groups socialize recruits away from their previously held worldviews (Granfield 1992; Goffman 1961). It is the task of such programs to shape its members' views to make them compatible with organizational ideology (Brown 1991; Peele 1989). Socialization within treatment programs and self-help groups enables a person to reconstruct a biography that corresponds to a new reference point.

Respondents in our sample, however, typically rejected specific characteristics of the treatment ideology. First, many expressed strong opposition to the suggestion that they were powerless over their addictions. Such an ideology, our respondents explained, not only was counterproductive but was also extremely demeaning. These respondents saw themselves as efficacious people who often prided themselves on their past accomplishments. They viewed themselves as being individualists and strong-willed. One respondent, for instance, explained that "such programs encourage powerlessness" and that she would rather "trust her own instincts than the instincts of others." Another respondent commented that

> I read a lot of their literature and the very first thing they say is that you're powerless. I think that's bullshit. I believe that people have power inside themselves to make what they want happen. I think I have choices and can do anything I set my mind to.

Consequently, respondents found the suggestion that they were powerless incompatible with their own self-image. While treatment programs and self-help groups would define such attitudes as a manifestation of denial that would only result in perpetuating addiction, our respondents saw overcoming their addictions as a challenge they could effectively surmount. Interestingly, and in contrast to conventional wisdom in the treatment field, the overwhelming majority of our respondents reported successful termination of their addictions after only one attempt.

Our respondents also reported that they disliked the culture associated with such self-help programs. In addition to finding the ideological components of such programs offensive, most rejected the lifestyle encouraged by such programs. For instance, several respondents felt that these programs bred dependency and subsequently rejected the notion that going to meetings with other

addicts was essential for successful termination. In fact, some actually saw a danger in spending so much time with addicts who continue to focus on their addictions. Most of our respondents sought to avoid all contact with drug addicts once they decided to terminate their own drug use. Consequently, they believed that contact with addicts, even those who are not actively using, would undermine their termination efforts. Finally, some respondents reported that they found self-help groups "cliquish" and "unhealthy." One respondent explained that "all they do is stand around smoking cigarettes and drinking coffee while they talk about their addiction. I never felt comfortable with these people." This sense of discomfort with the cultural aspects of these programs was often keenly felt by the women in our sample. Most women believed that self-help groups were male-oriented and did not include the needs of women. One woman, for instance, who identified herself as a lesbian, commented that self-help groups were nothing but "a bunch of old men running around telling stories and doing things together." This woman found greater inspiration among feminist support groups and literature that emphasized taking control of one's own life.

The Elements of Cessation

The fact that our respondents were able to terminate their addictions without the benefit of treatment raises an important question about recovery. Research that has examined this process has found that individuals who have a "stake in conventional life" are better able to alter their drug-taking practices than those who experience a sense of hopelessness (Waldorf, Reinarman, and Murphy 1991). In their longitudinal research of cocaine users, these authors found that many people with structural supports in their lives such as a job, family, and other involvements were simply able to "walk away" from their heavy use of cocaine. According to these authors, this fact suggests that the social context of a drug user's life may significantly influence the ability to overcome drug problems.

The social contexts of our respondents served to protect many of them from total involvement with an addict subculture. Literature on the socio-cultural correlates of heavy drinking has found that some groups possess cultural protection against developing alcoholism (Snyder 1964). In addition, Peele (1989) has argued that individuals with greater resources in their lives are well equipped to overcome drug problems. Such resources include education and other credentials, job skills, meaningful family attachments, and support mechanisms. In the case of our respondents, most provided evidence of such resources available to

them even while they were active drug users. Most reported coming from stable home environments that valued education, family, and economic security, and for the most part held conventional beliefs. All of our respondents had completed high school, nine were college graduates, and one held a master's degree in engineering. Most were employed in professional occupations or operated their own businesses. Additionally, most continued to be employed throughout their period of heavy drug use. None of our respondents came from disadvantaged backgrounds and only a few reported having been arrested for drug- or alcohol-related offenses.

It might be concluded that the social contexts of our respondents' lives protected them from further decline into alcohol and drug addiction. Respondents frequently reported that there were people in their lives to whom they were able to turn when they decided to quit. Some explained that their families provided support; others described how their non-drug-using friends assisted them in their efforts to stop using. One respondent explained how an old college friend helped him get over his addiction to crack cocaine:

> My best friend from college made a surprise visit. I hadn't seen him in years. He walked in and I was all cracked out. It's like he walked into the twilight zone or something. He couldn't believe it. He smoked dope in college but he had never seen anything like this. When I saw him, I knew that my life was really screwed up and I needed to do something about it. He stayed with me for the next two weeks and helped me through it.

Typically, respondents in our sample had not yet "burned their social bridges" and were able to rely upon communities of friends, family, and other associates in their lives. The existence of such communities made it less of a necessity for these individuals to search out alternative communities such as those found within self-help groups. Such groups may be of considerable importance when a person's natural communities break down. Indeed, the fragmentation of communities within postmodern society may account for the popularity of self-help groups (Reinarman, in press). In the absence of resources and communities, such programs allow individuals to construct a sense of purpose and meaning in their lives. Respondents in our sample all explained that the resources, communities and individuals in their lives were instrumental in supporting their efforts to change. Unfortunately, this means that those individuals from the most socially disorganized segments within America's inner cities are perhaps the least likely

to be able to rely on natural recovery in overcoming any drug problem they may experience.

In some cases, respondents abandoned their drug-using communities entirely to search for non-using groups. This decision to do so was often triggered by the realization that their immediate social networks consisted mostly of heavy drug and alcohol users. Any attempt to discontinue use, they reasoned, would require complete separation. Several of our respondents moved to different parts of the country in order to distance themselves from their drug-using networks. This finding is consistent with Biernacki's (1986) study of heroin addicts who relocated in order to remove any temptations to use in the future. For some women, the decision to abandon drug-using communities was often preceded by becoming pregnant. These women left boyfriends and husbands because they felt a greater sense of responsibility and greater meaning in their new maternal status. In all these cases, respondents fled drug-using communities in search of more conventional networks.

In addition to relying on their natural communities and abandoning drug-using communities, our respondents also built new support structures to assist them in their termination efforts. Respondents frequently reported becoming involved in various social groups such as choirs, health clubs, religious organizations, reading clubs, and dance companies. Others reported that they returned to school, became active in civic organizations, or simply developed new hobbies that brought them in touch with non-drug users. Thus, respondents built new lives for themselves by cultivating social ties with meaningful and emotionally satisfying drug-free communities. In each of these cases where respondents formed attachments to new communities, they typically hid their drug-using past, fearing that exposure would jeopardize their newly acquired status.

Discussion and Implications

While the sample within the present study is small, there is considerable evidence from additional research to suggest that the population of self-healers is quite substantial (Sobell *et al.* 1992; Waldorf *et al.* 1991). Despite empirical evidence, many in the treatment field continue to deny the existence of such a population. The therapeutic "field" possesses considerable power to construct reality in ways that exclude alternative and perhaps challenging paradigms. As Bourdieu (1991) has recently pointed out, such fields reproduce themselves through their ability to normalize arbitrary worldviews. The power of the

therapeutic field lies in its ability to not only medicalize behavior, but also in the ability to exclude the experiences and worldviews of those who do not fit the medical model.

Finding empirical support for natural recovery does not imply that we devalue the importance of treatment programs or even self-help groups. Such programs have proven beneficial to addicts, particularly those in advanced stages. However, the experiences of our respondents have important implications for the way in which addiction and recovery are typically conceptualized. First, denying the existence of this population, as many do, discounts the version of reality held by those who terminate their addictions naturally. Natural recovery is simply not recognized as a viable option. This is increasingly the case as media has reified dominant notions of addiction and recovery. Similarly, there is an industry of self-help literature that unquestionably accepts and reproduces these views. Denying the experience of natural recovery allows treatment agencies and self-help groups to continue to impose their particular view of reality on society.

Related to this is the possibility that many of those experiencing addictions may be extremely reluctant to enter treatment or attend self-help meetings. Their resistance may stem from a variety of factors such as the stigma associated with these programs, discomfort with the therapeutic process, or lack of support from significant others. Whatever the reason, such programs do not appeal to everyone. For such people, natural recovery may be an option they could utilize. Since natural recovery demystifies the addiction and recovery experience, it may offer a way for people to take control of their own lives without needing to rely exclusively on experts. Such an alternative approach offers a low-cost supplement to an already costly system of formal addiction treatment.

A third implication concerns the consequences of adopting an "addict" identity. While the disease metaphor is thought to be a humanistic one in that it allows for the successful social reintegration of deviant drinkers or drug users, it nevertheless constitutes a deviant identity. Basing one's identity on past addiction experiences may actually limit social reintegration. The respondents in our sample placed a great deal of emphasis on their immediate social roles as opposed to constantly referring to their drug addict pasts. Although there is no way of knowing, such present-centeredness may, in the long run, prove more beneficial than a continual focusing on the past.

Fourth, for drug and alcohol treatment professionals as well as those who are likely to refer individuals to drug and alcohol treatment programs, this research raises several important considerations. It reaffirms the necessity for individual treatment matching (Lewis, Dana, and Blevins 1994). It also suggests that

individuals whose profiles are similar to those of our respondents are likely to be receptive to and benefit from less intrusive, short-term types of interventions. Lastly, given the extent of the various concerns expressed by these respondents around some of the possible long-term negative consequences of undergoing traditional treatment and related participation in self-help programs, the decision to specifically recommend drug and alcohol treatment is a profoundly serious one. It should not be made capriciously or simply because it is expected and available. A careful assessment of the person's entire life is warranted, including whether or not the condition is so severe and the absence of supportive resources so great that the possible life-long identity of "addict" or related internalized beliefs are reasonable risks to take in pursuing recovery. Overall, the findings of this study as well as previous research on natural recovery could be instructive in designing more effective treatment programs (Sobell *et al.* 1992; Fillmore,1988; Stall and Biernacki 1986).

Finally, the experiences of our respondents may have important social policy implications. If our respondents are any guide, the following hypothesis might be considered: those with the greatest number of resources and who consequently have a great deal to lose by their addiction are the ones most likely to terminate their addictions naturally. While addiction is not reducible to social class alone, it is certainly related to it (Waldorf, Reinarman, and Murphy 1992). The respondents in our sample had relatively stable lives: they had jobs, supportive families, high school and college credentials, and other social supports that gave them reasons to alter their drug-taking behavior. Having much to lose gave our respondents incentives to transform their lives. However, when there is little to lose from heavy alcohol or drug use, there may be little to gain by quitting. Social policies that attempt to increase a person's stake in conventional life could help prevent future alcohol and drug addiction, as well as provide an anchor for those who become dependent on these substances.

NOTE

1. In his study of identity transformation of alcoholics, Brown found that the conversion experience to a "recovering alcoholic" was so powerful that many individuals abandoned their previous careers to become counselors.

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