Alcoholism and recovery: A case study of a former professional footballer.

Abstract

In this paper I present a case study of a former British professional footballer in recovery from alcoholism. As a youngster he experienced many problems within the family, felt different and isolated and exacerbated his problems by behaving badly. He battled feelings of insecurity and fear, in his words an "*ism*" - and discovered that a range of behaviours and substances (football, exercise, alcohol and drugs) helped him cope. Despite his difficulties, he was a talented footballer with ambitions to become a professional. He secured an apprenticeship at a professional club, but his problems manifested themselves in bad behaviour and a poor attitude. He drank with the other apprentices, but was increasingly using alcohol as a coping mechanism. His career was short-lived and he was released after 3 years. In the absence of the structure and routine afforded by football, his drinking accelerated and he eventually became physically and psychologically dependent. His physical, social and mental well-being deteriorated to a point where he attempted suicide. His status as a former professional footballer qualified him for funded treatment at a rehab clinic which he entered on reaching his "rock bottom". Treatment started the ongoing process of recovery which sees him, not only staying sober, but pursuing a good life.

Key words

Alcoholism, addiction, recovery, football,

…the only way I can describe it is that I can't quite put my finger on it, its that thing that people talk about- the emptiness inside that can never be filled, but there are also many other things within that- the real incredibly large ego and a grandiosity of looking at the world, feeling better than people yet swinging from that to feeling like a piece of shit on someone's shoe, there is no balance within me. I have a mind that completely races, it's continually noisy, it tells me that I'm not good enough, constant fears in me that are very strong, they are crippling at times, I have a mind that obsesses about everything and anything, so if I put a substance in that is addictive it sets off something in me which is like I can't stop doing it, can't stop thinking about it when I'm not doing it. I have an allergy in my body that seems to respond to that substance that sets off a cycle in motion – I can't stop obsessing- my body needs it.

Introduction

Many professional footballers suffer from addiction. Perhaps the dedication and single-mindedness needed to excel betokens a personality prone to obsessive and compulsive behaviour (Dunning and Waddington, 2003, Gogarty and Williamson, 2009; Roderick, 2006a). George Best, Jimmy Greaves, Paul Gascoigne, Tony Adams, Paul McGrath, Paul Merson, Clark Carlisle and Dean Windass are amongst the high profile British players who have battled

addiction. Their difficulties often come to light in tabloid media where players are represented as "fools" or "villains" when behaving badly (Lines, 2001). Behind the 'deviance' or 'vice' narratives, however, are complex stories of trauma, suffering and chaos. There is little first hand research into the lives of professional players in general (Roderick, 2006a), but even less into their problems with alcohol. My aim in this paper is to examine the experience of a former professional footballer who struggled with alcoholism. Excerpts from his detailed life history give a powerful insight into what addiction is like; how his addiction developed, how it affected his life and career; and how he found a solution to alcoholism which saved his live.

Addiction and alcoholism

What is alcoholism?

Contrary to popular belief, addiction is neither a matter of excessive "liking" (Berridge and Robinson, 2011) nor simply a consequence of experimenting with addictive substances. Most people who use "potentially addicting substances do not become addicts, but between 15% and 17% do" (Morse 2011:176). The World Health Organisation describes alcoholism as:

> chronic continual drinking or periodic consumption of alcohol which is characterized by impaired control over drinking, frequent episodes of intoxication, and preoccupation with alcohol and the use of alcohol despite adverse consequences.[1]

Alcoholism appears on the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) (Martin 2006: 20). According to Martin (2006), Alcoholics Anonymous first proposed a disease (rather than a moral) conception of alcoholism. Formed in 1935, AA brought together a number of ideas about alcoholism and its treatment which remain influential today[2]. Since AA's definition of alcoholism (which suggested that alcoholics were bodily different to non-addicts) there has been significant philosophical debate about the nature, and scientific research into the cause, of addiction. Poland and Graham (2011) argue that attempts to define alcoholism are fraught with difficulties and the nature of the phenomenon is contested both within and between disciplines. A key issue is whether an addict is suffering from an identifiable condition or illness which causes obsessive using over which he/she has diminished control. Berridge and Robinson (2011) argue that drug induced changes to the brain contribute to addiction and other neurosicentific research is beginning "to reveal major differences between the brains of addicted and non addicted individuals" (Leshner, 1997: 45). How, or in which ways such brain level activity produces addictive agency (compulsive using) and what causes them varies between accounts. In contrast Heyman (2013:1) argues that the brain disease model of addiction "is not supported by research or logic" and that far from manifesting biologically driven compulsion, many addicts exercise choice including, for many, the choice to stop, often without the aid of any treatment or therapy. Foddy (2010) argues that addiction science and medicine should be cognisant of the conceptual complexity of ideas like free will, autonomy and compulsion and exercise caution

when purportedly explaining their neurological antecedents. Cohen (2009), Heyman (2013) and Pearce and Pickard (2010) share further concerns, namely that a disease model which implies addicts are powerless inhibits recovery because "one cannot rationally resolve to change that which one believes one is powerless to change" (Pickard 2011: 213). Evidence shows that addicts can recover from addiction which further challenges some of the scientific claims about addiction's causes. [3]

Social and Psychological factors

Despite the controversy and difficulties about causes, there are commonly reported/observed correlates with problem drinking. According to Hosier and Cox (2011: 87) factors such as "maladaptive motivational structure and novelty seeking predicted participants' alcohol-related problems beyond that predicted by alcohol consumption". Moreover, Cox (1987) identified other personality characteristics such as nonconformity, impulsivity, hyperactivity and antisocial behaviour, which are predictive of alcohol related problems. Social experiences and social influences are also crucial. Martino et al. (2006) suggest that patterns of drinking during adolescence may increase the risk of developing problems with alcohol later in life. Drinking patterns are influenced by parents, peer and group norms, advertising and masculinity (De Visser and Smith, 2007; Ellickson et al., 2005; Kuntsche et al., 2006; Martino et al., 2006; Mullen et al., 2007; Spijkerman et al., 2007; Talbott et al., 2008; White and Jackson, 2004). Pickard (2011a: 182) argues that personality disorders such as alcoholism are often associated with family dysfunction or breakdown, bereavement and traumatic childhood experiences including neglect and sexual abuse.

Subjective experience

Knowledge about the subjective experience of addiction comes largely from the testimony of addicts seeking help or in recovery. According to Rafalovich (1999: 131) "addict identity is articulated through the language of the [addict's] story"[4] which provides valuable insight into what it's like to be an addict. Although each story might be different, Flanagan (2011: 282), reflecting on his addiction to alcoholism and prescription drugs, argues that it's useful to think of addiction in two ways-

- *Addiction - 1* involves the mental obsession and physical compulsion *experienced* by *all* addicts.
- *Addiction - 2* refers to *addiction -1* plus each individual's particular habits, thought processes and behaviour –the "addict's lifestyle".

Flanagan believes that *addiction -1* is an invariant phenomenon- something *experienced* by all addicts (although he is somewhat ambivalent about the causal antecedents of such experiencing). A*ddiction -2* varies considerably between the stories of different addicts and within the story of an individual addict at different times. Despite very different social, physical and material circumstances, addicts in Rafalovich's (1999: 138) study expressed their

common identity as addicts in a similar language of mental obsession and physical compulsion. Flanagan (2011) argues that addicts become addicted to different substances, but each has a profound effect for the addict. It does something powerful for them or to them which eventually develops into the *raison d'etre* for its consumption. The feeling is not necessarily a "high", but is always powerfully mood/mind altering. Flanagan (2011:275) recalls:

> I felt release from being scared and anxious. (…) Perhaps I did not know until that medicinal moment what it was like not to be scared and anxious (…) I loved this first drink. It calmed my soul.

An addict in Rafalovich's (1999: 138) study expressed similar sentiments:

> I passed a fifth of whiskey around behind the backstop at school. I was no longer afraid of my dad – matter of fact, I felt real good for the first time in my life.

Such testimony provides insight into the reasons for "using". Although addicts talk in terms of compulsion and obsession, they seem, like others, to be able sometimes to exercise their agency and make choices with respect to the addictive substance (Levy, 2006). Yet addicts seem incapable of *consistently* staying away. Whatever drives the addict (cause), their behaviour, not just the using, but the obsessing, planning, lying, deceiving, is harmful. Part of our intuitive and theoretical difficulty with addicts is that they appear to voluntarily choose self-destruction. They do so, however (at least initially) in pursuit of a powerful mood/mind altering effect.

Methods

Stories of addicted footballers are common in biographies and autobiographies. Stewart et al. (2011: 583) argue that published autobiographies are a potentially rich, but neglected source of data which "offer deep insights into subjective expressions of experience". There are, however, problems with such sources. First; such publications are about familiar high profile individuals who experienced success whereas I wanted to tell a hitherto unheard story of one of the 75% who fail (Roderick 2006a: 18). Second; the sources are potentially unreliable. McFee (2010: 69) argues that "researchers must conceptualise their projects in terms of truth"[5]. Autobiographies are often ghost written and edited, overly sentimental (Roderick 2006a) and may fail, therefore, to give an honest account[6]. In contrast I wanted to hear a story first hand.

According to Atkinson (1998: 27) "…the best candidates for a life story interview may be those people who emerge naturally from your everyday interactions". I have known George (pseudonym) for over 7 years. He had short professional football career (16-21), had suffered from alcoholism, but following rehab at the Sporting Chance Clinic funded by the Professional Footballers Association, he has been sober for over 10 years[7]. Sporting Chance is a residential

rehab based on the 12 step philosophy of AA founded in 2000 by the former footballer Tony Adams[8].

A life story is an example of a single case study. According to Hammersley and Gomm (2000: 3) case study "refers to research that investigates a few cases, often just one, in considerable depth". There is some debate, therefore, about whether specific case studies are too idiosyncratic to provide general observations. Lincoln and Guba (2000) dispute the importance of generalizations in qualitative research and Stake (2000: 25) argues that "this method [case study] *has been* tried and found to be a direct and satisfying way of adding to experience and improving understanding". Moreover, Yin (1993: 40) argues that case studies can produce important data and ideas which advance disciplinary understanding. Flyvbjerg (2006) similarly advocates case studies as valuable sources of knowledge. A particular case may be selected for a number of reasons which include extreme/deviant cases (unusual or especially problematic), critical cases (one from which it might be reasonable to make general inferences [see Lindesmith 1968]), or paradigmatic cases (establishes some kind of precedent in order to draw out some important feature) (Flyvbjerg, 2006: 230).

Data collection

Open ended interviews were conducted at George's home (as recommended by Atkinson 1998: 30) that generated a "thick description" of his life (Geertz 1973). I invited George to follow a "stream of consciousness" (Atkinson, 1998: 31) focused on his addiction encouraging him to take a reflective stance when appropriate (Barnard et al., 1999). I asked him to explore certain aspects of his story further with questions such as "what did that mean to you?" or "how did that make you feel?" (Atkinson, 1998: 31). As a recovering addict, George was used to sharing his story; it has become part of his identity (Rafalovich, 1999: 131), and he gave an open, frank and extended account. Rapport is critical according to McFee (2010: 75), not only to encourage sharing, but because "The researcher's knowledge of both the context and the subject can be crucial, for asking questions (…) recognizing the occasions when lying or evasion are most likely, and so on". My rapport with George facilitated openness and a willingness to share and generated over five hours of data.

Ethical issues

Although the project was approved by Ethics Committee and voluntary informed consent was obtained, this does not prevent potential ethical issues from arising (McFee, 2010: 145). It is impossible to foresee, consider or predict all the permutations which might arise as a result of the research therefore ethical reflection is an ongoing process during the research (McNamee et al., 2007: 136). George revealed he had been sexually abused as a child and discussed a number of other incidents in which he was both a victim and the perpetrator of violence. Such matters had to be treated carefully. To some extent he censored his testimony omitting names and places when recounting such events. According to McNamee et al. (2007: 142) "…the more forthcoming the researcher wants the participant to be, the more stringent

assurances of anonymity need to be". Establishing trust was therefore crucial and involved giving assurances, extensive discussions and reviewing of the transcripts to ensure that no "identifiers" would make it into the public domain. George is not ashamed of his alcoholism, but was concerned about "breaking" one of the traditions (tradition 11) of Alcoholics Anonymous (AA) which advocates remaining anonymous at the public level[9]. He was also concerned about the impact any revelations might have on his family. Although there are numerous further ethical issues that could be discussed, including the nature of any power relations, doing so could "identify" him, compromise his anonymity and betray his trust.

George's Story

According to Gibbs (2007: 61), when people are telling their stories "they usually order their careers and memories into a series of narrative chronicles marked by key happenings". Atkinson (1998: 59) argues that the "story teller should be considered both the expert and authority on his or her own life". As such I present excerpts of George's story as much as possible in his own words and in chronological order. In choosing particular extracts, I am exercising my judgment that they are indicative and illustrative of important events and provide insight into his beliefs about his condition.

The early days and the identification of an "ism" or addiction-1

George's early life included a number of potentially traumatic experiences similar to those reported by Pickard (2011b), for example being sexually abused, bereavement, divorce, an aggressive bullying father; dyslexia, low self esteem and heightened self-consciousness. He didn't like school and describes himself as isolated, arrogant and disrespectful towards authority figures such as coaches and teachers:

> *I felt different I suppose, whether that's true or not - I can't tell that because I don't know how other people feel*.

> *I had this deep feeling of nothingness, a real scared feeling and I was unable to vocalise this stuff –not being particularly intelligent, frustrated and trying to get these things out. I couldn't speak to my mother and father because I felt they would brush it off*.

George believes that some kind of condition or an "ism" (alcohol-*ism*) predated the abuse and family dysfunction which exacerbated the "ism" rather than caused it. Escaping negative feelings became a preoccupation which manifested itself in anti-social and disruptive behaviour.

> *Whenever I would get asked to read out in class I would just have these almost panic attacks… I used to just walk out of the class or throw something or get really frustrated*.

He felt he was a "*slave"* to these painful and confusing emotions and the urge to escape was ever present. Like many good athletes, he was obsessed with his chosen sport from an early age and football provided an effective escape.

…as long as I had my football-my goalkeeping gloves at the end of the bed - I was happy

if it was summer holidays I would go down the football pitch and I would play from 9 or 10 in the morning until 10 in the night and come back filthy, stinking, and I used to hide the filthy clothes under the bed so my mother wouldn't see them...

George sometimes supplemented these behavioural coping strategies with substances:

When I was about 11 or 12 the stresses of not wanting to be in school and then not wanting to come home because of the fear around issues in the house led me to my first addictive experience. I didn't feel I could talk to anyone about these things, and I don't know why I did it - I just used to go home and inhale propellant from an aerosol in the toilet. I used to bite the top off, but I don't know, to this day how I worked it out because I never experimented with it with friends. Doing that was a form of escapism for me and I did it for a long time, probably a year or two.

One Christmas at his Grandmother's house when he was 8 years old he discovered that alcohol had similar effects. His description of the impact echoes Flanagan's (2011) and Rafalovich's (1999) comments above:

it lit me up in that way, …it made me feel, made me feel OK I suppose…once it had gone I was gutted

He developed a compulsion (powerfully described in the opening quotation) to repeat the behaviour. It wasn't the taste of alcohol that got him hooked but its effect:

I was always trying to get off my face, and I just thought it was something that people did. If I'm honest I didn't like the taste of alcohol, I used to find it disgusting and had to work hard to drink it

His obsessions and compulsions extended to other aspect of his life, especially if they made him *feel* better or boosted his ego in some way.

I was obsessed with being fit and how I looked because I felt that if I had a good image about me physically then that would make up for all the other things that I felt that I lacked

From an early age he talks of insecurity and painful feelings which he couldn't share. The pain made him lash out or "*act out"*, but it also drove him to use various strategies (including alcohol and sport) to change his mood[10]. Looking back he believes that when he used alcohol or other substances he had a different reaction "*once I put an addictive substance in my body it seems to trigger off a craving in the body*".

Football

George loved football, and despite his difficulties he set his mind on becoming a professional. Like many drawn to this vocation he was single-minded and obsessed with reaching his goal (Roderick, 2006a: 17):

> *… I used to write letters, hand written letters to every single club, 80 odd clubs and write for trials …*
>
> *I found one [letter] not too long ago and it was very simple the way it was written, 'can I have a trial at your football club please?' it was like a child really. I think my mother would look over them after to make sure there were no spelling mistakes and stuff.*

At 16 he secured a contract with a professional club (early 1990s). He left home and moved to a city to begin his career as an apprentice[11]. During this period he became a prototypical binge drinker fitting in with the apprentice ethos (Vamplew, 2005), but he doesn't blame the culture:

> *It's me as a person who would have gone out and got pissed not the club. The pressures of me drinking would have been through my own inabilities to deal with life.*
>
> *I would train obsessively 3 times a day and then I would have a massive blow out on the piss. It was something all the other apprentices did. I was doing what most lads do, go on the piss, pubs and clubs and stay out as long as we could trying to find all the places that would stay open as late as possible.*

There was little interference by coaches into their recreational activities. As long as drinking did not effect performance, the coaches were not particularly interested (unlike the experiences of professional players reported by McGillivray et al., 2005). As an apprentice he now had the freedom and the opportunity to drink away from the gaze of his parents and as a group of young sportsmen, they (apprentices) drank heavily, particularly after games (Black et al., 1999, O'Brien et al., 2010, Sparkes et al., 2007, Vamplew, 2005,).

His recollection of the drinking is dominated, not by fond memories of shared good times, but by a growing feeling of isolation and detachment:

> *The problem at that time was not so much the volume or frequency, but more how I felt inside. I don't know how others feel, but I certainly felt all these strange feelings like, I'd exposed myself, I'd made a fool of myself and I was second guessing everything trying to work out what had happened. I'd internalise everything trying to work out what others were thinking of me I suppose. I used to go to in my head and feel very lonely, very isolated, horrible feelings.*

His behaviour had a detrimental effect on his apprenticeship. He wasn't lazy or ambivalent; he took his football very seriously, but reacted badly to losses and criticism. Despite his commitment to training, he argued with managers, was disrespectful at his lodgings and at college:

I remember getting constantly told off for my behaviour, but that wasn't necessarily always alcohol based stuff but more to do with my arrogant sort of cocky way of being.

George didn't have a "good professional attitude" (Roderick, 2006a: 35). Although he worked hard and trained well, he didn't show the necessary respect for the manager. By the age of 19, George's faced the fate of the majority of young professionals, namely an ultimately short career because he was released by his club (Roderick, 2006b):

he [the manager] didn't like me and when he released me from the club I could see a wry smile on his face as well. I think he was, in some way, relieved to get rid of me because I was a complicated person.

at that point I can't blame alcohol for stopping my career in football, it was my own insecurity and arrogance

I asked George whether anything could have been done by the club to forestall his path to addiction:

I didn't have a head that was a greenhouse that they could look into me […] I would not allow others to get near me in that respect.

As mentioned most apprentices fail to make the grade, but George believes that he might have forged some sort of career had it not been for his attitude. His drinking never reached a level that interfered with his performance although a pattern of using drink to deal with his feelings advanced.

After Football

After his playing career ended, he explored coaching as a possible alternative. At the time the USA were due to host the World Cup and there were plenty of opportunities for young British coaches:

A few of us who went over and boy did that open my eyes to life. When we arrived we were met from the airport by a limousine which did my ego no good. There was a kind of press conference for players that came over and a big fuss was made of it all. The Americans might do this all the time but for me it was 'fucking hell, this is amazing', and in my head this is what life was about.

He believes that some of the social status and adulation (symbolic capital -McGillivray et al., 2005) he yearned for, but never got as a player, could be obtained in this new environment as a coach. It was short-lived, however, because in the USA he participated in the culture of binge drinking, partying and womanising with other young British coaches. This "calculated hedonism" which involved deliberate excessive drinking with the aim of getting "out of it" (Palmer, 2011:175) didn't fulfil its "bonding" function for George. He often got into significant trouble and again felt detached or isolated. In one episode he urinated in the house (over the

possessions of his landlady) during blackout[12]. At the time he boasted or laughed such incidences off, but in reality he felt a sense of guilt, shame and embarrassment. There were consequences in terms of punishment, but they had no effect because they didn't address the underlying cause of his behaviour (which he now believes to be alcoholism) and he always drank again.

With the discipline and routine of the football club gone, and his coaching career over, a chaotic period characterised by further stress, anxiety, fear and depression began (which George found difficulty in recounting with chronological accuracy). Retirement from sport might be associated with stress and anxiety, but it's not necessarily the cause (Coakley 1983). George (who differs from the athletes investigated by Lavallee et al., 1997) believes that retirement exacerbated pre-existing problems, but didn't cause them. Key events in the post-football period included becoming a father, marriage, divorce, a sequence of low skilled work (doorman, leisure centre attendant), training to be an actor, and a catalogue of drink and drug related violent and antisocial behaviour. Binge drinking gradually changed into the more familiar pattern of alcoholic drinking and addiction took hold[13].This period causes him particular discomfort and pain because his family and friends started getting hurt. There are too many incidents to narrate here, but one event which George used to illustrate his attitude at the time involved his daughter:

> *she [his 3 year old daughter] was crying her eyes out saying 'where are you going daddy'. All I felt was she was stopping me from doing what I wanted to do. And I remember saying to her 'what you fucking crying for? What's wrong with you?' That's how fucked up I was*.

George started exploring avenues such as psychotherapy and counselling for his "depressive head". It wasn't suggested to him that alcohol or addiction to alcohol might be the cause of his mounting problems (perhaps because like many addicts, he didn't tell the truth about his drinking at the time). Although he was drinking heavily (but not daily) in his early 20s, it was not clear to him, and certainly not to others that he was an alcoholic (or potential alcoholic). His lifestyle didn't ring any alarm bells. Heavy episodic drinking was relatively common, particularly among George's age group and peer group at the time.

Steep decline

Over the next few years (21-29) George's drinking got progressively worse, his life became more chaotic and his physical and mental health deteriorated. He started displaying more of the symptoms associated with alcoholism including; craving alcohol, daily drinking, drinking secretly, obsessing about access to alcohol, hospitalisations, suicide attempts, violence, verbal abuse, physical deterioration, experimenting with other drugs, criminal damage, intimidation and paranoia:

By this time my drinking had gone from more sensible types of drinks like beer, well it was always strong beers, to spirits because I wanted to drink as much as I could. At some points I was drinking probably 2 litres of vodka a day. I wasn't always drinking all day and to some extent I was still functioning to a degree and going to work.

I would still see my daughter a couple times a week so I would have a couple of drinks before picking her up and sometimes I would drive her around under the influence of alcohol

He sustained some semblance of normal behaviour, but this was increasingly punctuated by a range of incidents indicative of a person "*out of touch with reality*" and in significant distress:

My wife came back from work one day and I would be hanging out of the flat window by my feet virtually, ready to drop myself on my head. She is only small and would try to pull me back into the house. She didn't know when she came back whether I was going to be on the floor drunk or dead basically. Although I never beat her up physically the psychological abuse I used to put her through was unreal you know[14].

Eventually it was clear that drink was a significant problem. His family in general and his wife in particular tried numerous strategies to get him to stop, including drinking with him, trying to limit his consumption, and hiding his drink. He even attended a community alcohol team and managed to stop for 6 months, but:

Unfortunately I started drinking again. I thought if I just have a couple of bottles of beer, I'll be alright type of thing, the usual shit that I hear these days. Within a week I was on a bottle of vodka again. It got straight back into that cycle of where I left off

Any money I earned went on booze. I would use the banks, I would use my wife, I would use the shop, I would use my mother, I would use anything I could to drink, I'd steal I'd sell drugs I'd do things like that

In the end his wife discovered that there was a possibility he could attend the Sporting Chance clinic. She felt this might be the last chance for him because he was drinking himself to death.

I am very lucky when I look at it because my wife saved my life in a way. She has told me that she used to wish that I would die because I was in so much pain. She didn't mean it in a callous was, it was just she didn't want me to be in pain anymore. In the end I was physically very ill. I was pissing blood quite regularly now, shitting blood, coughing it up, I mean just before I went to treatment I was 19 stone 10, my face was yellowy orange, I looked like a pumpkin head -my head was like a fucking basketball!

The key difference for George was that this opportunity coincided with a realisation which he and other recovering addicts describe as a rock bottom (Rafalovich, 1999):

> *you talk about your soul, it was fucked it was like that candle that flickers and it's almost going out and that was it […]it's the jumping off place [described in the big book of alcoholics anonymous], rock bottom, […] and I was there, without a doubt I couldn't continue*.

The prospect of going to treatment gave him *"that little chink of hope"*. So in his late twenties about a decade after he finished with football, he became genuinely willing to do something about his addiction.

Recovery

According to Borkman (2008: 13):

> Recovery is a term used in AA (and now the larger recovery movement of other twelve step groups) to connate the process by which alcoholics become abstinent and undergo the self-hep/mutual aid journey to heal the self, relations with others, one's higher power, and the larger world (…) Recovery is a personalized and self-paced journey that is undertaken interdependently with one's alcoholic peers and follows recognizable general stages.

The term is now being embraced more widely outside 12 step groups. It features in the UK's most recent National Drug Strategy and includes the goal of abstinence and reintegration into society.[15] George's recovery began at the Sporting Chance treatment centre, but continues to involve implementing lessons learned there. Before entering the clinic he was given medication to prevent withdrawal related seizures (detoxed). George emphasises that the main therapists were recovering alcoholics who he could identify with[16]. His own "identity transformation" (Rafalovich, 1999: 134) from an active addict to a recovering addict began through a process of honest disclosure. Following 28 days of 12 step based treatment including group therapy, psychotherapy, alternative/complementary therapy and attendance at AA meetings in the evening[17], George returned home "sober", but was advised to continue attending AA meetings:

> *Recovery is, for me, something that is ongoing […] it's not something that is cured for me it's something that is in remission* […]*treatment sort of stopped me but AA keeps me sober if you like and I need to do that probably for the rest of my life.*

In addition to attending AA, he keeps in regular contact his counsellor from the Sporting Chance clinic (something the clinic advocate for all clients). Getting clean was difficult and he describes other obsessions and compulsions, such as smoking, food, exercise and work which he has had to deal with:

> *I put a substance in me; that addictive substance, this obsession of my mind and an allergy in my body starts off that cycle in motion. I don't think people who are not an addict or alcoholic or whatever have that because they can have a drink and put it*

> *down. I can't deal with life very well, and a lot of people can't who are not alcoholics as well, but the point is that if I deal with it in the way that comes natural to me, I die – Simple. And that's not dramatic that fucking happens all the time - so I have to look at ways of dealing with life in a different way and AA does that for me.*

George is clearly an advocate of the 12 step approach introduced to him at rehab. He needed an intervention and an ongoing programme. There are other ways to get sober (Landale and Roderick 2013) and some argue that addicts grow out of their addiction (Heyman, 2013). Heyman's (2013) claims refer specifically to drug addicts whereas Dawson et al. (2006: 824) (with a sample of 4442 individuals with alcohol dependence) found that seeking help increased the likelihood of recovery and that "Individuals who participated in 12-Step programs in addition to formal treatment had almost twice the chance of recovery" than those who received formal treatment alone.

Regrets

George no longer plays or coaches because they don't "*do it*" for him. He was committed to football and "*loved it*" at the time. He continues to feel a sense of loss because he has been unable to find something to replace what football gave him. He goes to watch sometimes, but:

> *When I'm standing in the crowd and watching it I do sometimes think what that would have been like for me if I was still doing it. But when I stand in the crowd and I listen to the way the crowd are towards the team and other teams – the real negativity and that – its pure bile and aggression a lot of the time, I don't feel comfortable there – I don't feel comfortable listening to it, I don't want to be part of that, it almost upsets me..*

George is now pursuing a career in counselling, continues to audition for acting jobs, helps a number of recovering alcoholics in his community, and has rebuilt relationships with his family. To that end, his is a story of hope.

Interpreting George's story

Flangan's (2011) discussion of *addiction -1*, and *addiction -2* provides a useful analytical framework for interpreting George's story. Throughout his story, George refers to an underlying, pre-existing condition which he calls the "*ism*" which captures the common phenomenon of addiction (*addiction-1*). He describes the "*ism*" in terms of an underlying feeling– sometimes fear sometimes anger, sometimes frustration, but which translates into an obsessive and compulsive personality. Flanagan (2011: 275) describes his fear as not having a specific cause, "It was more of an existential anxiety involving not feeling safe in my own skin – being scared *simpliciter*". It (*addiction -1/* "*ism*") appeared both to Flanagan (2011) and George to pre-exist any identifiable external cause. The original source of George's feelings is perhaps inaccessible to him, but might be symptomatic of an underlying personality

disorder which later developed into alcoholism (Pickard, 2011a: 182). The "ism" had two important consequences. First it contributed to further concrete fear, and secondly produced a series of (mostly) injurious behavioural and psychological coping strategies.

At times it seemed that his obsessive personality was beneficial. George's physical efforts embodied dedication, commitment and passion and brought about success on the football field. George now *sees* this behaviour, however, as another manifestation of the "ism"- of *addiction-1* in a range of compulsive and obsessive lifestyle habits and behaviours (perhaps symptoms of obsessive-compulsive personality disorder, Pickard, 2011a: 182). Excessive exercise and weight management was not considered problematic at the time, although anorexia, "muscle dysmorphia" (Pope et al., 1997: 550) and exercise addiction (Dunning and Waddington 2003: 363) are increasingly recognised as damaging conditions in young men[18]. Alcohol was one of many "chemical" solutions to his problems which eventually became his drug of choice[19]. There is a clear message in his story that a long time before alcohol became a problem, George was not well. His parents, teachers and coaches, however, could not *see* beyond the behaviour, 'they couldn't see into his head' so his problems went "undiagnosed". During his career George was never disciplined by his club for drinking *per se* because his drinking matched his peers (fellow apprentices). It's not surprising therefore that neither George nor those around him suspected he might be alcoholic because it took time for his use (*addiction -2*, his lifestyle) to resemble the 'traditional' portrait of the alcoholic. Whilst he was a professional for example, he maintained a disciplined lifestyle seemingly at odds with alcoholism[20]. Moreover, the social circumstances which are often suggested as contributory factors to alcoholism did not lead to his addiction. The dominant discourse surrounding individuals like Paul Gascoigne for example is that his alcohol problems may have been avoided had his retirement been managed better, or had he been given a "role" to replace football in his life (Gascoigne 2005). For George, his social circumstances may have affected the pace of his decline, but *addiction -1* (the "ism") could never have been resolved by a change in his circumstances alone. His underlying "problem" contributed to events, like the end of his career, and his use of alcohol as a solution inevitably exacerbated the "problem"[21].

Interrogating George's story

What can we learn from this account? There are two closely related ways to think of this issue. The first is whether or not George has he given an honest and accurate account of events and his "take" on such events (is this *really* what he thinks and believes, is that *really* how he felt)? McFee (2010: 77) argues that we should examine each case to see whether there are any reasons to doubt *this* particular account and:

> …we are better at doing so when we know well the person to whom we are speaking, and/or have mastery of the topic. Since we can often detect falsehood in general we need not worry on this score.

Assuming he is honestly recounting his story, the second issue is what can be learnt from it. George tells his story from the perspective of a recovering alcoholic following a 12 step philosophy[22]. To follow a popular metaphor, George is peering through certain lenses (or a 12 step 'paradigm') which determine how he sees the world. These lenses are different to those he saw the world through before recovery and might be different to how other addicts see things. Sparkes (1992: 12) in McFee (2010: 106) suggests that at a "fundamental level different paradigms provide particular sets of lenses for seeing the world and making sense of it in different ways". McFee (2010) argues that this cannot have been what Kuhn (1962) had in mind when using the term paradigm and the lens metaphor is particularly unhelpful. It implies that one can deploy a "number of lenses, perhaps for different perspectives" (McFee 2010: 106). On Kuhn's account, however, one of the lenses (inferior) would have been rejected. George is committed to the belief that his current way of seeing things is *better, superior, more informed* and not just different to the old way. Is he right?

George's insight into his addiction and recovery is informed by certain beliefs including.

a) Addiction is an illness over which he has no power[23].
b) Recovery and sobriety is possible if one accepts certain propositions and follows a certain course of action such as AA's 12 steps.

One way to assess the veracity of these beliefs would be to compare them with certain objective accounts of alcoholism (for example - is there evidence that addiction is an illness or does he believe a lie? Heyman, 2013). Another is to review the evidence for the effectiveness of 12 step recovery programmes (Best et al., 2008, Dawson et al., 2006, Galanter 2007, Marsh 2011). One might conclude that George has knowledge because there is independent evidence to corroborate his belief in a) and b). In other words, we can look to see whether George's beliefs correspond in some way to a reality independent of them. We might, however, discover that his beliefs do not correspond with the evidence so George's story becomes an interesting, but misguided opinion. The purpose of *this* research, however, was not (through the use of a case study) to prove a particular conception of addiction or recovery (Flyvbjerg 2006: 221), but to find out something about *this* person's addiction and recovery.

Nevertheless, we can still evaluate George's beliefs albeit against different criteria. Flanagan (2011: 291) argues that it "has proved useful for addicts to admit they are powerless..." (i.e. in the grip of a compulsive condition beyond their agentic control) over their drug of choice for at least two reasons. First experientially it seems true, each alcoholic has a dossier of evidence of their inability, despite their best intentions, to stop. Second, the behaviour of the addict is paradigmatically irrational; good reasons for stopping do not "find their way onto the motivational circuits as causes" (Flanagan, 2011:291). The goal of recovery (12 step based) is abstinence and the immediate concern is to establish "that very small zone of control between the addict and that first drink" (Flanagan, 2011: 291) because "If you take the first drink or drug, then the drink or drug is in control and you may not be able to stop"(Flanagan,

2011: 289). Understanding the cause is not as important as adopting the solution on offer. Such sentiments are echoed in the narratives of other recovering addicts. Rafalovich (1999: 134) reported that many recovering addicts subscribed to the "*fake it 'til you make it*" idea. So even if they did not believe in the tenets of the 12 step programme, it was prudent to follow it: "If you don't get this program, do what they told me to do when I got here (…) just do what all the other folks in here do" (Rafalovich, 1999: 150).

If we picture George at various points in his life asking – what is wrong with me? - How do I get sober? His new beliefs provide answers to such questions. They represent a kind of Aristotelian *practical* knowledge which enables him to make sense of his condition, pursue a course of remedial action, and live a good life (Aristotle, 1980: 143). Acquiring practical knowledge is a matter of emulation, habituation and practice[24]. If you want sobriety, do what sober people do, follow a programme and go to meetings. Practical knowledge is dispositional and evidenced by successful practice (it differs from theoretical knowledge both in terms of its acquisition and in terms of truth criteria [Wright, 2000]). Practical knowledge is also teleological – it is goal directed - and is evaluated in terms of its effectiveness at bringing about those goals. There is clear evidence that holding and acting on certain beliefs has brought about desired ends for George (which includes objective and measurable changes in his life). There are also changes in his subjective feelings – he feels better, happier, more contented. He has achieved these goals by adopting a view on alcoholism and by following a strategy for recovery.

Conclusion

Some key issues stand out in George's story. First, the idea that George suffered from some form of mental condition (ism – or personality disorder) which predated his use of alcohol. This was characterised by a sense of fear and anxiety which manifested itself in anti-social and obsessive-compulsive behaviour. This behaviour was indicative of his addictive predisposition, but difficult to see from the "outside" because it resembled certain negative character traits. Secondly, some of these obsessions served as useful coping mechanisms (including playing football and keeping fit). He discovered that chemicals (gas, alcohol and other drugs) also helped, but found that he slowly became addicted to alcohol and couldn't stop using it. Thirdly, although alcohol did not directly end his football career his "bad" behaviour meant he couldn't function effectively in the structured football environment. Finally, once the structure disappeared his alcohol use accelerated and life became chaotic. Despite having been out of professional football for over ten years he was eligible for admission to the PFA funded Sporting Chance Clinic. The opportunity coincided with his rock bottom and he became willing to recover. He learnt about his condition and developed an understanding which has enabled him to live a sober life. Whether any general lessons can be drawn from his account is unclear. Certainly the provision of treatment opportunities by sporting organisations was a concrete benefit in George's case. Perhaps raising awareness among those who deal with youngsters in sport that certain character traits and behaviour

might be indicative of more substantive issues might also help. Cultivating a culture where youngsters can share how they feel might also be important[25]. But as George said, people can't read minds and until he was ready to be helped, there was a limit to what others could do.

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[1] http://www.who.int/substance_abuse/terminology/who_lexicon/en/ accessed September 25th 2012.
[2] Currently there a thought to be 2 million members of AA worldwide http://www.alcoholics-anonymous.org.uk/About-AA accessed November 1st 2013.
[3] There is significant debate within and between disciplines about the nature and causes of addiction. It is beyond the scope of this paper to give the debate an adequate airing, but Foddy (2010), Peele (1985), Foddy and Savulescu (2006) and Poland and Graham (2011) among others provide an overview of some of the key issues and debates in particular conceptions of compulsion and responsibility. The argument touches on the ongoing philosophical debate between compatibalism and incompatibalism in the free will debate, see Levy (2006) and Levy and McKenna (2009).
[4] For example Knapp (1996), AA literature, autobiographies and first hand accounts in therapeutic contexts.
[5] There are of course important and perhaps insurmountable difficulties in getting at truth, but for McFee (2010) these are methodological difficulties. Such difficulties do not point us in the direction of truth denying epistemological assumptions. There is no space in this article for a comprehensive critique of recent subjective or truth denying approaches to qualitative research nor a defence of my preferred position (not least because both are complex and would take far too much time), but such an account would largely be repeating McFee's (2010) comprehensive and persuasive project. For further critique, see Eagleton (1996) and Norris (1997).
[5] See McFee (2010: 112-114) for an extended discussion on having confidence in our data.
[6] One of the sources used by Stewart et al., (2001) namely Lance Armstrong (2000) has been subsequently shown to have omitted significant and important aspects of his story from his autobiography (namely his systematic and long term use of banned substances). In his autobiography Gareth Thomas (2008), former Wales and British Lions rugby player makes no mention of his sexuality. Since its publication, Thomas has revealed how he hid his identity as a gay man from his family, team-mates and his wife throughout his professional rugby career at significant emotional cost.
[7] http://www.sportingchanceclinic.com/
[8]Tony Adams got sober through AA, but by making it public (in his book and in media interviews) that he attended AA, Adams (1998) is arguably breaking one of AA's most important traditions- to remain anonymous at the public level. George was keen not to do the same.
[9]http://www.alcoholics-anonymous.org.uk/?PageID=57 .
[10] George uses the expression "acting out" to refer to behaviour, usually negative and destructive, which arises from his underlying condition – the "ism".
[11] In the United Kingdom at that time the standard route into professional football was to sign a contract with a club as an apprentice at about 16 years of age. Apprentices would be poorly paid (certainly in comparison to current standards) and would be expected to undertake certain tasks at the club such as cleaning the boots of the senior players as well as study for educational qualifications.
[12] I asked George to explain what he meant by a blackout. It is not like passing out, it involves action, but with no memory of it "*a blackout I suppose when you're younger and you're drinking and alcohol affects your brain and there is a section of the night you don't remember, that's kind of a milder form of it or is a form of it but these blackouts were lasting sometimes days and weeks where I just couldn't remember anything and yet I was functioning*"
[13] A distinction is often drawn between the alcoholic and the binge drinker. Certainly in terms of AA literature, alcoholism is not defined either in terms of the amount or frequency of consumption, but rather in terms of the mental obsession (a need to drink alcohol because of the effect it has in relieving some form of mental condition) and the physical effects – the triggering of a physical craving to consume more alcohol over which the individual has little or no control. The WHO definition, similarly does not distinguish between the alcoholic and the binge drinker- the binge drinker may qualify as an alcoholic (under certain conditions).
[14] The woman George refers to as his wife was not his wife at the time nor is she the mother of his child. The relationship started fairly soon after his daughter was born and they were together throughout his worse years of active addiction and got married when George was a few years sober.
[15] See - Drug Strategy 2010: Reducing demand, restricting supply, building recovery: supporting people to live a drug free life. Annual Review May 2012: HM Government.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118345/drug-strategy2010-review-may2012.pdf

[16] The idea that one alcoholic can understand another in a way that non-alcoholics can't is given theoretical support by Nagel (1979) in his influential essay "what's it like to be a bat?" Nagel tackles the problem of consciousness and understanding other minds. The extent to which subjective accounts provide the listener with knowledge of "what its like for us" depends on how much subjects have in common. Nagel (1979:172) argued that:

> There is a sense in which phenomenological facts are perfectly objective: one person can know or say of another what the quality of the other's experience is. They are subjective; however, in the sense that even this objective ascription of experience is possible only for someone sufficiently similar to the object of ascription to be able to adopt his point of view – to understand the ascription in the first person as well as in the third, so to speak.

[17] See Borkman (2008) for an extended account of AA and its twelve step programme.

[18] See Vandereycken (2011) for a discussion about the medical status of muscle dysmorphia.

[19] The idea of choice here is perhaps misleading. Alcohol was the substance that 'worked' best for him- it was the one that provided the phenomenological result he was after. According to Flanagan (2011: 276) "addicts get addicted to substances (and processes) that produce heterogeneous kinds of good feelings".

[20] Even players who abuse alcohol may be able to continue with their careers often with little or no repercussions. In some cases they perform with significant quantities of alcohol inside them. Paul McGrath recalls such an occasion:

> I could actually play football under the influence. I remember (…) playing a match against Everton while still drunk. It was surreal. I was named man of the match that same day. I just felt unbelievably confident out there. I attacked everything. I went for balls I wouldn't normally dream of going for. I felt impregnable (McGrath 2006: 317).

[21] It is difficult to explain the way George uses the concepts of problem and solution, but the idea is that George experienced mental anguish and alcohol took this away. Unfortunately he couldn't stop drinking once he started (physical craving). His behaviour whilst drunk added to the anguish which further produced a need to drink thus perpetuating a vicious cycle. In the end alcohol was no longer a solution, but had become part of, if not all of the problem.

[22] The 12 step programme of recovery in general and its definition of alcoholism in particular are contested (Martin, 2006: 88, Poland and Graham, 2011, Foddy, 2011).

[23] A controversial and disputed claim discussed earlier.

[24] Alcoholics Anonymous describe their means of recovery as a programme of action.

[25] It seems that professional football clubs (at least the most financially well off) are increasingly employing lifestyle coaches, psychologists and other pastoral type roles to help youngsters. Moreover the PFA and the FA are highlighting the issue of mental illness and engaging in awareness raising campaigns to help tackle certain problems.