The meaningfulness of challenging the controlled drinking discourse. An autoethnographic study

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Abstract
Being able to control ones drinking is an expression of attitudes in most western societies towards the act of drinking, and if losing control, one breaks with these attitudes. This is what I call the "controlled drinking discourse." Loss of control can be understood as any drinking of alcohol which starts a chain of reaction that is felt as a physical and psychological demand for alcohol. This is a description of how I related to alcohol for years until a complete crisis of meaning in my life in 2014. In recovery research, different kinds of "doings" are well documented as meaningful, while meaningful ways of thinking is less explored. Ways of thinking is influenced by available discourses. Through an autoethnographic approach, I explore ways of thinking with use of an analytical framework focusing on the relationship between discourses, narratives, and small stories. I also discuss theories on non-drinking, alcoholism, and recovery. Doing a discursively shift in thinking by accepting that controlled drinking is not possible, is for me a meaningful and self-sustainable way of thinking, which keeps me sober and away from crisis of meaning in my life.

Keywords
Autoethnography, discourse, social construction, alcoholism, meaningfulness, crisis, meaning, recovery

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Introduction

This paper is part of my thesis by publication, in which I explore what people with mental health and/or substance use challenges find meaningful in their everyday life from a professional position (Tønnessen et al., 2023a) and a first-person position (Tønnessen et al., 2023b). As a continuation of these different positions, I now offer what I call a self-person position. I find the methodology of autoethnography to be well suited because of its focus on the "auto," which relates to one-self, the author's subjectivity and lived experience (Adams and Herrmann, 2023, p: 1).

I undertake an autoethnographic analytical exploration of a discourse that is dominant in most Western societies, namely, that of "drinking alcohol with control" (Bateson 1971; Denzin 1987a, 1987b). This discourse had major physical, mental, and spiritual consequences for my life for many years and contributed to my mental collapse in the summer of 2014.

Controlled alcohol drinking is viewed as an attractive and desirable social act in Western countries. For young people, being able to control the loss of control is the ideal (Measham, 2006). For the adult population, however, not being able to control one's drinking, breaks with what is considered socially acceptable (Bateson 1971; Denzin 1987a, 1987b). For me, loss of control means "any drinking of alcohol which starts a chain reaction that is felt as a physical and psychological demand for alcohol. Typically experienced as an inability to stop drinking after one drink and an inability to predict one's behavior once drinking begins" (Denzin, 1987a: 206). When drinking a glass with my friends, I have always wanted more. And because I was afraid of making a fool of myself, I always finished my drinking alone. This was during the active phase of my alcoholism; today I consider myself to be a recovering alcoholic. I follow Denzin (1987b: 11) in his definition of a recovering alcoholic as a once-active alcoholic who no longer drinks and who has undergone a radical transformation in identity while letting go of their past drinking self.

For me, being in recovery means not drinking alcohol, and my recovery is dynamic, processual and "living" in my everyday life. Each day I either lean towards staying a recovering, sober alcoholic or towards becoming an active, drunk alcoholic. This way of thinking is most meaningful for me because it keeps me from drinking. I used to have an "everyday drinking problem" that controlled my thoughts, actions, and feelings down to the smallest detail. My "everyday not-drinking solution" is helpful in guiding me through my daily life. The only limitation I have in my life is to avoid drinking.

I will never "recover" from my alcoholism, because for me recovery does not mean being cured ("recovered from"); it is an attitude and a way of living ("being in recovery") within the limitations of my alcoholism. Being in recovery is thus an ongoing journey rather than a destination, product, or result. I see recovery as a way of approaching everyday challenges in the context of "normal" everyday environments (Borg and Davidson, 2007; Deegan, 1988, 1996).

My process of recovery is personal, but it is also social in that it involves multiple interactions with people and with my surroundings, including material conditions (Klevan et al., 2021; Sommer et al., 2021). I am part of a community with others who regard

themselves as recovering alcoholics in the same way as defined by Denzin (1987a, 1987b).

Mine is just one story of recovering, and other completely different stories can be told. That being said, this paper will hopefully have implications for other people experiencing recovery. I offer what I regard as a meaningful way of thinking about recovery that can help people distance themselves from the controlled drinking discourse and find a more self-sustainable way of engaging in life. Perhaps, this paper can also have implications for practitioners and researcher`s second-person perspective. I highlight the importance of viewing the first-person perspective as living small stories to avoid constructing stiff, stable, and undynamic grand narratives or models for practice. Last, but not least, the paper may have methodological implications. With my choice of an autoethnographic methodology, I wish to contribute to methodological variation in the production of socially constructed knowledge about recovery.

Background

I draw on different knowledge in my analysis, combining my academic resources with my experience as a recovering alcoholic. As part of my scholarly training, I engage in different dialogues within the academic community, and as part of my lived experience as a recovering alcoholic I engage in different dialogues with other recovering alcoholics.

The use of academic resources in a scientific paper like this needs no rationale, but the use of lived experience does. Denzin (1987a; 1987b) argues that alcoholism must be studied as lived experience, what is often referred to as the "first person perspective" in recovery research (Brekke et al., 2017; De Ruysscher et al., 2017, 2019; Ness et al., 2014). Davidson et al. (2008) emphasize that it is the people with first-person experience who know best what living through and recovering from challenges means. The first-person perspective is about personal recovery, which is the person's own perspective, experience, active participation, and process (Oute and Jørgensen, 2021).

Within standpoint theory, the first-person voice is viewed as marginal and thus positioned. People in marginal positions can know different things—or know them better— than those who are comparatively privileged (Wylie 2003). Knowledge is situated, and members of historically and systemically marginalized groups have more credibility with respect to recognizing and identifying instances of oppression than others who are not members of those groups (Freeman and Stewart, 2020: 36). De Ruysscher et al. (2017) suggest that there is a lack of insight into the personal meaning and lived experience of people facing challenges that prevents us from understanding the underlying mechanisms of recovery processes. Uncovering the mechanisms in individual recovery processes can lead to greater understanding of what it means to "be in recovery."

Recovery and meaning in life

The theoretical thematic focus of this autoethnographic study is the relationship between recovery and meaning in everyday life. A sense of meaning in life is commonly understood to be essential for people (Csikszentmihalyi and Seligman, 2000; Frankl, 1959;

Wissing, 2014; Wong, 2012; Yalom, 2011). Research points to a mutually reinforcing connection between the experience of meaning and the experience of recovery. To experience recovery can promote meaningfulness (Pilgrim, 2009), and meaningfulness can promote recovery (Davidson and White, 2007; Deegan, 1988; Hipolito et al., 2011; Leamy et al., 2011).

Schnell (2009: 487) defines "meaningfulness" in life as "a fundamental sense of meaning, based on an appraisal of one's life as coherent, significant, directed, and belonging." She places meaningfulness on one end of a continuum, and on the other she places "crisis of meaning," that is "the evaluation of life as frustratingly empty and lacking meaning. Crisis of meaning is a strong predictor for both positive and negative well-being, and it is usually followed by a search for meaning" (Schnell 2009: 483).

While activities and "doings" in everyday life are well-recognized as sources of meaning for people in recovery (De Ruysscher et al., 2017; Ness et al., 2014), meaningful ways of thinking are less explored. Staying sober and in recovery requires me to "be my own therapist every waking hour of my life" (Denzin, 1987b), and I need a useful way of thinking in my self-therapeutic attempts. My aim in this paper is therefore to explore ways of meaningful thinking to promote recovery, formulated in the following research question: What are meaningful ways of thinking when one is a recovering alcoholic?

I intend to amplify what I view as a marginalized voice by providing some insight into my recovery. I focus on how rejecting the controlled drinking discourse has become a meaningful and useful way of thinking for me. I hope to offer an alternative discursive approach that might be useful for people who are controlled by alcohol, as well as for those trying to help the ones that are controlled by alcohol. I do not attempt to provide a generalized solution or a model that will fit all people battling with alcohol addiction because even though we, are often quick to assume that problems can be solved by the right therapeutic model (McNamee, 1996), models tend to simplify, and consequently something gets lost (Lauveng, 2020).

To answer the research question, I will do an autoethnographic analysis, which is more suitable for my purpose than other research methods (Adams and Herrmann, 2023, p: 2). I add an analytical layer to my personal story (Grant, 2017) by using a framework inspired by the relationship between discourse, narrative, and small stories.

Methodology

Autoethnography can be described as the art and science of representing one's life in relation to cultural expectations, beliefs, and practices through writing with the purpose of demonstrating a lack of awareness of a cultural discourse (Adams and Herrmann, 2023) or a dominant cultural narrative (Grant, 2022). There is a fundamental link between the "auto" and the "ethno" because what something means to an individual is dependent on the discourses available to them (Grant, 2010). Autoethnography can be used to subvert a discourse by providing an "insider" alternative to dominant narratives and offering "a self-narrative that critiques the situatedness of self with others and in social contexts" (Grant, 2022; Spry, 2001). I acknowledge a criteria of using theory in autoethnographic analysis (Muncey, 2010; Grant, 2019; 2023).

Theoretical analytical framework

Moving from Discourse to the telling of living, small stories

Bager (2019) and Gee (2014) makes a distinction between discourse with a small *d* and Discourse with a capital *D*. Perspectives that highlight Discourse tend to focus on the broader historical aspects of discourse, while perspectives on discourse study the smaller aspects of how meaning-making takes place in situated practices. Stories and discourses can be understood as drawing lines to broader narratives and Discourses (Bager, 2019). Small stories can be understood as the living small stories people construct about themselves and who they consider themselves to be (Bager and Lundholt, 2020; Bamberg and Georgakopoulou, 2008; Jørgensen and Boje, 2010).

Jørgensen and Boje (2010: 258) argue that broader dominant narratives create distance from the practical circumstances of everyday life and remove "the ambiguities, complexities, and paradoxes of living, day-to-day storytelling." Dominant narratives are "written by particular people in particular positions and privileging [sic] particular voices instead of others," thus leaving out, marginalizing, or overlooking some voices. Jørgensen and Boje explain that although the dominant narrative is hegemonic over living stories, these stories can be used to confront established, dominant narratives. Stories can also challenge the narrative tradition of representing texts as unified wholes with "one voice, one ethics and one essence." Narratives also impose a linear coherence of a beginning, middle, and end on stories, a structure that dominates the Western narrative tradition. Such a linear view overlooks discontinuity, fragmentation, ambiguity, difference, other voices, and complex interactions inherent in living storytelling. The notion of the living story is that it "is not finished, not whole, and still alive in the 'now' and 'here'" (Jørgensen and Boje 2010: 257).

My recovery process is filled with discontinuity, fragmentation, ambiguity, and difference, and so must my telling of it be. My living story starts, and it ends; it changes, it develops, it regresses, and it starts again. The act of authoring my story represents a transition from "living" to more still, stable "unliving," which means losing something. One way to try to overcome this problem of "capturing the story" might be to follow (Jackson 2013: 37) in privileging "storytelling over stories—the social process rather than the product of narrative activity." This is a difficult thing to do when writing but I will give it a shot.

The glasses on the table

My efforts to drink alcohol with control usually played out as follows:

The first glass on the table. For all of us.

The second glass on the table. For some of us.

The third glass on the table. Just for me.

The fourth glass can either be drunk in the toilet, from the bottle in my purse, or at home.

At home it is.

My friends say, 'Are you leaving so soon? That is a pity!'

As they always say.

I managed my drinking for years, or so it seemed for the outside. Not before I stopped drinking could I tell my friends the truth about why I always left early. When I start drinking, I cannot stop. Even though I give the impression of drinking with control, I always had to finish my drinking alone. I always left early.

I lived my life like this for years, repeating the same pattern over and over again. Gradually the meaningfulness of my life vanished and I finally decided to seek help from a therapist.

Search for meaning in 'controlled drinking'

My first therapist was a psychologist employed in a public psychological service. He was providing therapy within a therapeutic framework that one might call "traditional," in contrast to my second therapist who defines himself as an alcoholic. "Traditional" in this context means that the psychologist drew on his psychological training and not on his life experiences on with alcohol and addiction. The use of psychological theory and practice is commonly considered professional in this context, whilst the sharing of private life is unprofessional. He and I constructed the story of me being able to drink like him, that is to say with control:

In 2012, my first therapist told me that the truth is that I can control my drinking.

What a relief. No need to let go of my best friend.

Antabuse on Monday, Tuesday, Wednesday, Thursday. Drinking on Friday, Saturday, and Sunday. Gradually the therapist discharged me because I had learned to drink like him – with control.

Following Bager (2019), the therapy room can be understood as a situated practice where meaning-making occurs informed by *d*iscourses. Stories told within this context can be understood as "drawing lines to broader narratives and Discourses." Hare-Musti (1994:19) argues that "the therapy room is a mirrored room that reflects back the discourses brought to it by the people (the client and the therapist) in the room. Therefore, there is a predetermined content in the conversation of therapy provided by the dominant discourses of the language community and culture," and such "dominant discourses support and reflect the prevailing ideologies in the society." I can thus understand my therapist's controlled drinking *d*iscourse as situated within the therapy room and echoing larger societal *D*iscourses of self-discipline and self-control.

Crisis of meaning

My first therapist did his absolute best to help me. Unfortunately, his way of helping me only made my problem more severe and left me hurtling towards a "crisis of meaning," leaving my life frustratingly empty and lacking meaning (Schnell 2009). Before reaching my final stop, I found meaning in trying to drink with control (actually in alternating between controlled and uncontrolled drinking) but with every bottle I emptied, my life became emptier. According to Schnell (2009), and luckily for me, having a crisis of meaning is a strong predictor for both positive and negative well-being, and it is usually followed by a search for meaning. Striving to think and act in line with my first therapist's discourse had increasingly negative emotional consequences until I gradually fell apart. I reached a decisive moment—rock bottom—in the summer of 2014.

I was not able to control my drinking after all, and neither was I able to stop. I was defeated by alcohol, and I needed a different *d*iscourse, something other than the discourse of controlled drinking, to guide my life. I needed what Denzin (1987a) calls a radical break or rupture, which my second therapist helped me with when he suggested that I might be like him, an alcoholic. This therapist was employed at a private clinic. He was not trained and authorized as a psychologist, but he was a recovering alcoholic. The sharing of lived experiences, which are considered unprofessional in the therapeutic framework of my first therapist, is in this context expected from the therapist. The underlying assumption is that you can only help others if you have the experience yourself, an assumption which is not valid in the therapeutic framework of my first therapist.

Finding new meaning by giving up "controlled drinking"

My second therapist told me:

> *I used to wake up on Monday mornings, and every time I promised my wife that this was the last time. On Thursday, I could not recall the promise I gave my wife. On the following Monday I repeated the same promise to my wife.*

I told my second therapist:

> *I wake up, every morning, at half past four because I need to go to the toilet. First, I do not remember the previous night, but then the fear and anxiety hit me. I drank. Again. Leaving the toilet to have a cigarette on my balcony, I promise myself to not drink today. I believe myself.*
>
> *At lunchtime, the anxiety starts to disappear.*
>
> *In the early afternoon, I go out to buy just one more bottle of red wine. Always a bottle easy to recognize in any store (with a red tractor on it), costing an acceptable sum (not too expensive), and with a screw cap (easy to open fast), and I never do not drink that bottle.*

Then, my second therapist replied, "maybe you are like me, an alcoholic?"

Hearing the living story of my second therapist was eye-opening for me. It was a different story, and it was a counter-narrative told within a different discourse. Bager and Lundholt (2020: 168) describe counter-narratives as "stories that people enact, which are in opposition to more hegemonic and culturally created narratives." Counter-narratives stand in opposition to more solidified master or grand narratives, which represent more crystallized knowledge. My first therapist employed a grand narrative (enjoying alcohol) guided by a Discourse (of self-control) and thus helped me continue my battle with the bottle. Every week I came to his office telling the story of how I had managed in the battle since last time. My second therapist, on the other hand, shared a living story from his own life as a counter-narrative (being an alcoholic) guided by a discourse (that control is not possible), which eventually made me give up alcohol. He touched my beating heart and gave me a direction in which to search for new meaning in life. When he discharged me, my only task was to stay away from one drink: the first.

The telling of small stories and counter-narratives as identity construction

Bager and Lundholt (2021: 449, following Bamberg 1997; 2004) argue that small stories "can be hearable as both countering and supporting narratives and discursive formations." Small stories can be about personal identity and identity dilemmas, and about how subjects co-construct and co-create identity in everyday settings (Bager, 2019). My first therapist's controlled drinking approach supports the discursive formation of self-control and self-discipline. My second therapist's belief that control is not possible comes from a more silenced and marginal small story that counters the same discursive formation.

According to Bamberg and Georgakopoulou (2008: 393), different discursive pulls "are windows into two different master narratives (or dominant discourses), in circulation (…) that lead to different and competing positionings." For years I was maneuvering between two different discursive pulls (control vs no control), juggling two storylines (controlled drinking vs uncontrolled drinking) which led to me leading a double life.

Divided self and double life

Alternating between controlled and uncontrolled drinking made my everyday life double: being in control when with others, losing control when alone. More and more, I preferred the latter. This double life created an inconsistency and cognitive dissonance (Festinger, 1962) between my thinking and my acting. The everyday pattern of my life was a movement between not wanting to drink in the morning and actually drinking in the evening. I had what Denzin (1987a) calls an "alcoholically divided self," a self in grip of negative emotions due to my daily self-deception. This state of continuous self-deception and inconsistency between thinking and acting created great mental discomfort, which several doctors and psychologists diagnosed as anxiety and depression. This naming of my mental state never felt quite right, but I accepted the diagnosis. My life was locked in the alcoholic circle of existence because I could not help placing alcohol between myself and the world (Denzin 1987a). This circular condition was not a stable one because

alcohol finally overpowered me: I had become a woman who drank in ways-, at times- and in places where drinking was not socially acceptable.

When I began my academic career in 1994, I soon became interested in the idea of social construction. The self as something that represents a person's essence is rejected for the benefit of a self that contains a multiplicity of voices, and these voices are not necessarily in harmony (Gergen, 1991; McNamee, 1996). As my drinking progressed, I found myself in such an unharmonious state with a myriad of voices from professionals (through therapy and from self-help books), friends, family, and media fueling my self-discussion. My identity was in a way a truly socially constructed one: "continuously emergent, re-formed and redirected as [I moved] through the sea of ever-changing relationships" (Gergen, 1991: 139). The problem was that I was not an independent agent in my own life. An external force was in control and dictating my everyday thoughts and actions in the smallest detail. This commanding force made me listen to the voices that allowed me to drink, even when it was not socially acceptable, which resulted in the amplification of my everyday self-deceptive logic of drinking/not drinking.

Meeting my alcoholic therapist led me to choose an identity as an alcoholic. Embracing this identity for further discussion with both myself and others was harmonizing, calming, liberating and, most of all, meaningful. But it was also terrifying because if I was going to lock my essential self into the identity of "alcoholic," would it be necessary for me to reject the social constructionist epistemology? To view the self as having an essence is not in line with theory of social construction (Gergen, 1991).

Luckily for me, Romaioli and McNamee (2020) come to my rescue by giving social constructionist epistemology the criterion of utility. Ideas are socially and historically constructed, and the important thing is whether a given construction is useful in people's lives or not. When I choose to reduce myself to an essence (being an alcoholic), my problem with alcohol can be solved. However, I recognize that my understanding of myself as an alcoholic was socially constructed in an interactive dialogical movement (McNamee, 1996) with my alcoholic therapist—a most useful and meaningful socially constructed essence. In his article, "The cybernetics of 'self'. A theory of alcoholism" (1971), Bateson argues for what he calls "an alcoholic personality." He provides no explanation for or "cause" of this personality; instead, he uses the experiential epistemology of Alcoholics Anonymous to explain the alcoholic cybernetic self-system. He explores both why alcoholics continue to drink and solutions to stop drinking.

According to Denzin (1987a), a strength of Bateson's theory is that it situates alcoholism in a societal context. Bateson (1971) explains that the conventional logic in the Western world is that people have self-control and the ability to self-discipline and thus to control their drinking. This is not the case, however, for people who have the alcoholic personality. People with this personality have a sense of pride that keeps them in a symmetrical fight with the bottle.

Understanding my problem in terms of having an alcoholic personality and being stuck in a cybernetic self-system driven by a symmetrical fight between drinking/not drinking is helpful for me. Like Bateson, Denzin (1987a) describes this as a cyclical closed system. This construction has the potential to solve my problem (permanently) through the following logic: I am an alcoholic; therefore, I cannot drink; therefore, I do not drink;

therefore, my problem is gone. This logic contrasts the controlled drinking logic my first therapist applied, whereby I was doomed to lose because I had a "different personality" than him. Holding on to the first logic makes me what Vander Ven (2011) calls as a desistor, that is, a person who once drank but chose not to do so anymore.

Non-drinking research

Research like Vander Ven's, on non-drinking is limited in contrast to research on drinking (Herman-Kinney and Kinney, 2013; Advocat and Lindsay, 2015). A key theme in this research concerns peoples challenges with not-drinking alcohol in contexts where heavy drinking features prominently, and is focused on young people (Banister et al., 2019).

Advocat and Lindsay (2015) argue for the choice of not drinking to be against the dominant cultural logic. To make such a choice requires an explanation and strategies for managing to be sober in a context were one is expected to drink, thus non-drinking students take on different identities (Herman-Kinney and Kinney, 2013). One such identity is a positive non-deviant one, where drawing on support from others who are non-drinkers is viewed as helpful. I find my identity as a sober alcoholic to be such a positive non-deviant identity. Societal situations in my life are often centered around drinking, so I need a safe haven as described by Herman-Kinney and Kinney (2013). These are sober peer cultures to be safe in from the larger social structure of a "wet" society.

A meaningful connection against alcoholism

Bateson (1971) suggests replacing the alcoholic's symmetrical fight with a complementary relational way of being in context. The cybernetics of self thus provides the alcoholic with a complementary rather than a competitive way of being with others. This system of self-construction is proposed to me by others who have found a solution to their drinking problem. Relating to others in sober peer cultures (Herman-Kinney and Kinney, 2013) who have chosen the same way of thinking as I have supports my recovery. Being able to offer this solution to others in such cultures makes me feel like I am part of something greater than myself (Bateson, 1971).

Giving to others is a source of meaning in my life (Baumeister et al., 2013) and of what Schnell (2009, 2011) calls self-transcendence. Self-transcendence is "commitment to objectives beyond one's immediate needs," such as taking responsibility for societal matters unrelated to one's immediate concerns. Social commitment is a form of self-transcendence, which, like other sources of meaning in life, increases the likelihood of living a meaningful life.

Being part of something is also promoted as a solution to addiction by Hari (2015), who suggests that addiction is not an individual problem, but a problem of relations. Addiction happens when people are isolated, and being part of a community thus prevents addiction. Price-Robertson et al. (2017) argue that recovery is an inherently relational process because human beings are interdependent creatures. Replacing my former best friend (alcohol) with people in recovery brought fulfillment and new meaning to my life.

"I feared that I helped them not at all"

In relation to doing therapy with alcoholic patients at a hospital (in 1949–52), Bateson admitted decades later, "I feared that I helped them not at all" (Bateson, 1971: 440). Bateson explains how he changed his way of understanding alcoholism after hearing the thoughts of people in Alcoholics Anonymous. Consequently, Bateson worried about how he had previously tried to help alcoholics without understanding the mechanisms and logics of alcoholism and the alcoholic personality. Even though my first therapist did his best to help me, he actually contributed to keeping me in the fight with the bottle and made my alcoholism worse. It was my alcoholic therapist who offered me a solution that stopped the spiral.

I agree with Bateson`s suggestion that we can understand alcoholism differently and thereby create counter-narratives to challenge power relations in opposition to more hegemonic narratives (Bager and Lundholt, 2020). To understand alcoholism differently means to also acknowledge what Denzin (1987a) refers to as the spurious emotional understanding non-alcoholics have of alcoholics. These are interactional moments when individuals mistake their own feelings and understandings for the feelings of the other and interpret their feelings as the feelings of the other. There is a danger of using the wrong interpretive framework when one views another's experience not from that person's point of view but from one's own. I have written about this elsewhere (Tønnessen, forthcoming). (Deegan 1988: 14) argues that recovery cannot easily be grasped by professional language. It is like a shared secret between us that experience it. This secret cannot be fully understood by those who have not had this experience themselves. My second therapist shared this secret with me while my first therapist did not.

Bateson (1971) changed his way of thinking about alcoholism after hearing the thoughts of AA members. If professionals want to get closer to the secrets of recovery, I believe that this might require them to be willing to move to a different discursive level and to replace the controlled drinking discourse with other alternative discourses like the alternative discourse suggested in this paper, told through a counter-narrative of an alcoholic personality. McNamee (2015) argues that all social sciences negotiate ways of talking and acting in the world and therefore have moral and political implications. One might therefore ask what interests are at stake in upholding the discourse of controlled alcohol drinking.

Closing reflections

By using an autoethnographic analytical approach, I have told small stories of not being able to control my drinking. In this way, I disrupt the controlled drinking discourse because, as Jackson (2013: 25) says, stories may "call into question our ordinary taken for granted notions of identity and difference, and so push back and pluralize our horizons of knowledge."

I suggest a meaningful way of thinking about recovery that provides a self-sustainable way of living a sober life. In doing so, I hope to contribute to expanding the horizon of knowledge by moving from a closed cybernetic self-system in active alcoholism with a

constantly constricting spiral driven forward by the symmetrical fight with the bottle within the discourse of drinking with control into a more open self-system in sober alcoholism with a self-reinforcing spiral grounded in an acceptance of defeat in the fight with the bottle, within a counter-narrative of controlled drinking not being possible. This counter-narrative is an alternative discourse told through small storytelling.

When I manage to make this shift in my thinking, I am rewarded with a more a self-sustainable way of being in the world. By being part of something bigger than myself and letting go of my self-centered fight to drink like most people, I break free of a centripetal force that traps me in an existential crisis. If I start drinking again, I know that this cycle will resume and lead to a new crisis of meaning.

Jackson (2013: 44) writes that storytelling enables us to create a "necessary illusion," which can be essential for survival. In my case, a useful social construction that keeps me sober. Sharing my self-sustainable logic of thinking might be helpful for both people in recovery and the professionals who want to help them. The telling of living stories democratizes storytelling because it can be a tool to avoid privileging certain stories and silencing others (Jørgensen and Boje, 2010). Privileging counter-narratives of alcohol drinking, alcoholism, and recovery can challenge the Discourses around alcohol use, including the controlled drinking discourse.

The analysis in this paper challenges itself because to suggest that an autonomous individual (in this case me) can represent the "auto-" (self) in an autoethnographic approach might collide with an understanding of the individual as socially constructed in relation to others. Concerning the term "autobiography," Gergen (1991: 164) suggests the alternative term "sociobiography." Maybe the term "socioethnography" would have been more fitting for my methodological approach?

Following Grant (2010), who stresses that his intention is not to have the final word or achieve closure on the topics raised in his autoethnographic papers, I would like to emphasize that my intention is not to replace the controlled drinking discourse with a new dominant discourse. I simply aim to offer the sharing of one recovery story. Even though I share an identity with other sober alcoholics, I also take seriously Voronka's (2016) warning of the risks of "promoting notions of a shared universal identity" between "people with lived experience." Deegan (1988) argues that even though there are certain fundamental constituents of recovery, each person's recovery journey is unique. Against such a backdrop, I stress that my story is mine alone both in its similarities to and differences from other stories.

After spending years trying to live up to the expectation of being able to drink my glasses of wine with control, I found the rejection of the controlled drinking discourse to be lifesaving. The rejection opened up a meaningful way of thinking which help me to stay sober. My aim with this paper has been to explore ways of meaningful thinking that promote recovery as formulated in the research question: What are meaningful ways of thinking when one is a recovering alcoholic?

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