

# Self-Resolution of Alcohol Problems in Young Adulthood: A Process of Securing Solid Ground

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*Quantitative research findings suggest that young adults resolve alcohol problems without participating in support groups or formal treatment programs. However, researchers have failed to fully explain the self-resolution process among this age group. Thus, the authors used grounded theory to better explicate why and how young adults self-resolve alcohol problems. The findings suggest that self-resolving alcohol problems in young adulthood involves a temporal process of seeking and securing solid ground. This process is precipitated by situations in which individuals experience precarious footing and eventually begin to lose their balance. These culminating events lead young adults to pursue personal visions and find safe footing on solid ground, despite some rugged terrain along the way.*

A number of researchers have investigated problem drinking patterns using quantitative methods, and their findings illustrate that many individuals mature out of these problems as young adults (Bennett, McCrady, Johnson, & Pandina, 1999; Chen & Kandel, 1995; Miller-Tutzauer, Leonard, & Windle, 1991; Sher & Gotham, 1999). Research findings also suggest that weighty negative consequences (Bennett et al., 1999) and transitional events, such as getting married, increase the likelihood that persons will self-resolve drinking problems in early adulthood (Miller-Tutzauer et al., 1991; Sher & Gotham, 1999). Conversely, certain behavioral tendencies, such as high disinhibition (Bennett et al., 1999), novelty seeking, and psychoticism (Sher & Gotham, 1999), are factors that might help to explain why 25% of individuals aged 26 to 34 and 17% of persons aged 35 and older have drinking problems (U. S. Department of Health and Human Services, 1997).

Although these findings are enlightening, they do not fully explain why and how young adults resolve alcohol problems without seeking formal treatment or participating in support groups. In our literature review, we turned up no qualitative studies that focused on understanding the experiences of young adults from which clinical implications could be inferred. Thus, in an effort to explicate more thoroughly the self-resolution process among young adults, we conducted this grounded theory investigation.

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## METHODOLOGY

We selected grounded theory (Strauss & Corbin, 1998) as the basis for this investigation because preliminary evidence indicated that self-resolution of alcohol problems in young adulthood involves a process that parallels developmental events and evolves over time (Sher & Gotham, 1999). This project received Institutional Review Board (IRB) approval, and we placed announcements in a free advertising supplement that is widely distributed throughout a midsized community in central Missouri, United States. Individuals who had resolved their problems between the ages of 19 and 26 and had not participated in any formal treatment programs or self-help groups were encouraged to contact the researcher by telephone.

After explaining the study on the phone, we queried potential participants to confirm that they met the inclusion criteria as listed in the advertisement: They had experienced problem drinking habits for at least 1 year and had resolved their problems by abstaining or staying within empirically based moderate drinking guidelines for a minimum of 12 months. According to Sanchez-Craig, Wilkinson, and Davila (1995), evidence-based guidelines for moderate drinking are (a) no more than 3 standard drinks per day and 9 per week for females and (b) no more than 4 standard drinks per day and 12 per week for males. Provided callers met these criteria and continued to demonstrate interest in the study, we established a time to conduct an interview.

We explained the guidelines regarding participant anonymity and obtained written informed consent from all participants. Subsequently, we conducted tape-recorded interviews lasting between 1 and 2 hours in participants' homes or offices, in the principal investigator's office, or by telephone. In the interviews, we focused on the context and process in which alcohol problems emerged, persisted, and were eventually self-resolved. Specifically, we asked respondents how their drinking problems evolved and about factors that led to change, strategies used to alter and maintain new habits, challenges experienced throughout the self-resolution process, the role close associates played in the change process, and the outcomes of changing.

In addition to the selection criteria already outlined, we implemented theoretical sampling procedures as the data collection process progressed. For instance, although all respondents met the initial screening criteria, it became evident throughout the interviews that some individuals occasionally experienced some regressive behaviors. These interviews were included in the database, as we determined that they helped to reflect fully the progressive-regressive-progressive nature of the self-resolution process. We also decided to sample more women than men because their self-resolution trajectory appeared more complex. To accomplish this theoretical sampling objective, we issued IRB-approved advertisements specifically soliciting females.

Sampling ceased when coding categories were saturated; that is, their properties were well developed, they were fully dimensionalized, and no new perspectives were evident within the data. In addition, the process of self-resolution of alcohol problems could be constructed based on the emergent interactional relationships among categories, and omissions could not be identified inductively within the model.

Raw data, including verbatim transcripts and field notes, were imported into QSR NUD\*IST 4 Software (1997) and analyzed using open, axial, and selective coding (Strauss & Corbin, 1998). Data collection and analysis occurred concurrently, and we developed memos and diagrams to assist in explicating the self-resolution process.

## FINDINGS

Five males and 7 females ( $N = 12$ ) took part in this investigation. With the exception of one person who claimed Native American and European descent, the participants were Caucasian; they ranged in age from 25 to 54 years at the time of the interviews. Two participants had master's degrees, 5 held bachelor's degrees, 4 had attended college but had not earned a degree, and 1 was a high school graduate. On average, participants had experienced problem-drinking habits for 7 years. Their mean retrospective score on the Alcohol Use Disorders Identification Test was 25, which is well above the recommended cut-off score of 8 (Conigrave, Hall, & Saunders, 1995). Although alcohol misuse was the focus of this study, we discovered throughout the course of the interviews that 8 of the 12 respondents had also used or abused other drugs. In general, participants reported terminating their drug use and self-resolving their alcohol problems simultaneously.

### Securing Solid Ground: An Overview

Among the respondents in this study, self-resolving alcohol problems in young adulthood involved a temporal process of seeking solid ground. Many respondents described childhood and adolescent experiences in which their footing was precarious and they eventually began to lose their balance. These culminating experiences led them to pursue personal visions and find safe footing on solid ground, despite some rugged terrain along the way. This process is detailed in the next section and summarized in Table 1.

### Precarious Footing

Many respondents described growing up in challenging situations, which had resulted in precarious footing during crucial developmental years. Participants commonly acknowledged substance abuse problems among members of their families of origin. In addition, women in particular described challenging circumstances during their formative years, such as multiple marriages due to divorce or the early death of a parent, physical or sexual abuse, and teenage pregnancy. Participants frequently discussed experimenting with alcohol as children or adolescents, and they generally found it easy to obtain. One person explained, "I would just steal it from my parents. They had an unlocked liquor cabinet."

In general, very early alcohol use was perceived as fun, and it was largely associated with expressing rebellion and anger, seeking social acceptance, and/or thrill seeking. A young man described thrill seeking in the following way: "When I was

**TABLE 1: Process of Securing Solid Ground**

<i>Precarious Footing</i> →	<i>Loss of Footing</i> →	<i>Seeking Solid Ground</i> →	<i>Standing on Solid Ground</i>
Challenging developmental situations Family history of alcohol abuse Broken homes Abuse Teenage pregnancy Early alcohol use related to Availability Having fun, rebelliousness, anger, social acceptance, thrill seeking Feelings of being unloved, hopeless, directionless	Overall potential threatened by Risks to personal safety Financial struggles Work, sports, academic, and legal problems Alienation of others Mental, spiritual, and physical concerns Unwanted sexual experiences and pregnancies	Explore personal potential by Engaging in new activities Abandoning drinking friends Assuming responsibility Pursuing spiritual paths Dealing with past traumas Thinking of own welfare as well as that of others Assets Sense of personal value Problem-solving skills Adaptive formative experiences Personal vision Supportive others Rough terrain Distressful process Use of nonadaptive coping strategies Lingering problems, vulnerabilities, and intermittent regression	Fulfillment of personal potential Sense of physical, mental, and spiritual well-being

younger, I was not necessarily in search of God, but I was in search of the fear of God. The closer I got to being out of control, the happier I felt."

Feeling unloved, hopeless, or directionless, and/or needing to fit in, tended to promote or extend drinking problems. A young woman explained, "The guy I was engaged to for 3 years broke up with me, and I had no place to fit in. So, I started running with some friends that were older than me, and they would take me to parties." Similarly, another respondent described how his alcohol abuse continued during a time when he felt directionless.

It was getting late in my college career. I mean, what am I going to do? I stretched it out for five years. I didn't have anything to do. I didn't see anything in my immediate options that I was interested in. So, sure, college [and partying] is a life. I thought I'd drag it out as long as I could.

During the beginning stages of their alcohol abuse, respondents continued to maintain their footing, albeit somewhat precariously at times. As one individual put it, "I was functioning. I could have done better, but I was doing fine. I wasn't in danger of getting kicked out of school."

### Loss of Footing

Although individuals frequently talked about pivotal events that appeared to initiate the self-resolution process, they also acknowledged that the decision to change usually culminated over time. Cumulative threats to personal safety, financial struggles, difficulties at work, inability to play sports, slipping grades, legal problems, alienation of others, and mental, spiritual, and physical concerns gradually led to change. For instance, a female respondent described her loss of footing in the following way:

The car accident was probably the biggest wake-up call. If I'd lost my license, I would have lost my job, because I had to drive vehicles at work. I also had erosive esophagitis, where your esophagus is basically eating itself up. I just didn't want to be unhealthy anymore—mentally or physically.

Unwanted sexual experiences, unplanned pregnancies, and a sense of wasting valuable time also led to a loss of balance. Overall, respondents sensed their potential being threatened, and change was needed to regain their footing. As one young man put it, "I was seeing people that I had gone to high school with—people who I felt I could run intellectual and artistic circles around—achieving scholarships, grants, and going away to college. . . . People [were] moving on with their lives."

### Seeking Solid Ground

To regain lost footing and find solid ground, individuals began to earnestly explore their personal potentials. This included seriously engaging in school or volunteer activities; preparing for or taking care of a newborn; working, writing, painting, or playing a musical instrument; and becoming physically fit. Reciprocally, these activities tended to fill the void that alcohol and drugs had previously occupied. As one woman explained, "I came to school and got involved with an ethnic student

group, and then I got involved with the Women's Center. I was also involved with the theater workshop and Amnesty International. I was just saturating myself."

Finding solid ground was enhanced by abandoning drinking friends. As one young man explained, "When she [his girlfriend] got pregnant, I all but disappeared from the fraternity. You know, right there I knew I had a choice to make." Attempts such as this one to set priorities and take responsibility were common throughout the interviews. The following excerpt illustrates how one woman found solid ground by assuming responsibility:

I just came to the conclusion, number one, that I had to straighten my act up to live in the real world. That happened when I was put on academic probation. That was the turning point. When it comes to school, it's either you do, you put out, or you're out.

Other individuals found solid ground by pursuing spiritual paths. One person described his new-age spiritual experience:

I became a Reiki priest. It opened me up to a whole new level of understanding and . . . what I wanted to become. It kind of let me branch out and understand the world from another perspective. It gave me the structure I was really looking for.

A female respondent who searched the public library for books on spirituality stated,

I was curious about God. Why has he done all this? Why is he making me go through this? I mean, I lost my dad at a young age, and had such a life of holy shit. Brought up like crap. It's like, why? Through reading, I understood better.

Another way that female participants sought solid ground was by dealing with past traumas. A woman who had been molested as a child by her mother's brother noted, "The molestation was the core of the hurt. So, I told my mom I was having problems with that. And she was very, very loving and understood. She wanted to help me through that."

Throughout the interviews, it was clear that some respondents sought solid ground for the benefit of both themselves and others. This occurred among both males and females and was usually precipitated by an unexpected pregnancy. A male respondent explained how he changed his drinking habits after learning that his girlfriend was pregnant:

A real fatherhood instinct was instilled in me. I took a lot of pride in having a daughter, and taking care of her, and providing for her, and setting an example, and things like that. My children were really going to be a high priority.

Similarly, a female participant stated, "I had my body to take care of and my baby's body to take care of, and that's just about as important as it gets to me without being obsessive."

*Assets for seeking solid ground.* Despite the challenges involved in seeking solid ground, respondents appeared to have personal assets that assisted them throughout the process. These included supportive others, a personal vision, problem-solving

skills, adaptive formative experiences, and a sense of personal value. The following excerpt illustrates how valuing self tended to be an asset in the self-resolution process.

I think the most important thing for me was really beginning to acknowledge that I was a valid human being, and that I had thoughts and feelings and expressions that were going to be worthwhile. I think it's when you start to realize that you really have something to give to the world and to yourself, then all of sudden you don't want to do this destructive behavior anymore, because you don't want to shorten your life.

In general, the greater their capacity to solve problems and organize their lives, the easier it appeared for respondents to gain control and overcome their drinking problems. This appeared particularly true for individuals who began drinking relatively late (i.e., very late teens or early 20s), resolved their problem fairly quickly (i.e., within 1 to 3 years), and had cultivated a nondrinking lifestyle before developing a problem. As one participant put it,

It's kind of good that my parents were so strict, because I may not have known any different way. They showed me that you can have fun without that kind of stuff [alcohol] in your life. You know, we'd go camping or whatever. It was not taking a cooler of alcohol, you know. It was taking soda and stuff like that.

Despite not having these types of positive behavior-shaping experiences as a youth, a resourceful single mother illustrated that she had the problem-solving skills necessary to avoid alcohol. Although her financial situation was bleak, she procured a recreational outlet for herself and her infant in the following manner:

I went to the YMCA and asked them, if I babysat, could I have free membership? They did that for me, if I'd baby-sit during aerobics class. It'd be nothing to see me and the baby every weekend swimming or during the week swimming.

An important element of being able to problem solve and organize one's life tended to involve having a vision for oneself and embracing personal agendas. For example, a 25-year-old respondent stated,

I stand to inherit a pretty good amount of money someday, at least enough to make sure I will retire comfortably. I don't want to blow that. I'd like to have a family, and I'd like to have a family that isn't dysfunctional.

Conversely, for individuals who lacked a vision, an unexpected pregnancy tended to provide one. As one woman put it, "Before I got pregnant with my daughter, I didn't have a clue what I wanted." Another woman stated,

When I found out I was pregnant, that really made it much easier for me to quit, because I didn't want to do anything to harm my child. If I hadn't gotten pregnant, I would have continued doing it [abusing alcohol] for a longer period of time.

Providing individuals lacked some of the aforementioned assets, supportive significant others appeared to make up for some of these deficits. This seemed



particularly true among males. For example, one young man, who considered himself a fairly disorganized and directionless follower, credited his fiancée, later his wife, with being the key to his success. He stated,

If it wasn't for her, I probably never would have got my act together enough to apply to graduate school. I was just not good at sitting down and drawing out a plan. . . . What really made the difference was her ability to find the things in me that needed to be emphasized. You know, I needed to be directing my energies towards something productive rather than directing my energies towards drinking and staying put.

*Paradoxical nature of assets.* Although there are assets that seem to facilitate the self-resolution process, it also appears that some of these same factors initially enable the problem to emerge and help to maintain it for a time. For example, problem-solving skills were helpful when individuals were trying to return to school or navigate through public assistance programs; however, as the following interaction illustrates, this and other related assets might have delayed initiation of the self-resolution process.

*Interviewer:* Do you feel in some ways that your intelligence allowed you to get as deeply into drugs as you did because you were able to function?

*Respondent:* I'm sure it did. I had plenty of friends that were doing the same amount of drugs as I was, and they weren't even near coherent.

Another self-disciplined and resourceful individual delayed acknowledging her drinking problem because she was always able to maintain a job. She stated, "I thought what I was doing was very normal. I never lost a job over drinking."

*Encountering rugged terrain.* On the whole, the process of securing solid ground was perceived as depressing, lonely, and difficult. One person simply characterized it as "a bummer." Another respondent talked about being depressed: "I slept a lot. I was depressed, so, I slept a lot. I kind of figured if I sleep 12 hours, that is a whole half a day. I only have 12 hours to deal with stuff." Another person characterized the process as lonely and difficult: "You become secluded because everybody remembers you as being such a party animal and so much fun when you drink. It was very difficult for me." A woman who became a single mother and simultaneously self-resolved her problem stated, "It's hard as hell. I mean, we were on food stamps, and I didn't like that, welfare. I cried my eyes out because I tore myself away from family and him [her partner]. I was terribly lonely."

A number of women experimented with nonadaptive coping mechanisms to independently resolve their drinking problems. In particular, they tended to develop eating disorders of various kinds. One woman captured her experience in the following words: "I turned to eating. I was very small, very small. I'd say maybe 105 pounds, and during my pregnancy, I gained 100 pounds. I did nothing but sit around, watch TV, and eat."

Even after resolving their problems for a time, individuals were sometimes confronted with circumstances in which they felt at risk for returning to their old drinking habits. This tended to be the case during periods of distress, uncertainty, and hopelessness. For example, one respondent felt somewhat hopeless when he graduated



from college. He explained, "I just got totally lost when I graduated from college. I was staring reality in the face."

Overall, the individuals in this study believed that their drinking problems were either fully resolved or greatly improved. However, it was clear that several were still grappling with various degrees and types of drug abuse tendencies and depression. For example, a 26-year-old respondent explained during his interview,

I got the rest of my life now to just work everyday at a job I'm probably going to hate. I mean I ain't got nothing to look forward to. You know, what am I going to hurt if I have a few beers? There have been times when we went camping and [I] got drunk and stuff, but nothing like the way it used to be.

Similarly, a 37-year-old female stated, "I mean I abuse it [alcohol] occasionally, but not nearly as frequently as I did in my mid-20s. I mean you get around new people, and I hadn't done that in so long, and it's like this is fun."

For most respondents, other drug use was extinguished as their alcohol abuse was brought under control. In at least one instance, however, marijuana and cigarette use continued. The following excerpt captures the essence of this situation:

I am still smoking pot. More than anything, it is actually an extension of cigarettes. It calms me down a little bit more. I don't smoke on my way to work, or I don't smoke at work or anything like that, but when I'm unwinding, it's my casual drink so to speak. I don't know that I will ever not smoke pot. Both my parents still smoke.

Similarly, some women admitted that instead of drinking, they would now overeat and/or overextend themselves financially. One woman described her tendencies in this way:

Isn't that terrible? I'll shop. I know that I'm really bad about that. If I'm really, really down it's the same old thing, I go get something to eat and then go buy something—go shopping, which makes us in debt.

## Standing on Solid Ground

Among those individuals who had most fully resolved their alcohol abuse and other residual problems, there was a sense that they were standing on solid ground. Individuals expressed feelings of self-satisfaction, confidence, and optimism. One person noted, "It's a realization of my ability. I consider myself ahead of the curve in a lot of aspects. I'm able to realize my full potential as a sober person." Another person stated, I feel much more empowered. I feel like I'm more in control of my own life. I feel very strong."

Standing on solid ground meant improvements in one's physical, mental, and spiritual well being. For example, a woman who was in her late 40s at the time of the interview talked about how several dimensions of her life had improved over time.

I went from focusing on the physical body to focusing completely on the spiritual, and emotional, and intellectual self. And then I just let the physical body go. And so now, I'm trying to do a marriage, you know, our physical bodies are so important, and we have to take care of it. I mean we have to treat it as if it's precious, and so now it's finally coming back through with that.

As one individual gained control of her drinking problem, she also felt she could make a positive contribution to society. She stated, "I am doing something with my life, and I hope I will help the next generations. I don't think I'm quite as selfish as I used to be."

## DISCUSSION

### Conclusions

Among the respondents in this study, self-resolving alcohol problems in young adulthood involved a temporal process of securing solid ground. Many respondents described childhood and adolescent experiences in which their footing was precarious, and they eventually began to lose their balance. Loss of footing led them to realize that their overall potentials were threatened, and efforts to seek solid ground ensued. This was accomplished by engaging in new activities, abandoning drinking friends, assuming responsibility, pursuing spiritual paths, dealing with past traumas, and thinking of their own welfare and that of others. Although paradoxical in nature, assets such as a sense of personal value, problem-solving skills, adaptive formative experiences, personal visions, and supportive others assisted in the self-resolution process. Despite some rough terrain along the way, individuals gained a sense of standing on solid ground, which involved the fulfillment of their personal potential and a sense of physical, mental, and spiritual well being.

### Clinical Implications

It appears that several factors can make individuals vulnerable to developing drinking problems in young adulthood. Clearly, a family history of alcohol problems, having alcohol readily available, stressful childhood experiences, and feeling unloved, hopeless, and directionless appear to precipitate alcohol abuse. Although it is beyond the scope of this work to fully comment on these monumental familial and societal problems, public awareness and avoidance of these circumstances has the potential to reduce the occurrence of alcohol abuse in young adulthood.

Providing antecedents to alcohol abuse problems exist, efforts that bolster individuals' unique strengths, encourage the formation of personal visions, and foster the development of healthy supportive relationships can prevent the development of additional problems. Intervention efforts such as these seem particularly well suited to mental health care providers. However, parents, grandparents, teachers, coaches, spiritual guides, and other adults who routinely interact with youths in their formative years can play valuable roles in preventing or truncating alcohol abuse problems.

From both prevention and treatment standpoints, it is interesting to note that personal assets appear to play a role both in the development and in the self-resolution of alcohol problems. For example, when participants felt unloved, hopeless, or directionless, assets such as problem-solving skills appeared to make it somewhat easier to develop and maintain excessive drinking habits. Conversely, when individuals were constructively focused on achieving a valued personal vision, these same assets appeared to assist them to overcome barriers and resolve

their drinking problems. Thus, the complex and paradoxical nature of assets speaks to the paramount importance of being goal-directed and to the role mental health professionals and other influential adults in the community can play in assisting adolescents to clarify their values, beliefs, and personal objectives.

Although all participants stated that they currently abstained or met the criteria for moderate drinking on entering the study, it was clear that a few persons still experienced abusive episodes. Furthermore, a number of respondents reported using nonadaptive coping strategies and/or suffering from varying degrees of depression. Thus, even though individuals may attest to having resolved excessive drinking habits in young adulthood, health care providers must be aware that underlying issues might still be unresolved and that intermittent drinking problems or other nonadaptive behaviors may persist.

When this situation occurs, it might be prudent for health care providers to consider whether individuals have explored all the adaptive coping strategies outlined by respondents in this study. For example, helping individuals deal with past traumas or discussing spirituality within a holistic plan of care can help them achieve an optimum sense of well-being. In addition, it should be noted that several respondents in this study admitted to taking psychotropic medications at some point; thus, diagnosing and treating concomitant psychopathology should be a priority.

### Research Implications

Findings from this project are not widely generalizable; thus, it is important that additional studies be carried out. This is particularly important because the self-resolution process appears to differ between young and older adults. For example, support from significant others, working through past traumas, developing personal visions, and resolving problems for others seem to foster the self-resolution process among younger individuals, whereas these factors do not appear to be as significant among older persons (Finfgeld, 1998, 1999).

Several other findings from this project should also be the focus of subsequent studies. First, because having a clear personal vision appears to play a significant role in the self-resolution process, identity development should be a priority area for future exploratory and intervention studies. Second, differences between males and females should be examined further, as men appear to benefit more from supportive interpersonal relationships and to be less affected by past traumas than women are. Third, individuals seem to supplant excessive drinking with other self-destructive habits, and this phenomenon needs to be investigated further.

Although 5 participants in this study held bachelor's degrees and 2 had completed master's degrees, it cannot be assumed that educational, and presumably other circumstantial or demographic advantages, assisted them in their self-resolution process. Rather, it appeared that internal assets, such as adaptive personal visions, were antecedents to self-resolving alcohol problems and earning educational degrees. In short, circumstantial and demographic factors should be explored in greater depth to determine how they affect the self-resolution process.

The paradoxical nature of personal assets also requires additional examination. For example, problem-solving skills appeared to both prolong drinking problems and hasten their resolution. Participants also suggested that assets ranging from innate intelligence to financial security could function in a similar manner. Thus,

these and other complex dynamics should be explored in greater depth to better determine how they may help to initiate, maintain, and self-resolve drinking problems.

In summary, findings from this study add considerable texture and depth to the quantitative findings related to self-resolution of alcohol problems among young adults (Bennett et al., 1999; Chen & Kandel, 1995; Miller-Tutzauer et al., 1991; Sher & Gotham, 1999). Specifically, self-resolving alcohol problems and other tangential problems appear quite challenging for persons in this age group. Therefore, perhaps terms such as maturing out do not do justice to the skills and fortitude needed to overcome these difficulties independently. For this reason, perceptions of care-free young adults "sowing their wild oats" might need to be replaced by more accurate interpretations of what it is truly like to seek and secure solid ground.

## REFERENCES

- Bennett, M. E., McCrady, B. S., Johnson, V., & Pandina, R. J. (1999). Problem drinking from young adulthood to adulthood: Patterns, predictors, and outcomes. *Journal of Studies on Alcohol*, 60, 605-614.
- Chen, K., & Kandel, D. B. (1995). The natural history of drug use from adolescence to the mid-thirties in a general population sample. *American Journal of Public Health*, 85, 41-47.
- Conigrave, K. M., Hall, W. D., & Saunders, J. B. (1995). The AUDIT questionnaire: Choosing a cut-off score. *Addiction*, 90, 1349-1356.
- Finfgeld, D. L. (1998). Self-resolution of drinking problems as a process of reinvesting in self. *Perspectives in Psychiatric Care: The Journal for Nurse Psychotherapists*, 34(3), 5-15.
- Finfgeld, D. L. (1999). Self-resolution of alcohol problems as a process of investing and re-investing in self. *Archives of Psychiatric Nursing*, 13, 212-220.
- Miller-Tutzauer, C., Leonard, K. E., & Windle, M. (1991). Marriage and alcohol use: A longitudinal study of "maturing out." *Journal of Studies on Alcohol*, 52, 434-440.
- QSR NUD\*IST 4 [Computer Software]. (1997). Victoria, Australia: Qualitative Solutions Research Pty Ltd.
- Sanchez-Craig, M., Wilkinson, D. A., & Davila, R. (1995). Empirically based guidelines for moderate drinking: 1-year results from three studies with problem drinkers. *American Journal of Public Health*, 85, 823-828.
- Sher, K. J., & Gotham, H. J. (1999). Pathological alcohol involvement: A developmental disorder of young adulthood. *Development and Psychopathology*, 11, 933-956.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: Sage.
- U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services. (1997). *National household survey of drug abuse*. Retrieved June 8, 2000, from <http://www.samhsa.gov/oas/nhsda/1997main/nhsda1997mfweb%2D65.htm>

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