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RESEARCH ARTICLE

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Aging successfully, but still vulnerable: Late life experiences of older adults who have recovered from alcohol use disorder

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Abstract

Objective: The population of older adults suffering from alcohol use disorder (AUD) is increasing worldwide. Recovery from AUD among older adults is a challenging process which can lead to amelioration in these individuals' physical, mental, familial and social domains. However, little is known about the life experiences of older adults who have recovered from AUD.

Method: A qualitative-naturalistic approach was implemented. Semi-structured in-depth interviews were conducted with 20 older adults, age 60 +, who had recovered from AUD for periods ranging from 1 to 9 years.

Results: Three main categories emerged from the content analysis: a) Regrets, self-forgiveness and a desire to remedy past wrongs; b) successful aging and eagerness to live; c) enduring challenges. These categories reflect the complex and multidimensional experiences of older adults who have recovered from AUD.

Conclusion: Older adults who recover from AUD report experiencing successful aging. They are willing to engage in new ventures in late life, live actively and age healthfully. However, despite their positive outlook, older adults recovering from AUD are a vulnerable population, especially when they experience marginalization as post-AUD older adults. This underscores the need to reach out to this population and the host of challenges they face to provide supportive treatments and interventions from interdisciplinary professionals who can guide their recovery from AUD and help them flourish in late life.

KEYWORDS
alcohol use disorder, older adults, quantitative study, recovery

Key points

- Older adults who have recovered from AUD can age successfully and are eager to live, but also have to deal with enduring challenges in late life.
- Despite their positive outlook, older adults recovering from AUD are a vulnerable population.
- Supportive treatments and interventions from interdisciplinary professionals are needed to help them recover from AUD and flourish in late life.

1 | INTRODUCTION

The population of older adults suffering from alcohol use disorder (AUD) is increasing worldwide, in tandem with the demographic rise in the number of older adults.[1] The DSM-5 defines AUD as a problematic pattern of alcohol use, leading to clinically significant impairment or distress. A diagnosis of AUD must involve at least two of the 11 criteria, within a 12-month period, and has three levels of severity: mild, moderate and severe.[2] People with AUD suffer from physical and mental health as well as family and social problems.[3] They tend to be less involved in social life, are marginalized from the community, prompt social rejection and negative feelings, experience severe public stigma, and are at risk of institutional discrimination.[4]

Older adults with AUD are often underdiagnosed and untreated.[5,6] They experience physical decline and suffer from comorbid diseases, as well as psychological and social problems.[7] Thus, the diagnosis and treatment of AUD is critical for older adults and their families and should include physical and psychosocial assessments and interventions.[8]

Older adults with AUD are a heterogeneous group: some began to drink at an early age (early-onset drinking) and experienced several episodes of recovery whereas others started drinking in middle age; yet others began to drink in late life (late-onset drinking) as a result of a crisis such as loneliness, illness, bereavement or even retirement and a shrinking social network.[9,10]

The concept of recovery from AUD had expanded in recent years beyond abstinence and is now considered to be a holistic process that comprises an improvement in a wide range of life domains such as personal growth, physical and mental wellbeing, as well as social and community involvement.[11,12] Most studies exploring recovery from AUD among older adults deal with treatment.[13–15] The results of a study that compared 208 older patients with AUD aged 60–82 to younger patients to examine drinking outcomes after 6 months of treatment, showed that older patients who received psychosocial treatment achieved better outcomes than the younger patients.[16] Studies on older adults treated for AUD suggest that older adults define their main goals during recovery differently. People aged 60 and over with very late onset AUD tend to choose temporary abstinence as a treatment goal whereas people below 60 with early or mid-age onset of AUD tend to choose abstinence.[17] Studies on older adults with long-life AUD point to a decline in alcohol consumption with age.[18] Even when older adults are abstinent or successfully cut down on their alcohol consumption, they still face specific health problems.[19]

One of the key concepts in the recovery field is the notion of recovery capital (RC). RC characterizes the internal and external resources individuals use and/or have access to throughout their recovery process.[20] Age is considered to be a component that can either enhance or hinder recovery capital. Hence, the period of late life inherently has both positive and negative implications with respect to a recovery capital.[20]

A number of theories have been developed to characterize the social and psychological facets of late life to better explain how older adults deal with functional and health decline but can continue to thrive. These theories can help us understand the experiences of older adults who have recovered from AUD. An early theory, that dates back to the first days of gerontology is Cumming and Henry's (1961) Disengagement Theory.[21] It posits that disengagement is a normal and inevitable process in which the relationship between the older adult and other members of society is interrupted or changes in quality. The main assumption is that the skills of the older adult decline, there is a withdrawal from social obligations, and a detachment from the society.[21]

By contrast, the more recent Theory of Successful Aging put forward by Baltes and Baltes (1990)[22] views the process of aging as ongoing throughout the life span and includes three main mechanisms of development they term Selection, Optimization, and Compensation. Selection refers to preferred or possible areas of functioning, as a result of changes in personal and environmental resources. Optimization has to do with the use of available resources and Compensation deals with backward or lost functions. These three mechanisms reflect a reorganization of forms of adaptation that utilize the reserves of energy and resources of the older adult.[22]

Previous studies have shown that AUD affects older adults throughout the life course in several ways, and that recovering from AUD is a challenging process.[8,23] However, to the best of our knowledge, no studies have focused on the experiences in late life of older adults who have recovered from AUD, from their point of view. Understanding their experiences in late life is likely to help develop interventions and services that can contribute to their recovery from AUD. This study was designed to take the first steps toward a better understanding of the late life experiences of older adults who have recovered from AUD.

2 | METHOD

2.1 | Design

A qualitative-naturalistic approach was implemented guided by the view that individuals have their own holistic interpretations of human phenomena.[24] This method can be used when the goal of the study is to understand a phenomenon in its more naturalistic setting.[25] This approach is usually employed when little is known about a phenomenon. This methodological approach was applied in the current study since it provided the opportunity to explore the perspectives of older adults who have recovered from AUD, in their own voices and in their natural environments.

2.2 | Participant selection

Participants were recruited through criterion sampling[26] from six treatment centers for individuals with AUD across Israel that are specialized in the treatment of persons with AUD. The inclusion criteria were: 1. Aged 60 or older; 2. Having been diagnosed with

AUD at any time in their lives; 3. Individuals who were in recovery from AUD at the time of the study; namely, met two or more AUD DSM-5 criteria in their lifetime, but met zero or 1 AUD DSM-5 criteria in the past year,[2] and self-reported having been abstinent for at least 1 year or more. Meaning that an objective and subjective measure of recovery were used to ensure that participants were in the recovery process. 4. Hebrew speakers. The exclusion criterion was cognitively impairment.

The research team contacted treatment centers that agreed to collaborate to recruit participants. Social workers and administrative staff from the treatment centers where participants had been or were still in treatment asked potential participants whether they would be willing to take part in the study. They explained that participation was voluntary, and that their decision to participate or not would not affect them in any way. After obtaining their initial consent, the first author contacted them to re-explain the aim of the study and confirm that they met the inclusion criteria (e.g., recovered from AUD). Interviews were only scheduled with participants who met these criteria. The interviews took place in places at times that were convenient for the participants in cafes, city parks or at the participants' homes. The researcher explained the aim of the study and underscored that the data were confidential and that all the information provided would be used for research alone. All the participants signed consent forms. The names of all participants have been changed to ensure confidentiality, and appears as pseudonym in the results. This study was approved by the Ethics Committee of the authors' university.

2.3 | Data collection

In-depth semi-structured interviews were conducted by the first author. Participants were asked about their recovery experience, and in particular the way they experience it as older adult. For example,: "Please describe what it is like for you as an older adult who has recovered from AUD?" "How have you experienced recovery later on in life?" "Which resources are available to you as an older adult who has recovered from AUD?" The interviews lasted between 40 min and 1.2 h, and were conducted in Hebrew from May 2021 to December 2021. After 20 interviews sufficient information power[27] was obtained. All the interviews were recorded and transcribed by the first author. The main categories were translated into English.

2.4 | Data analysis

A conventional content analysis was conducted, as defined by Hsieh and Shannon (2005),[28] which is considered appropriate when the research literature on a phenomenon is scarce.[28] The researcher does not make any prior assumptions about the phenomenon[26] and does not impose pre-conceived theoretical perspectives.[28] The analysis consisted of five steps[28,29] 1. Familiarization with the data: both researchers read the transcripts of the interviews individually; 2. Generating initial codes, which included 222 codes; 3. Codes were sorted into categories based on how they related to each other. 4. The categories were then reviewed and grouped according to similarities in content. This stage produced 58 categories and subcategories which were combined and organized into a smaller number of categories; 5. Defining and attributing labels to the three main categories that reflected the experiences of older adults who recovered from AUD.

In order to enhance the rigor of the study's findings, the researchers took several steps as suggested by Shenton (2004):[30] 1. The texts were coded independently by both authors, who made comparisons to ensure that the codes reflected the research question; 2. The first author condensed the codes into broader sub-categories and categories which were verified by the second author 3. Both authors discussed the categories until they reached a consensus that they were clear and included the information provided by participants; 3. The entire process of research and analysis is presented to the reader in detail. The data analysis was conducted with MAXQDA software.[31]

3 | RESULTS

3.1 | Participants

Twenty older people (10 women), mean age 67.8 (SD. 5.5, range 60–78) took part in this study. They had a mean of 11.9 years of education (SD. 2.9, range 8–17); two were single, seven were divorced, eight were married, one was living with a partner and two were widows. 19 had children, 10 were employed and 10 had retired. The mean duration of AUD was 23 years (SD. 14.8, range 2–50), and the mean duration of self-reported abstinence was 4.2 years (SD. 2.4, range 1–9). Nineteen of the participants were diagnosed as having AUD before the age of 60, and only 1 woman after the age of 60. We screened the participants for AUD according to the DSM-5 criteria,[2] as related to lifetime (to make sure they had AUD), and the previous year (to make sure they met none or only one of the DSM-5 criteria). All participants reported severe lifetime AUD according to the DSM-5 criteria, meaning they had more than 6 symptoms, and zero or one DSM-5 criteria in the past year.

3.2 | Findings

Three main categories emerged from the interviews: (1) Regrets, self-forgiveness and the desire to remedy the situation; (2) successful aging and eagerness to live; (3) enduring challenges. However, the overarching experience of AUD in late life as expressed by the participants was that recovery is a lifelong process that they need to deal and struggle with every day. Amos (72, married, two years of abstinence - YA) stated: "The recovery process will be part of my life until my dying day. I don't think it will stop. It may be more natural and easier later on, but I don't think I can say that the recovery process is over".

The three categories discussed in detail below all illustrate the complex experiences of recovery during late life. The participants expressed positive feelings and satisfaction in late life as recovered individuals, but also described the specific challenges and difficulties they need to cope with.

3.2.1 | Regrets, self-forgiveness and the desire to remedy the situation

The participants reflected on the opportunities they had missed out on because of their addiction. They expressed their desire to correct mistakes, and expressed regrets about not having a career, their economic losses, little personal development and ways they had hurt their families. Moreover, recovery gave them the opportunity for self-forgiveness and acceptance of the addiction. Lea (78, married, 1 YA) stated:

> "Well, she [my daughter] suffered a lot from my drinking, and I'm very, very sad, but you can't change the past, what I can do is not drink now and be honest, not hide anything and that's what I do."

Rivka (65, lives with a partner, 5 YA) described her regrets related to her career. She felt that she had missed out on the opportunity to have a career because of her drinking.

> "That's the point, I could have gone really far. I could have had a career, a real career and not just any job and that's all. But again, I probably did not have that will power. I wanted to go home, like I said, and just drink."

Arthur (63, married, 9 YA) expressed his sorrow for the financial opportunities that he missed because of his addiction, since in late life he needs to deal with economic challenges:

> "Even though I'm 63, I feel like I have not succeeded financially. I can support my family, I mean I can get through the month, but nothing beyond that, no, nothing."

The participants also talked about self-forgiveness, since in late life they feel free of guilt, and can overcome it and move on, as Reuven (63, divorced, 2 YA) said:

> "Today I no longer feel guilty. For a long time, I was all involved in this feeling of guilt, why I got into this situation. Today, I forgive myself."

Some participants also said that they were better able to accept the fact that they have had to deal with AUD during their lifetimes, as Esther (70, divorced, 5 YA) stated:

> "Anything, anything that happens, I say it had to happen. It [AUD] had to happen, I can't do anything about it, I won't cry over spilt milk"

The participants viewed the recovery period and later life as a time to remedy their conduct and errors. David (63, single, 5 YA) said:

> "During all the years that I have not been drinking, and have gone without alcohol, I can say that I have taken full responsibility, and I did not make mistakes. I did not get traffic tickets, I did not insult people, I did not quarrel with anyone. I did everything I had to do. My generosity went above and beyond the expected."

3.2.2 | Successful aging and eagerness to live

This category, the most frequent in all codes, describes the participants' successful experiences in late life, their interests, and their new activities after recovering from AUD. The participants described their new life, their desire to live, their active healthy aging, their denial of being older adults, their desire for a relationship, their future plans and the importance and the meaning of grandparenting. They also indicated that there are activities they can engage in now that were impossible while they were addicted.

The participants often stated they felt that they had been born again after their recovery from AUD, that they had a new life, and that they were able to experience feelings now that were impossible while drinking. As Ruth (61, divorced, 4 YA) said:

> "It's like being born again, I see life differently, it's having feelings and not being afraid of emotions and not running away from them, even the toughest ones…I have been reborn, just like that, I have a new life."

The participants expressed their desire to live a new life after recovering from AUD and described the differences between the period of addiction and the new era of recovery. Sara (72, widow, 3 YA) described her desire to live and the changes in her state of mind: "Let's say in the simplest way, while I was drinking, I had no fear of dying, that it [my life] would end. Now I want to live, this is the biggest difference".

David (63, single, 5 YA) expressed his desire to have new experiences and feel new emotions:

> "Today I want to experience emotional things and real things from life, that have responsibility, that have giving. When I say good morning to someone want to experience it because I feel good about it. I feel like I am alive."

Aging actively and participating in new activities was one of the main topics in the recovery process. The participants said that they were involved in physical and intellectual activities. They were also engaged in volunteer work and wanted to contribute to society and be involved. Some of these activities included helping other people recovering from AUD, and some related to the community at large. Clara (75, widow, 1 YA) described her new active life and her new activities:

> "I go out a lot to shows and concerts and I take a lot of initiative. I mean, I am the one who goes through the newspaper, publications and museum announcements, and I sign up and ask who wants to come with me. I joke that I am the new Minister of Culture."

David (63, single, 5 YA) said that now he can be more physically active and is able to do things he could not do before. He described the changes in his life as follows:

> "I exercise to get physically stronger. I'm more active. I feel as though as a result of responsibility, willingness and sincerity, I am more active. These have resulted in a situation where I am more active, as compared to drinking that made me unwilling and irresponsible and I was not active."

Amos (72, married, 2 YA) described the importance of volunteering as part of the process of recovery in late life, since he has time to do so. The involvement in volunteering gives him meaning to his life:

> "I volunteer at the Bridge Club on Sunday and Thursday mornings when there are games, I am responsible for opening the club and I collect the dues. I am also a member of the club management board, and I am the treasurer of the club. I'm also planning to be a bridge referee."

The participants also talked about their thoughts with respect to being older adults. Most said that they did not think about being older adults, that they did not feel or look their age and sometimes even denied being older adults. They considered late life as an active and new era in their lives, when they can be productive. Ruth (61, divorced, 4 YA) said that she does not feel old and she does not ruminate about late life:

> "I don't know, I don't think much about aging, I don't know, not that I try to avoid it. I don't know, it does not bother me much. Maybe because I'm not sick, or God forbid, something like that."

Reuven (63, divorced, 2 YA) said that old age does not weigh on his mind, that he feels that he is a new person since recovery, with new abilities:

> "It is true that I am 63, but I have more to contribute, and I don't feel like I've completely drained myself. In every sense, I have more to contribute, and I don't think about the age on my ID card. Actually, [age] doesn't mean anything to me because I feel that I am a new person. I went back to doing athletics the way I used to."

As part of the recovery process the participants also expressed their desire to have a new relationship with a partner, to start a new chapter in their lives, and be able to share their life with someone. Rita (77, divorced, 7 YA) said:

> "If you ask me what I want aside from health, I would like to have a partner, not a boyfriend or a spouse, a partner, so we can be together but also separate. Somebody to talk to, to chat with, to go out to a movie, or to a restaurant, maybe to travel overseas. It's nicer to do things together."

The participants talked about their future and their plans for the coming years and were aware of their wishes. Their plans were diverse: some referred to spiritual and emotional growth, others hoped to grow intellectually or have new experiences such as traveling whereas others mentioned basic needs, such a place to live. Esther (70, divorced, 5 YA) said:

> "I want to travel, I would like to go abroad. I want to go to Dubai, and I will, I have plans… I want to enjoy myself, all the money, it's for trips, for my soul, that's the most important thing."

David (63, single, 5 YA) talked about his need to experience the deep emotional side of being a father: "I really want to have beautiful experiences with my daughter, to go on trips… to really feel the emotions, the degrees of emotion, and how reciprocal it is".

Being grandparents was described as a main component of the participants' life. They talked about the deep meaning of grandparenting, their special relationship with their grandchildren and their profound love. Being grandparents took on special meaning after recovery. Yossi (70, married, 6 YA) expressed his deep love for his grandchildren: "First of all, the best thing are my grandchildren, my wife says, 'you would give your soul for your grandchildren and your children'… and this is true. That's what keeps me really strong, strong, strong…".

> "Reuven (63, divorced, 2 YA) described his active life with his grandchildren: 'I fool around with them like a baby, and I play hide and seek with them, catching up with the grandchildren. They are my whole world. And I laugh with them, I crawl with them, everything'."

3.2.3 | Enduring challenges

Although the participants described their patterns of successful aging and their willingness to live and have new experiences in late life, some also described the challenges they face in late life as a result of the years when they had AUD. These challenges have to do with personal issues such as loneliness, as well as physical, mental and economic difficulties. In addition, they experience familial and social challenges such as rejection at times from family members and social ageism. They also need to overcome bureaucratic red tape related to the healthcare and welfare systems.

Loneliness was the main complaint expressed by the participants. Even though they are active and have a new life, some said they felt lonely and did not have other people to share their life with. Participants who were single, divorced or widowed emphasized the loneliness they felt during recovery, compared to participants who were married or living with a partner. Yaniv (63, divorced, 5 YA) stated "I'm really lonely, it drives me crazy. I have no relationship so I'm a little..., that's what, because I'm going to sleep with four walls, just like that". However, Yossi (70, married, 6 YA) talked about the contribution of the family to the process of recovery.

> "The first thing is the relationships with my grandchildren and with my kids, they take care of me. The truth is that every day they call, sometimes it's my daughter from America, sometimes it's my son from here, other times it's my daughter from here."

In addition, the participants talked about their lack of friends in general and in particular people their age who have gone through addiction and recovery. They stated that they would like to share their experiences and thoughts with people with similar backgrounds. Dana (70, divorced, 2 YA):

> "I'm retired, and even if COVID-19 ends I have nowhere to go. I'm not going back anywhere. The worst-case scenario is that I go for a walk alone and I see people, but I have nothing in common with them. It's like I'm alone… The reason I watch a lot of TV is that they talk to me, I see people. I have all sorts of books to read, but I read less, because I feel the loneliness more when reading, but when people talk to me it makes me happy."

Lea (78, married, 1 YA) talked about her feelings of loneliness when dealing with recovery from AUD and her interest in sharing her experience with other women: "I can't describe others because I was not in touch with anyone, this was my problem, and I was alone with my problem and solved it alone."

The participants mentioned physical difficulties in general as well as those due to years of AUD. Ron (72, married, 8 YA) talked about physical weaknesses and the differences compared to the past:

> "Physiologically, I'm much weaker now. I don't know, all the time I say to myself, you will probably hear, most likely, I did not invent it, that your physiological condition today, is not like six or seven years ago, your reactions will be weaker, it will have completely different consequences."

Yaniv (63, divorced, 5 YA) talked about the physical problems as a result of many years of addiction:

> "According to what the doctors at rehab told me, a person who is healing wants his liver to heal, so he should stop drinking. And it is healing, slowly, not fast. It will take years. So, I hope I'm recovering."

The participants also faced financial problems related to recovery. Because of years of addiction, many had no savings since they depleted what they had to buy alcohol, as Arthur (63, married, 9 YA) explained:

> "I do not have, I do not have money set aside as a nest egg. I spent everything.... And I started over, I have no financial support. I hope God will really help me, and we will continue to be in good health, and I will stay on my feet, and I will continue to work."

The participants also faced the stigma of aging in the social environment. They were often seen as older adults who do not need to recover since it makes no sense in late life. As Rita (77, divorced, 7 YA) commented:

> "When I went to my first [A.A.] meeting in Tel Aviv, I heard whispers behind me, young people in their thirties asking: does anyone know why this old woman is here? Why should she stop drinking? At her age she can go on drinking and die. I want to live, I want to live, I have something to live for."

During the recovery process the participants also had to deal with ageism and marginalization on the part of state health and welfare bureaus, which refuse to accept people 65 and over for treatment. Amos (72, married, 2 YA) complained that: "They [social workers] told me that only people who are below retirement age are treated here [in the welfare office]. I said that's ridiculous, it can't be, I insisted on being treated there."

4 | DISCUSSION

This study explored the experiences in late life of older adults who have recovered from AUD, in their own voices. The findings revealed complex and multidimensional experiences in late life. Surprisingly, the participants expressed feelings of renewal, flourishing and the

sense of having a new and active life. On the other hand, they also had to cope with guilt related to AUD. In late life, the participants indicated that they are called upon to deal with challenges that are colored by their past that stem from their AUD.

By integrating the addiction recovery literature, as well as the notion of Recovery Capital and the Theory of Successful Aging, several insights emerge from these findings. The first concerns the participants' introspection about late life and recovery. The participants expressed a willingness in late life to make up for wrongs to others during their period of addiction and many were able to forgive themselves for their behavior during their years of AUD. Being able to forgive themselves, accept their mistakes and make amends are complementary developments in personal life.[32] Recovery can be accompanied by regret that is directed inward, where it can be expressed in self-forgiveness, and outward, where it can be manifested in the desire to restore relations with significant others. Self-forgiveness is a critical step in the recovery process from substance use disorder and is one of the main components of 12-step programs for recovery as used in AA groups.[33]

The acknowledgment that recovery from AUD is a lifelong process was also important. The participants talked about the fact that they needed to deal with recovery every day, sometimes several times a day, and that they were aware that the recovery process would last many years,[34] especially in late life.

Surprisingly, the second insight derived from the findings concerns the participants' experiences of successful aging and their eagerness to live, despite their past experiences with AUD. It is noteworthy that the participants spoke of their "new life" and said they were "reborn" as a result of the recovery process. The feeling of having a "new life" or being reborn has been noted in the literature on recovery from addiction[35,36]; however, being "reborn" and having a "new life" is unique at late life, since most older adults have already shaped their identity, and aim instead to maintain existing internal and external structures.[37]

The participants referred to their late life as a new era to experience active and healthy aging. The participants optimized their new resources gained from the recovery process. These findings are consistent with the Theory of Successful Aging[22,38] which posits that the main mechanism of development in older adults consists of reorganizing their forms of adaptation by utilizing their reserves of energy and resources, through selection, optimization and compensation. Older adults who have recovered from AUD choose their preferred areas of functioning in a new way. During the recovery process, they were able to embark upon new areas of interest, develop hobbies and be involved in activities they could not engage in previously. Personally, they feel proud of themselves, have a sense of accomplishment, and also experience strong support and better relationships with their family members. They are able to compensate for the past, are more physically active, are able to express their emotions, and can ameliorate their social relationships.

The participants attributed particular importance to their grandparenting role and the meaning of being grandparents to the recovery process, which in some cases, was one of the main drivers of recovery. Being grandparents plays a main role in late life and is one of the factors that contributes to the quality of life of older adults.[39,40] Relationships with grandchildren may be even more significant for older adults recovering from AUD, since it may be a way to compensate for the problematic relationship they had with their own children because of their addiction. Being grandparents and having meaningful relationships with their grandchildren is another component of successful aging.

Another striking finding is that as part of their recovery process from AUD, the participants stated that "aging is not on their agenda", and that they do not feel, look like or behave like older adults. This manifestation of denial and objections to being seen as older adults may be explained by the fact that for many years, they missed out on experiences and could not take an active part in normative life because of AUD.[7,8,23] They attempt to compensate by living every moment to the fullest and do not want to be identified with the stigma of late life.[41]

The findings also show that there are recovery capital resources that are particularly pertinent to older adults during the recovery process.[20] One main resource is the social capital of this population; namely, their strong network of family members and specifically their grandchildren, who help them through the recovery process. This finding is consistent with a recent manuscript that maps the RC elements of individuals in late life who have recover from substance use disorder.[42]

The third insight concerns the personal and social challenges facing older adults recovering from AUD in late life. The social challenges relate mainly to rejection by family members and social ageism although they aim to lead a meaningful life, despite dealing with difficulties and challenges.[43,44] Older adults who have recovered from AUD are a vulnerable population since they also experience physical deterioration as a result of addiction, as well as mental health problem.[3] At the same time, they also need to deal with natural and social changes in late life, such as loneliness, bereavement, and the narrowing of their social networks.[9,10]

Besides these challenges, participants described having to deal with ageism during the process of recovery from younger participants at AA groups and welfare services.[45] An intersectionality perspective argues that older adults in recovery face "multiple and interlocking systems of domination" that share and structure their lives and that their marginalization is compounded by the mental health, physical health, and social challenges of AUD.[46]

4.1 | Implications for practice and future research

The findings point to the need for mental health professionals and health care workers to reach out to older adults with AUD (those who apply for treatment and those who recover naturally) and offer them support frameworks to aid in their recovery from AUD. The recovery process should include practical measures to aid in the recovery from AUD such as psychosocial support, as well as assistance to deal with the specific challenges of late life such as bereavement

and changes in the social network. Proper interventions should present recovering older adults with opportunities to experience a successful and active late life by experiencing personal growth, positive familial experiences and involvement in the community. In future work, these interventions should be evaluated by the individuals themselves to probe the experiences and perceptions of treatment and the way it affects the late life experiences among older adults. Furthermore, future research should include quantitative studies, including older adults from other countries and cultures to enrich this body of knowledge. These studies should include older adults who have recovered naturally as well. Future studies should also apply an intersectional approach that acknowledges the multiple mutually reinforcing structural and perceptual barriers that can lead to persistent marginalization of older adults who recover from AUD.

4.2 | Strengths and limitations

To the best of our knowledge, this is the first study to explore the late life experiences of older adults who have recovered from AUD. The findings enrich the empirical literature on recovery from addiction of older adults. They contribute to the gerontology literature by exploring how older adults perceive late life and deal with challenges after recovering from long-term addiction. The findings show that older adults can experience successful aging even when dealing with challenges and the results of lifelong addiction. However, this study is not without limitations. First, the sample was composed of participants from Israel who are Jewish and speak Hebrew and relates to their personal experiences in ways that cannot necessarily be extrapolated. Second, the recruitment of participants was from treatment centers that offer treatment to individuals with AUD. Thus, it did not examine the perceptions of older adults who have undergone natural recovery. This may have affected the findings on the participants' experiences of recovery, their point of view on the process of recovery and the contribution of treatment to their recovery from AUD, since they might have been more aware of their recovery process because of treatment. Future studies should thus include participants who have recovered from AUD without treatment.

5 | CONCLUSION

The findings show that older adults who recover from AUD experience successful aging but also face challenges colored by their previous life experience as individuals with AUD. They are willing to have new experiences in late life and to live actively. They have future plans and want to compensate in late life for the years when they had AUD. However, despite their positive outlook, older adults recovering from AUD are a vulnerable population, especially in late life when they experience marginalization as older adults recovering from addiction. This marginalization is reinforced by stigma and societal perceptions because of their past addiction. Therefore, there is a need to identify this population and the host of challenges they face to provide them with supportive treatments and interventions from interdisciplinary professionals who can bolster their recovery from AUD and help them flourish in late life.

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CONFLICTS OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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