Alcoholics Anonymous: How It Works

Recovery Processes in a Self-Help Group

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ABSTRACT

Alcoholics Anonymous is a mutual self-help group of alcoholics which is widely regarded as the most consistently effective treatment program for alcoholics in the U.S. In this study, the alcoholic recovery process as it takes place within the self-help context of A.A. is conceptually outlined as a recovery career consisting of distinct stages. The analysis identifies the resources which A.A. offers the recovering alcoholic at each stage of the recovery process, and examines the complex interaction between the organizational resources of A.A. and the needs of members at the different stages of the recovery process. Depending upon the recovery stage of the member, the organization responds differently to him, making different resources available, and making different demands on him. Under the right conditions these resources and demands tend to sustain the progress of a particular recovery stage, and to promote movement into the following stages. The analysis demonstrates how the various resources of A.A., when made available to participants in a timely way, enable alcoholics to embark upon and progress through a staged career of alcoholic recovery.

This study employs the "grounded theory" method of data collection and analysis. The data is qualitative, consisting of observations of a variety of meetings of different A.A. groups, and unstructured interviews with members of the program. The general framework of the analysis is the symbolic interactionist perspective.

Under certain conditions of "readiness," which may be triggered by certain events and experiences, and when particular recovery resources are made available by A.A., a newcomer may embark upon the recovery

process. In the first, "simplification" stage the member is aided by the group in focusing all his concern and efforts on the single goal of sobriety, and in avoiding the people, places and emotional stimuli which support and "trigger" his drinking. At this stage the powerful collective experience which is generated at A.A. meetings is a major source of the newcomer's energy and motivation for the achievement and maintenance of a tentative sobriety. The analysis examines the conditions under which the collective experience can occur and be a usable and sustained source of aid to the member of A.A.

The early achievement of sobriety sets into motion a conversion experience. This may be a rather dramatic event, a rapid and undoubting acceptance of A.A. practices and ideology as they are perceived by the new member at this early stage of participation in the program. More often it is a more gradual process of identity change, consisting of an inner process of negotiation between a series of identifications with external objects which are available in the group with whom the member may compare himself, and changing inner beliefs about who he "really" is.

A period of sobriety usually results in a "honeymoon" phase, a period of elation and self-satisfaction. But life-problems which had been preempted by the process of alcoholic drinking begin to reemerge into focus. At the same time, the sustained sobriety of the newcomer becomes less of a source of congratulation and more taken-for-granted both within the group and outside of it. The member is faced with the rising expectations of others that he is able to accomplish more at this point than sobriety alone. This is a period of crisis during which many members

return to drinking, or recycle through earlier recovery phases after experiencing one or more "slips." Others respond to the demands of A.A. for more responsible participation in the organization, for setting an example to newer members, and for Twelfth Step work with other alcoholics, to weather the crisis stage by progressing beyond it.

In the final "perpetual" recovery phase the member experiences pressure to make A.A. the basis of a substantially reformulated life-style. The member is urged to extend the scope of the recovery process not only to his drinking problem, but beyond it, to include the variety of more general problems which have come into focus in the life-problem reemergence phase. Members are urged to take on a variety of new responsibilities, both in the A.A. program itself and in their lives outside of it. Members respond to these pressures in a variety of ways, becoming "graduates," "recyclers," "occasional participants," or "life-stylers."

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TABLE OF CONTENTS

	Page
Introduction	1
A.A.: Its Origins and Claims of Success	2
A.A.: The Organization	4
The Recovery Process	7
Methods of Study	16
Chapter One: Readiness for Recovery	31
The Problem	31
A Definition	39
Readiness for Recovery: A Basic Condition for the Recovery Process	40
Hitting Bottom	42
Locating Available Helping Resources: Pathways to A.A.	49
Chapter Two: The First Phase: Simplifying	56
Simplifying	57
Explicit Behavioral Guidelines	
Narrowing the Focus	
The Cliches	
Passive Acceptance of Authoritative Assistance	
Introducing the Disease Concept of Alcoholism	
Avoiding and Substituting	64
Avoiding People and Places	
Avoiding Emotional Stimuli	
Substituting	67
Activities	
Associates	
Alternative Gratifications	
Relying on Others	
Relying on the Group	
Relying on Individuals	
Casual Conversational Exchanges	
Relying on a Sponsor	

Page

Chapter Three: Meetings: Generating the Spirit 83

Generating the Spirit in Meetings 86
Telling Their Stories
Discussions
The Rituals

Making the Collective Experience Acceptable 98
Unity
Control
The Explanatory Framework

Sustaining the Experience and Making it Usable 103
Making the Experience Usable
Sustaining the Experience

Chapter Four: Identity Transformation in Alcoholics Anonymous 110

Hitting Bottom: The First Stage 113

Identification: the Second Stage 116
The Offer of a Solution
Identification Experiences
Trying on the Alcoholic Identity
Practicing: Identity Affirmation
Qualifying for Membership
Transforming a Disqualification into a Qualification
Redefining the Identity
Barriers to Accepting the Alcoholic Identity

Conversion in A.A. 126
Learning the Belief System
Accepting the Belief System and Applying it to Oneself
Getting One's Story Straight
The Impact of Confession

Chapter Five: Life Problem Reemergence 136

The A.A. Honeymoon 136

Life Problem Reemergence 140
The Group
Sponsors
The Program

Chapter Six: Maintaining the Identity: Perpetual Recovery 147

Working the Program 152

Assuming New Responsibilities 152

Page

Twelfth Step Work
Speaking at Meetings
Becoming an Officer of a Group
Becoming a Sponsor
Becoming a "Professional Alcoholic"

Extending the Scope of the Recovery Process 163
"Using the Tools"
Rooting Out Remnants of "Alcoholic Thinking"
De-fusing Drinking "Triggers"
Inspirational Daily Living

Chapter Seven: The Self-Help Process: Self-Help Groups and Self-Help Therapeutic Communities 178

Types of Self-Help Groups 180

Self-Help Groups as Agents of Change 185
The Mutual Helping Process
Creating a Subculture
The Collective Experience

Implications of this Research for the Treatment of Alcoholism 191

Implication for Research 194

Introduction

Alcoholics Anonymous is a mutual self-help organization of alcoholics, which claims a considerable degree of success in promoting recovery from alcoholism among its members. It is a mutual self-help organization, because its members are alternately, or simultaneously, both help-seekers and help-providers for one another. It is an organization of lay men and women who have no special training or certification to be help-providers. Their qualification for being help-providers in A.A. is that they themselves are in need of help. A.A. is the first, and perhaps most successful mutual self-help organization of its type, and it has been the model for the formation of numerous other self-help organizations among others whom sociologists often regard as deviants.[1]

In this dissertation, as I discuss below, I accept in a general way A.A.'s claims to success in promoting recovery from alcoholism, and focus on the nature of the process of recovery as it takes place within A.A. I analyze and attempt to explain how A.A. promotes recovery from alcoholism; that is, "how it works" for the considerable number of A.A. members for whom it does work. In the following introduction, I discuss the characteristics of A.A. as a mutual self-help organization, and I elaborate a theory of the "stages" of alcoholic recovery, in order to draw on these ideas in the body of the dissertation to analyze the complex interplay between the various organizational resources of A.A., and the needs of A.A. members at the different stages of alcoholic recovery. Particular

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It is the intention of the author that the footnotes be read where they have been placed, at the end of each chapter, rather than at the point in the text to which they refer.

recovery-promoting properties of A.A. as an organization are of varying importance for recovery at the different stages of recovery. At each stage, the organization, through its various means of communication and persuasion, presents the recovering alcoholic with different resources and makes different demands on him which tend to sustain and promote that particular recovery stage. The object of this analysis is to explain how particular organizational resources of A.A., when made available to A.A. members in a timely way at specific stages of the recovery process, support existing levels of recovery and promote further recovery from alcoholism. This study of A.A. was conducted using a qualitative, "grounded-theory" methodology, and in the analysis the program is viewed from a generally symbolic interactionist point of view. As a combined way-of-life and treatment program, Alcoholics Anonymous lends itself especially well to the grounded theory approach and to analysis from a generally phenomenological, symbolic interactionist, perspective.

A.A.: Its Origins and Claims of Success

A.A. was organized in 1935 by two alcoholics, each of whom had discovered that he was benefitting personally as a consequence of his efforts to help the other. The organization grew largely by means of the recruitment of acquaintances of people who were themselves members, until several publications and an article in the Saturday Evening Post in 1941,[2] made the recovery model developed by the first handful of members available to anyone who could read. After this, groups formed spontaneously throughout the United States as well as abroad.

At the end of 1974, the General Service Board of Alcoholics Anonymous claimed a membership of about 800,000 recovering alcoholics, and claimed

that its membership was growing at an annual rate of about 10%.[3] On the basis of three General Service Board Surveys made at three year intervals, it was reported that the organization enjoys considerable success in helping its members remain abstinent from alcohol. The General Service Board reported that:

> One in four members of A.A. at a typical meeting have not had a drink for five years or more, and 91% of these, each succeeding year, will enjoy continuing sobriety and will continue to attend A.A. meetings regularly.
>
> Of those sober in A.A. between one and five years, about 79%, each succeeding year, will not drink and will remain active in the fellowship. (General Service Board of Alcoholics Anonymous, Inc., December 17, 1974).

Significantly, the report did not comment on the success of members who had been in the program less than one year, nor did it indicate what percentage of the total membership surveyed this group was. It appears that many individuals with worries about their drinking try A.A. as one possible source of help with their difficulties, and only some of these continue to participate in the program beyond an exploratory stage and are actually helped with their drinking. Some who do not join after their initial visits will return to the organization on subsequent occasions, for further exploration, and perhaps eventual affiliation. For those who do attend more than a few tentative meetings, A.A. claims a success rate of more than 50% attainment of sobriety and affiliation with the program, and it claims further that another 25% will achieve sobriety in the program at a later time.[4] And, as indicated above, for those who stay longer it claims an even more substantial degree of success.

In short, most longer-term participants in Alcoholics Anonymous appear to achieve what may fairly be called "recovery" from alcoholism. Many achieve long periods of complete abstinence from alcohol -- the survey

reported above cited long periods of sobriety apparently unbroken by a single drink. In addition, practitioners who work with alcoholics in medical settings report impressionistically that many alcoholics participate in A.A. for extended periods during which they suffer occasional lapses from abstinence, and yet show such improvement in this and other areas of their lives that they too could be considered "treatment successes" of the program.[5] This analysis represents an attempt to explain how A.A. "works" for those members who achieve sobriety, or a marked decrease in their alcoholic drinking in the course of their participation in the program. The analysis will not account for A.A.'s "treatment failures," although in the course of the discussion other research pertaining to this issue will be touched upon.[6]

A.A.: The Organization

The mutual self-help group is one example of the classic American "voluntary" organization, coming into being, often in a rather informal way, as a result of a shared need unmet by an existing agency.[7] Typically, voluntary organizations, if they survive, develop a relatively high level of institutionalization or formalization. Self-help groups, however, with a few exceptions, tend to remain rather loosely organized, and A.A. is an excellent example of this type of group.

A.A. as an organization is phenomenological and existential: its members are those who define themselves as such, and its component groups consist of those who present themselves at meetings. The term "fellowship" by which A.A. characterizes itself in its literature, suggests the looseness of its organization. It has no membership lists, "no dues or fees," and groups may bring themselves into being or dissolve without license or

charter. It is the sense of connection or belonging experienced by A.A. members which largely substitutes for more formalized bonds. "Fellowship" is the glue which holds the organization together where a high degree of institutional structure is absent.

A.A.'s lack of formal organization is due in part to the principle of anonymity, which exists to protect members from the stigma associated with acknowledged alcoholism, and the fear of exposure they might feel. It is also probably due to the relatively fluctuating character of a typical group's membership, which will often consist of a core of veteran members and a number of newcomers who are at various stages of tentative exploration and increasing commitment to and participation in the group.

Alcoholics Anonymous thus consists of many thousands of largely unrelated local groups of varying sizes and overlapping memberships. The existence of these groups is recorded, and very loosely monitored, by regional "Central Offices," which maintain telephone information services and directories of meeting times and locations. Occasionally members meet at regional, state-wide and national conventions. The yearly national convention, the General Service Conference, attended by delegates from throughout the country, some years ago constituted itself A.A.'s "voice." The Conference in turn reports the consensus of its delegates to the trustees of the Alcoholic Foundation, whose General Service Board coordinates the publicity and publications, and answers inquiries in behalf of the organization as a whole. These top-level bodies thus have a number of functions, but little authority; they have no authority whatever with respect to individual groups.

This unusually flexible and non-hierarchical organization is thus composed primarily of independent local groups, controlled by their own

members, who take responsibility for promoting their mutual progress in abstaining from alcoholic drinking. The absence of any supervision over these individual groups raises the question of how members, and in particular, emotionally vulnerable newcomers, are protected from the manipulations of irresponsible or pathological members of the group, who engage to "help" them. In some respects, the members of self-help groups practice psychotherapy without licensure or formal training, and there is a risk in this kind of situation, as Sagarin points out in his discussion of mutual self-help groups composed of the mentally ill, such as Schizophrenics Anonymous (Sagarin, 1965). A further problem for an organization consisting of independent, unsupervised local groups is the question of how groups as entities, as well as the organization as a whole, are protected from the divisiveness which comes from internal conflicts about group goals, or about what are effective methods for reaching these goals.

A.A. has protected its members and managed to insure the survival of the organization and individual groups (which at one point in its history were indeed threatened by such problems as these) by providing a fairly rigid ideological structure which limits the goals of the program to little more than holding meetings for alcoholics, and by specifying very precisely how recovery is to be achieved, thus limiting and focussing the influence members may have on vulnerable newcomers and one another. Thus while A.A. has frequently been criticized for its ideological quality, and its rigidity, these characteristics of the organization serve a very vital function, and it is doubtful if the organization could survive, or at any rate be a helpful and safe experience for its members, without them.

A.A.'s ideological guidelines are contained in a number of statements written by the founding members of A.A. and published by the Alcoholic

Foundation which was organized by the first New York A.A. group. These guidelines have been carefully adhered to by A.A. groups everywhere from the time of their earliest acceptance. These statements include the "Twelve Steps," which are seen as a guide to the recovery process; the "Twelve Traditions," which are a series of directives which narrowly limit the goals and functions of A.A., and the first few chapters of what is traditionally called "The Big Book," Alcoholics Anonymous,[8] which elaborates the A.A. perspective in its most complete form. Later, the Alcoholic Foundation published a series of books and pamphlets which further elaborated the A.A. perspective, but are altogether consistent with the earlier writings. These later guides include pocket-sized books, such as The Twenty-four Hour Plan, and Twelve Steps and Twelve Traditions,[9] which many A.A. members carry around with them and peruse on a daily basis. Taken together, these materials are the symbolic guidelines for the A.A. process of recovery from alcoholism. They are read directly; they are reflected and reemphasized in the structure and content of meetings; and they are interpreted and applied to individual situations in the informal interactions between more experienced and less experienced members. These basic writings both set out what the process of recovery should be, and outline what the nature and activities of A.A. as an organization will be such that it will contribute to the recovery of its members. These writings create the structural conditions for recovery from alcoholism as it occurs in A.A.

The Recovery Process

Just as alcoholism and the "alcoholic career" are complex processes of substantial duration, (Cf. Bigus, 1975), recovery from alcoholism,

or what we may term the "alcoholic recovery career," is a similarly complex process which may take considerable time.[10] As with other complex socio-psychological processes, the alcoholic recovery career as it occurs in Alcoholic Anonymous may be conceived as consisting of a series of stages or phases through which participants pass in a somewhat predictable sequence. It is likely indeed, that alcoholic recovery in any setting consists of general phases which are similar to those observed in A.A., but many recovery programs for alcoholics appear to focus their resources and aid on one or two phases of the recovery process rather than on the process as a whole with the different problems and needs peculiar to each phase. The effectiveness of A.A. is based to a great extent on the complexity of the program, which offers different resources to recovering alcoholics in the several different stages of recovery, as stage specific needs arise.

My subsequent analysis seeks to demonstrate that the various resources offered by Alcoholics Anonymous, when made available to participants in the program in a timely way, enable them to embark upon and progress through a recovery career which consists of several distinct stages and sub-stages. These stages are:

A. The Drinking Alcoholic Stage[11]

1. Life-problem pre-emption by drinking: For most A.A. members, the problems of their lives which from some points of view might be looked to for the "cause" or "origin" of a drinking problem, are at some point in their alcoholic careers, pre-empted in immediacy and seriousness by "alcoholic problems," such as loss of job, loss of spouse, arrest, etc., brought on by the excessive drinking per se.

2. Readiness for recovery: The pre-condition for recovery is a state of emotional or psychological "readiness for recovery," which follows from the experience called in A.A., "hitting bottom," i.e., having reached an emotional nadir from which the only alternative to getting better seems to be eventual death.[12]

B. The "Dry" Alcoholic Stage

3. Simplification: As participation in A.A. begins, the newcomer is encouraged to focus his efforts simply on achieving sobriety "one day at a time," through a process of simplifying his concerns down to this vital one.

4. The A.A. Honeymoon: The physical and psychological recovery from a condition of alcoholic self-abuse to sobriety produces an initial sense of elation and well-being, referred to as the A.A. honeymoon.

5. Life problem re-emergence: Although once subordinated to more acute problems brought on by alcoholic excess, an alcoholic's life problems are able to re-emerge into awareness once sobriety has been achieved, and as a result, acute alcoholic problems have been subdued. The consequence of this re-emergence of old but persistent problems is often a personal crisis, with either a reversion to Stage One and the renewed pre-emption of life problems by alcoholic ones, or the beginning of the transcendence of this vicious cycle by "working the program."

C. The "Sober Alcoholic" Stage

6. Working the Program: In the final stage of recovery, the A.A. member adheres to A.A. precepts and practices in order to maintain a life-style reorganized around sobriety, and to consolidate the positive identity changes which have occured during the recovery process.

The recovery process in A.A. may begin when certain preconditions have been met. These preconditions are both psychological and structural. Psychologically, the drinker must have developed a degree of concern about his drinking which overrides his resistance to participating in a recovery program, and which motivates him sufficiently to become involved in a program. From a structural standpoint, A.A. as an organization must have resources available which enable the drinker to find his way to the program, and to attend the meetings of one or more groups.

Once an alcoholic begins to attend A.A. meetings regularly (barriers and incentives to affiliation are examined in Chapter One), recovery begins either with an effort to attain sobriety, or an effort to maintain an initial sobriety attained in another treatment context, such as a hospital or detoxification center.[13] This effort is motivated, guided and sustained by various resources made available by the A.A. group. A variety of directives and techniques provided newcomers at meetings and in the course of informal conversations assist the newcomer in focussing his attention rather narrowly on his effort to achieve or sustain sobriety. In general this is all the new member is thought to be capable of in the initial stage of his participation in the program. This stage I call "simplification," for in this period the newcomer's task is simplified as much as possible.

Besides instructions regarding techniques for simplification, the program's other major resource at this time (and perhaps the basic resource of any self-help group), is the collective energy which a group generates at its meetings, and which to a degree is available to and usable by individual participants in their efforts to deal with their problem.

The successful achievement of sobriety nearly always results in a period of elation, referred to as the A.A. honeymoon. At this stage the alcoholic feels as if he finally has licked his problem. But to the extent that the process of simplification has genuinely narrowed his attention to focus on his drinking or sobriety alone, he is disappointed to discover, that as his gaze clears, a variety of other life problems bring themselves to his attention. Some of these may be the problems which contributed to his drinking in the first place, and the experience

of facing these problems afresh can precipitate a crisis at which point the alcoholic may be severely tempted to return to his drinking. If the member is able to make use of the resources which are available in A.A. to assist him through the crisis phase of the recovery process, he is generally able to progress to the last phase, rather than reverting again to his drinking career.

In the last recovery phase, the member is encouraged to use the "program" more broadly, to deal not only with his drinking problem, but also with the variety of problems which have come into focus in the life-problem reemergence phase. Until he learns to do this, the member is known in A.A. as a "dry" alcoholic, and to the extent to which he reacts emotionally or irrationally to his problems rather than applying A.A. wisdom to their resolution, he is sometimes accused of going on "dry drunks."

For some members at this stage, A.A.'s program and the group itself become not only the means of solving personal problems, but a philosophy of life and a social world. In the last recovery phase, if successfully negotiated, the A.A. perspective becomes the basis for an often extensive life style reformulation which includes the assumption of responsibilities for the group as a whole and for other individual alcoholics as they struggle to achieve recovery, as well as for oneself.

Although the stages of A.A.'s recovery process as described above are conceptually distinct, they are to some extent temporally overlapping. Moreover, like the alcoholic career , the recovery process is characterized by numerous variations in timing and shifts in direction. Whether the recovery experience in A.A. is conceived of as a career similar to other social careers, or as a trajectory comparable

to other illness/recovery trajectories, it is not generally a unidirectional and temporally predictable process. Instead, there is a general upward (or downward) trend, which may be interrupted with all sorts of plateaus and declines (or improvements). Members move back and forth between recovery phases with much of the same flexibility as they move in and out of the program itself. Some members seem never to reach the last stage, but cycle through the first stages again and again. Many who reach the last stage remain there, participating actively in the program for many years, while others drop out of the program as they reach the final stage, with a substantial period of sobriety behind them and apparently a fair chance of sustaining it.

In the body of this dissertation, then, I explain how this process of recovery from alcoholism, which I have conceptualized as a career with various stages, takes place within the organizational context of A.A. But it is well to point out in advance, that the interaction between the process and the organizational context is complex. For depending on the recovery stage of the alcoholic, the organizational context (i.e., A.A.), responds differently. At different stages, A.A. makes different resources available which tend to sustain and promote recovery. Although the recovery process, once it is underway, proceeds with a momentum of its own (in particular the life problem re-emergence stage is an extension of the alcoholic career which precedes it), in many respects, recovery is promoted by and takes its character from properties of the organizational context in which it occurs. And certain recovery-promoting properties of the organizational context are of special relevance at particular stages of recovery. Thus recovery in A.A. occurs in a stage-variable context, the properties of which vary with the stage of recovery in which the individual

finds himself.

Just as the organizational context of recovery is complex, the recovery process itself is complex, and can be conceptualized as having several dimensions. I have above outlined the process of recovery as consisting of several stages which, although an individual may not always proceed straight through, but instead recycle through certain stages, are nevertheless related temporally. For example, readiness for recovery necessarily precedes recovery. And achieving sobriety through the narrow focus of simplification, necessarily precedes reformulating a new life style based on "working the program." But the process of recovery can be seen, not only as having these temporal stages, but also as taking place on different socio-psychological levels of analysis, or along different dimensions.

On the simplest level, the initial achievement of sobriety in A.A. is often accompanied by a conversion experience, a complete and undoubting acceptance of A.A. practices and ideology, as they are perceived at this early stage. Conversion may also occur as the recovery process proceeds and the member experiences an often profound identity change, which reflects the changes in the way the recovering member sees himself, and the way he is seen by others. On a different level, the recovery process manifests itself as a life-style reformulation, akin to that which occurs in adjusting to a chronic illness (Strauss and Glaser, 1975). This reflects changes in the way the member views himself in relation to his environment, and typically involves restructuring his environment so that he can live in it and still maintain his sobriety. A further dimension of recovery reflects changes in the social valuation placed on the member by himself and others: changes of status within A.A. itself and many times in the member's other

social networks. In this respect, recovery in A.A. can be seen in terms of what Strauss (1959) and Glaser and Strauss (1971), refer to as "status passage."

These dimensions of the recovery process are on the whole mutually reinforcing, forming a beneficent circle in which positive behavioral (including life style) changes, increased social esteem (status) and improved self-esteem as part of a changed view of self and the world, serve to enhance one another.

The three major stages of the recovery process outlined above, from drinking alcoholic, to dry alcoholic, to sober alcoholic, reflect all of these dimensions. Identity change begins with the alcoholic's experience of "hitting bottom," weakening the typical alcoholic denial of alcoholism and its seriousness. With the beginning of participation in A.A., the newcomer is encouraged as a result of the way meetings are organized to "try on" or practice acknowledging the alcoholic identity in a protective and supportive group context. This identity of "drinking alcoholic" is made more palatable to him by the fact that he is already emerging from this stage if he has managed to achieve a period of sobriety. Ideally, over time, this trying-on phase is followed by the development of a commitment to the program and its ideology, a shift in many ways comparable to a religious conversion experience. The A.A. point of view is internalized by the member in a way which leads him to reinterpret the past in particular terms, to experience the present in a particular way, and to remap the future along particular lines. My analysis examines this process in considerable detail, along with the structural features of the recovery context which promotes it.

Progress through these stages of identity change, as well as the

willingness to acknowledge the inner shifts in the view of self openly to other members, enhances status in the group (at the same time as the promise of status has encouraged the acceptance of the various levels of alcoholic identity). Active participation in the program further enhances status in the group and is one basis for a reformulated life style.

The final phase of the recovery process, taking on the identity of "sober alcoholic," is the basis for the last phase of the recovery process outlined above. The largely internalized A.A. ideology shapes the reformulated life style (in which the remapped future is lived out), which will frequently include taking on A.A. responsibilities and attempting to conduct one's life on the basis of A.A. principles.

Finally, at the end of my discussion of the process of recovery from alcoholism in A.A., I argue that the culmination of this process of progressing to sobriety, within the context of this organization, and growing into a new identity, life style and status, on the basis of this process, can often be a rather profound experience of maturation, in which the life style and ideology, internalized and lived with for a period of years, deepen into a broad view of the world and a philosophy of life. Experienced members of A.A. who continue to "work the program" through sometimes many years of sobriety, end up experiencing the process of recovery even more broadly than as a process of recovery from alcoholism. They experience the process of recovery in A.A. as psychologically and socially therapeutic in their lives as a whole, and as the basis for a life style and philosophy for a sober, mature life.

This analysis goes beyond previous sociological discussions of A.A. in several respects. It is the first to present the theory that recovery in A.A. proceeds by stages. No other investigators have explicitly noted

that the organization is structured in such a way as to make available to its members resources specially geared to their differing needs at the different recovery stages. This is the first study of A.A. to take specific note of the existence and impact of the simplification process. This is the first study to analyze the importance and role of the collective experience for recovery in A.A., and, I believe, the first to analyze the origin of the religiousity of A.A. from a specifically sociological standpoint, rather than from theological, historical or psychological points of view.

This is also the first study to investigate the processes of identity change which members typically undergo in the process of recovery, and the ways in which the program is structured to support members in the maintenance of these identity changes. Finally, it is the first study to analyze in any detail the fate of the A.A. honeymoon, or the "pink cloud" experience of members; the first to note the role of "life-problem reemergence" in dissipating the positive mood of this period, and precipitating the crisis and predictable backsliding which often follows.

Methods of Study

This study of Alcoholics Anonymous began as an exploratory study of women alcoholics. Most research on female alcoholics has focussed on populations of institutionalized alcoholics,[14] and I wanted to learn something about the natural history of the female alcoholic who drinks largely at home, and manages to remain with her family. I wondered about family interaction patterns of the so-called "closet" drinker (who is supposed to typify middle-class female alcoholism) and about whether the concealing of a woman's drinking was a product of a unified family effort.

How did such families stay together? What other family problems were masked (or expressed) by the woman's drinking?[15]

Middle-class female alcoholics were hard to find, and I found that I could find any significant number, outside of treatment centers, only in a network of women who know of one another through their association in Alcoholics Anonymous. Naturally this was a very particular population, and I found right away, to my dismay, that the data I was gleaning seemed "contaminated" or distorted, by a viewpoint I came to recognize as the "A.A. line." Over and over, the women I interviewed told me the same story. All of them seemed to sound alike. Initially I was exceedingly frustrated. But I kept remembering a favorite comment of Anselm Strauss', who when students come to him to complain about some problem or roadblock in data collection always says, insistently, "But <u>there's</u> your data!"

What he means by this, of course, is that the problem you've run up against can be a very important clue about the phenomenon you are looking at. The insistence of the A.A. members I was meeting, even those of relatively short tenure in the program, of seeing their alcoholic and recovery experience in a particular, highly structured and rather uniform way, seemed to indicate something important about this relatively successful recovery program for alcoholics. A quick scan of the literature in the field indicated that the sociological literature on A.A. was relatively scanty -- only one slender monograph written from the standpoint of the formal structure of the organization,[16] and a handful of articles, and no work ever on A.A. from a symbolic interactionist persepctive.[17] I decided that I had my research problem.

What happened in this program, that turned out such "true believers," at the same time that it apparently was able to help people to bring about

a real behavioral change in terms of stopping or drastically cutting down on alcoholic drinking? At a time when a common sociological finding about major social institutions (such as schools and colleges) is that they do very little to change people (Jencks et al., 1973, for example) it seemed like a worthwhile problem to ask what went on in an organization that did seem to create substantial change in its members.

I gathered my data by two methods.[18] I continued with the interviews I had already begun, but now I was interested in talking to men as well as women. And I began to attend Alcoholics Anonymous meetings, and to participate in the informal sociability which precedes, and especially follows, most meetings. This aspect of my data gathering was a version of what sociologists refer to as "participant observation." Because I was an outsider, however, in a "society of deviants," I was more observer than participant. I was in the group, but not of it. In this respect, my method might also be described as ethnographic. Like an anthropologist, I was observing another culture, or specifically, a subculture.[19] However, as much as possible, I wanted to be empathic with my subjects, and to experience the meetings I attended somewhat as members seemed to experience them. I wanted to focus in part on the experience of recovery from alcoholism from a phenomenological standpoint; that is, from the point of view of how recovery is perceived as an experience by people who are undergoing it. I wanted to find out how A.A. as an organization, or subculture (it is both: the different concepts suggest different dimensions of the program) is experienced by its members. In particular, I wanted to find out how members use the organization to facilitate their recovery, and the means by which they experience such recovery as taking place.

I gathered my observational data over a period of 18 months, from

early 1973, through mid-1974. The interval between the data gathering and the writing of this essay was occasioned by my beginning a full-time job, part of which involves working with alcoholics in a traditional psychiatric treatment context. My observations and experiences in this setting have been a source of useful comparative data about how alcoholic recovery is facilitated or stymied in an out-patient psychiatric clinic.[20] In this context, too, I have been able to talk with people who have rejected A.A., either before or after trying it, as well as with those who combine involvement in A.A. with conventional group or individual therapy.[21]

My observations of A.A. meetings were made in the San Francisco Bay Area. This probably does not affect my general findings, (e.g., the stages of the recovery process), but it is still worth noting that A.A. does vary to some degree as an experience among different regions. Among other indicators of this are reports by members who have affiliated with groups in other locales when they resided there for a time. Certainly groups vary also on the basis of the social class composition of the majority of members. The variety of groups I visited in the Bay Area included:

> A suburban group, upper middle class in feeling,but incorporating a variety of white and blue collar members;
>
> A large, impersonal Friday night "all group"meeting, often attended by several hundred members from all over the Bay Area. The emphasis in this meeting was on an interesting speaker; middle and lower class in composition;
>
> A large Sunday night group, in some ways similar to the Friday group, but of more local composition; mostly middle class;
>
> A young people's group in the Haight Ashbury area of San Francisco; mixed class participation;
>
> A "young people's" group in a fashionable area of San Francisco, largely composed of young-middle-aged professionals, "artists," and shopkeepers; very "hip" group, with many "singles;"

A "closed" meeting for the female residents and alumnae of a halfway house, open to any A.A. women; mixed class composition.

Over the course of the 18 months I attended A.A. meetings, I talked informally with many participants, sometimes going out for coffee after meetings with small groups of members. In many respects these conversations were as much interviews as the lengthier interviews I conducted in member's homes. The main difference was that in the latter situation I could take notes as we talked.

After the meetings, and these more casual interviews, as soon as it was feasible I wrote up notes, describing in as much detail as I could remember the meeting and whatever conversations followed it. While I conducted approximately twenty of the more structured interviews lasting sometimes three or four hours, I have relied a great deal in my analysis on the much more numerous brief discussions I had with members before, during or after meetings. Excerpts from interviews, which I use to illustrate various aspects of the discussion which follows, are either taken verbatim from interviews which I recorded as they proceeded, or are paraphrased, as faithfully as my memory would serve me, a few hours or a day or two after my many briefer and more casual discussions with members.

My respondents ranged in age from their late teens to their mid-sixties. Many were in their forties and fifties. Many were women, both because I was permitted to attend many meetings of the women's group mentioned above, a group nominally closed to non-members, and because I had begun my work by interviewing women alcoholics.

As I met members of the groups whose meetings I attended, I would occasionally inquire of one if he or she would be willing to be interviewed about his experience of alcoholism and recovery. Frequently these interviews took place in members' homes; occasionally in an office. The

interviews were largely unstructured, in that I did not use a protocol of preformulated questions, believing that my respondents could spontaneously tell me what was most important and of most impact about their experience. As I learned, however, respondents structured their own interviews in a highly consistent way.[22] As I have indicated, this suggests something not only about the high level of structure in A.A. itself, but also about how thoroughly recovering members internalize this structure. This seems to be one key which distinguishes A.A. from other less successful treatment programs.

In addition to the interview and observational data which I gathered in the course of my research I have made use in my analysis of published first-hand accounts of experiences of members of A.A.[23] (many of these published by A.A.'s own publishing organ), and have analyzed at second hand the data published in other research accounts of A.A.

As my research proceeded, ethical issues troubled me at times. While I never pretended to be anything but an observer, at times I had no opportunity to identify myself as something other than a member. At large meetings in particular I was anonymous, like many present. Sometimes I was able to notify the secretary, who is the chief elected officer of the group, of my presence and purpose. In smaller discussion meetings, when toward the end of the meeting I was called upon to make some comment as were all the participants, I would mention my visitor-observer status to the group as a whole. Whereas nearly all members introduced themselves with "Hello, I'm so-and-so and I'm an alcoholic," I would invariably say, "Hello, I'm Mary Catherine, and I'm a visitor." When it was one of my first visits to a particular gorup, I would state that I was studying A.A. and how it helps people: later on I did not, as it was somewhat disruptive

to the meeting's discussion. But this meant that some new members might not understand my status. Those who understood my purpose in attending meetings, always made me welcome, and treated me cordially.

But a problem arose when newcomers, who did not know my observer status, would sit down next to me at a meeting and begin to relate their difficulties. I would listen for awhile, and then would mention my status and purpose in being at the meeting. Nobody ever seemed to object to this. But sometimes I worried that my mere presence obstructed some of the flow of mutual assistance which circulated among the participants. In this flow of assistance, I was something of an insulator rather than a conductor, especially if I happened to be occupying a chair next to a newcomer who was eager to talk about his problem and to get some advice, support or friendship from someone who had been through what he was going through and who could therefore presumably help him. When talking with newcomers, in particular, I was concerned that I might be keeping them from some veteran who could have offered them an entre into the network of personal relationships of the group. My guilt about this was most pronounced at the closed meetings of the women's group I attended; for newcomers to that group had every reason to believe that all participants were alcoholic, like themselves. (At larger, open meetings, many of those attending are family members of alcoholics.) Once or twice I attempted to relieve my uneasiness by acting as a facilitator myself, leading a new member who had spoken to me over to a veteran with whom I was acquainted, for example, and introducing them. The question of to what degree the researcher disrupts or alters the field he is observing seemed of little importance to me as a theoretical issue, compared with the question of whether the price of such disruption would be paid by some hapless

newcomer to A.A.

Once I had begun to gather my data, I began to make sense of it, and to put it into a communicable form, using an analytic technique elaborated by Glaser and Strauss, which they call "grounded theory" (Glaser and Strauss, 1967). Grounded theory is an inductive style of analysis whose research product is a qualitatively supported set of hypotheses derived fairly literally from a set of data collected not to verify a preconceived theory, but to generate a new one. It is not a useful technique for theoretical verification, for which hypotheses must be developed prior to the research, and frequently, quantitative data are necessary. But it is a particularly organized and focussed model for dealing with qualitative data, for conducting relatively inexpensive research involving relatively small samples, and for generating an understanding of social processes, rather than social units.

Ordinarily in grounded theory research, the analysis of data proceeds more or less simultaneously with data collection. In the initial, exploratory research which helps define the research problem, the first variables begin to suggest themselves to the researcher, and the early days in the field are typically rich in insight, yielding the first of the codes which Glaser and Strauss suggest must be developed to specify the emerging concepts. The emergent variables, whether referring to processes or to units, are then developed and integrated in a series of memos, in which hypotheses are developed. As the observational field becomes more familiar to the researcher, hypotheses are integrated to create an increasingly complex theory. The hypotheses developed from the data as it is collected suggest areas for further data collection, and new data in turn yield material for a continuing analysis. The researcher

asks particular questions, and seeks the data to answer them: Under what conditions do particular variations in the data occur? How does context affect the processes being scruitinized? What are the properties, dimensions or phases of the process which must be discovered and elaborated? The process of finding in the data the answers to such questions, Glaser and Strauss call "theoretical sampling."

The processes of data collection and analysis thus proceed in tandem until the researcher begins to "saturate;" i.e., to find little further variation in the data, few "deviant" cases which would suggest further broadening or densifying of his theory.

A question often posed of this type of qualitative research in which data collection and analysis proceed together and a specific sample size or number of observations to be gathered is not determined ahead of time, is how the researcher decides to stop gathering data. Glaser and Strauss (1967) have pointed out that there is no precise answer to this question:

> making the theoretically sensitive judgment about saturation is never precise. The researcher's judgment becomes confidently clear only toward the close of his joint collection and analysis, when considerable saturation of categories in many groups to the limits of his data have occurred, so that his theory is approaching stable integration and dense development of properties.

The goal of grounded theory research is the discovery in the data of categories and their properties which appear to plausibly explain the variation observed in the data concerning the particular processes, or questions, under investigation. Depending upon which of the categories discovered are of the most central importance in the developing theory, the investigator plans his data collection to sample those central theoretical categories most thoroughly. The less central categories require less complete saturation, but they must be sufficiently developed to enable the investigator to develop a rich and well-integrated theory. In my own

case I stopped data collection when I had a sufficiently rich theory having several core categories whose properties were continually reflected in the data generated by my observations and interviews. After a year's attendance at A.A. meetings, the returns in terms of new insights or modifications of my theory were significantly diminished, and I felt that the answers to the questions I had posed were rather complete -- I had developed a highly elaborated theory to describe and account for the process of alcoholic recovery as it occurred in A.A.

My own study is a combination of unit and process analysis. One focus of my analysis is the process of recovery from alcoholism -- a process which has a number of stages, and several dimensions. But my analysis differs from some other grounded theory analyses in that it specifies not just a process but also a unit of analysis: I am looking at the process of recovery from alcoholism in a specific context. While the process delineated in this essay no doubt has application to recovery processes in other settings, here I focus on a particular setting: my unit of analysis is A.A. itself. In this essay we therefore look simultaneously at a process of individual change and at a particular organization which fosters such change with particular effectiveness.

Clearly, similar processes occur in other groups. In the last chapter of this thesis I compare a number of self-help groups, asking to what extent they appear to affect their participants in similar ways. All such groups to a degree utilize similar means of creating involvement and generating change, even when the goals of change may be quite variable. Some self-help groups, like Overeaters Anonymous, or Gamblers Anonymous, are based very literally on A.A.'s model and experience. Others, like Synanon, or Weight Watchers, began by modeling themselves after A.A., but

went on to evolve much different models based on the particular needs and experiences of their own members. Still other groups, such as those composed of cancer patients, or other chronically ill patients, which are self-help groups, theoretically based on entirely different models, such as the Esalen encounter group model, still bear considerable resemblance in essentials to these other self-help groups. In the last analysis, then, while this essay is about how people change in A.A., it is also about how people change in a particular type of context of which A.A. is only one successful example.

NOTES - INTRODUCTION

1. Other self-help organizations formed with A.A. as a source of inspiration include Synanon Foundation, a self-help therapeutic community for drug addicts, Gamblers Anonymous, a self-help group for compulsive gamblers, Parents Anonymous, a self-help group for child abusers, Recovery, Inc., a self-help group for the mentally ill, and Weight Watchers and Overeaters Anonymous, self-help groups for the overweight. This is a partial list; most self-help groups resemble A.A. in important respects, even when A.A. has not been the explicit model on which the group was formed.

2. This article, by journalist Jack Alexander, was published when A.A. was not yet six years old. It was a highly laudatory article, and A.A. spokepersons credit it as being largely responsible for the surge of interest that established A.A. as an organization of national, even international importance.

3. These statistics are based upon a survey of A.A. membership which A.A.'s General Service Board conducts every four years. The Board distributes questionnaires at A.A. meetings throughout the U.S. and Canada. The report from which these statistics were taken was summarized in the New York Times of December 18, 1974.

4. These figures are based on estimates made in 1949 by one of A.A.'s founder's, Bill Wilson. Recent research has indicated that A.A.'s own estimates of its success, while somewhat exaggerated, are neither fantasies nor fabrications (Leach, 1973).

5. Chafetz and Demone (1962) have argued the appropriateness of other indices of recovery from alcoholism besides abstinence from alcohol. Criteria they have suggested include improvements in marital and occupational functioning.

6. What sorts of people A.A. helps, and what sorts of people it does not, are still relatively open questions. Research has consistently shown that alcoholics with major psychiatric disorders benefit little from A.A. (Cf. Parker, Meiller and Andrews, 1960). Findings associating social class and success in A.A. are more ambiguous, Jackson and Connor (1953) suggest that A.A. has little success among alcoholics of low socio-economic class. Pittman and Gordon (1958) make a similar argument in their study of skid-row alcoholics, whom they find to have a high rate of recidivism following any form of treatment. According to Barry Leach (1973), most A.A. members are middle or upper class, and higher than average in income, education and occupational status. However, in a recent study of A.A. in Boston, Margaret Bean (1975) reported that newcomers to A.A. with certain upper-middle-class characteristics had a harder time than lower-status members using the program. These characteristics included skepticism, insight and flexibility, a small family, an educated wife, the ability to use a psychotherapist, and a commitment to facets of life unrelated to alcohol.

In contrast, she pointed to certain working-class characteristics which facilitated A.A.'s helpfulness to the member: receptiveness, the acceptance of rigid structure, and a tendency to think in terms of absolutes.

Trice and Roman have made a considerable effort to identify socio-psychological correlates of success in A.A. In a 1970 article (Trice and Roman, 1970) they point to three characteristics in particular as predictors of affiliation with the group: positive group dependency needs, guilt proneness (both of these are psychological variables), and experiences with social processes labeled as deviant, such as arrest. (As we will later see, what they may be seeing in this last variable is part of what Bigus terms the "crisis buildup" (Bigus, 1975).

7. The first important sociological discussion of voluntary associations in the United States was written by Alexis de Tocqueville in the 1830's (Tocqueville, 1958, Volumes 1 and II).

8. Alcoholics Anonymous, was in part written by Bill Wilson, and was in part a group project written by about a dozen of A.A.'s earliest members. It was first published by Works Publishing, Inc., in 1939. The edition in current use is the second edition, revised and published in 1955 by the same publisher, which by that time had changed its name to Alcoholics Anonymous Publishing, Inc.

9. Both of these books are also products of Alcoholics Anonymous Publishing, Inc., published in 1952 and 1966 respectively.

10. For discussions of the "career" concept in sociology as applied in particular to "deviant carrers," see Goffman (1961) "The Moral Career of the Mental Patient," and Becker (1963).

11. This is more properly seen as a dimension of the "alcoholic career," but it is nonetheless of considerable importance for this analysis of the "recovery career."

12. This is the experience of "hitting bottom," so frequently discussed in A.A. "Bottoms" occur at widely varied stages of alcohol deterioration; some A.A. members I interviewed interpreted rather modest levels of problem accumulation as their "bottoms." Hence members refer to "high bottom" and "low bottom" drunks.

13. For a discussion of the process of alcoholic detoxification, and of the varying contexts within which it may appropriately take place, see Feldman et al. (1975).

14. C.f. Kinsey (1966), Belfer and Shader (1971), Curlee (1970), Sclare (1970), Wanberg and Knapp (1970), and Wanberg and Horn (1970).

15. Lindbeck (1972) argues that these are the remaining major reseach issues in this field:

> The causes and etiological factors in female alcoholism seem well covered in the literature. Areas which seem especially

neglected in the literature are the spouse of the female alcoholic and the role he plays in the development of her problem and its progression and her attitude toward seeking help; the development of criteria for identifying hidden alcoholism in women; the effect of the alcoholic mother on her children...

16. This monograph, by Gellman (1964), was the product of a year-long study of a single group, and focussed largely on the organizational structure of the group.

17. Basic statements of the symbolic interactionist perspective include Cooley (1964), and Mead (1956 and 1962).

18. For a discussion of the tactics and methods of qualitative research, including considerations of such problems as gaining entre into research situations, see Schatzman and Strauss (1973).

19. American sociologists have had a particular interest in deviant subcultures. Sociologists have studied subcultures among addicts (Lindesmith, 1947), juvenile delinquents (Matza, 1969; Cohen and Short, 1958), convicts (Irwin and Cressey, 1964), and inmates of mental institutions (Goffman, 1961b).

20. For discussions of the outpatient psychiatric treatment of alcoholism, see Fox (1973) and Feldman et al. (1975).

21. My own work in treating alcoholics in an outpatient psychiatric facility has alerted me to the ways in which A.A. can be a useful adjunct to traditional psychiatric or group treatment of alcoholics, as well as to the ways in which traditional psychiatric methods are a useful adjunct to A.A. when the latter is the primary treatment modality in terms of temporal and emotional commitment. Contrary to conventional views in this regard, I found much less prejudice in A.A. against psychotherapy and counseling by professionals than I had expected. Women in particular routinely sought counseling outside A.A. or gave some credit for the improvement in the quality of their lives to psychotherapists who had worked with them previously to or simultaneously with their involvement in A.A. The really harsh criticism of professionals was reserved for the psychiatrists who had treated members with tranquilizers, compounding, as they saw it, their problem.

22. In most research, unstructured interviewing grows more structured as the interviewing proceeds, as the researchers becomes increasingly familiar with the phenomenon he is studying and begins to "saturate." In my case it was the opposite, for my informants structured the interviews on the basis of the aspects of A.A. structure they had internalized. Later, as I kept hearing the same story over and over, I began to search for respondents who might give me a somewhat different perspective in A.A. I was able to locate a few A.A. "failures," people who had found either the dogmatic or religious qualities of the program unacceptable. The other somewhat variant group of respondents were the youngest members; some in their teens and early twenties. Partly because they represented mixed addictions or had somewhat delinquent backgrounds, they had from the beginning a somewhat different perspective on the program from the older, conventional A.A. members.

23. Besides the publications already mentioned, these include various issues of the A.A. Grapevine, a monthly newsletter published by the Alcoholics Anonymous Grapevine, Inc.

Chapter 1
Readiness for Recovery

The Problem

Before beginning a discussion of alcoholic recovery, it is necessary to specify how certain key terms such as "alcoholism" and "alcoholic" are used in the discussion. In this first chapter, I examine the use of such concepts and the problems they entail, along with the concept of the alcoholic "career" with its downward trajectory. I then outline the basic preconditions for the recovery process in A.A.; what I will term "readiness" for recovery.

The self help process which Alcoholics Anonymous exists in order to facilitate focuses sharply on a specific problem: the overuse and abuse of alcoholic beverages. This problem, both popularly and medically known as alcoholism, has long been recognized and deplored, but both its definition and its social management have changed, over time, as the society itself has changed. In this country's first two centuries, alcohol abuse was generally regarded as a moral issue, while during the 20th century it has come increasingly to be viewed as a primarily medical or psychiatric problem. Even more recently, with the popularization of the sociological perspective, alcoholism has increasingly been seen as one of many "social problems" best understood as a manifestation of socially or interpersonally generated stresses and strains. This recent development has augmented rather than replaced the moral and medical perspectives, however.[1]

The moral and medical perspectives remain the bases for the popular conception of alcoholism. In this conception, alcoholism is alcohol abuse that worsens over time, a progressive condition characterized by increasing

alcohol intake and decreasing levels of physical and social functioning. It is not surprising that this popular conception is reflected in the system of beliefs promoted by a lay people's organization such as Alcoholics Anonymous. It is more surprising that this popular concept has formed the assumptive framework for considerable scholarly research. The progressive deterioration model of alcoholism has only recently been challenged by researchers. It is of course still firmly entrenched in the popular view, and is an important element of the A.A. perspective.

The progressive deterioration model of alcoholism suggests that alcoholism is comparable to a chronic illness, in that it is characterized by a downward trajectory of variable duration and shape. (These categories are borrowed from Strauss' discussion of chronic illness, 1973, pp. 36-37). The trajectory, in this view, is the course of the disease or deteriorative process. It has duration, in the sense that it takes place over time; and it has shape, in the sense that its downward course will not proceed steadily over time, but will vary on the basis of a multitude of conditions, with ups and downs, remissions and relapses.

The progressive deterioration model characterizes the alcoholic trajectory as an accumulation of symptoms and problems generated by alcohol use. Researchers have attempted to describe the trajectory in terms of this process of symptom accumulation. In the 1940's,Jellinek arranged a series of behavioral, phenomenological and psychological symptoms into a time ordered sequence, which he argued described the development of alcoholism in a great majority of alcoholics (Jellinek, 1946). The sample of subjects from which he developed his conception of the alcoholic trajectory, was a group of about one hundred A.A. members who were surveyed

by the Grapevine, the newsletter published by the Alcoholics Anonymous Central Office in New York City. While Jellinek recognized that this was a biased sample, he argued that "the material is so suggestive of future possibilities...that it would appear not only useful but also practically imperative to submit the data to students of alcoholism."

In later work he elaborated his model, and in 1952 published a lengthy list of the progressive symptoms of alcoholism. These included, in order,

-increase in tolerance
-blackouts
-surreptitious (secret) drinking
-avid drinking
-frequent blackouts
-loss of control
-financial extravagance
-aggressive behavior
-solitary drinking
-daytime drunks
-persistent remorse
-waterwagon abstainer
-control attempts
-loss of friends
-loss of jobs
-unreasonable resentments
-protecting of alcohol supply
-first hospitalization
-regular morning drinking
-"benders"
-loss of tolerance
-tremors
-rationalizations fail
-admits defeat to self and others

A variant of this sequence was published in the British Journal of Alcoholism by M.M. Glatt, who included in addition, a sequence of indicators of symptom relief and socio-emotional growth as recovery progressed (Glatt, 1958). An illustration of his diagram is reproduced below.

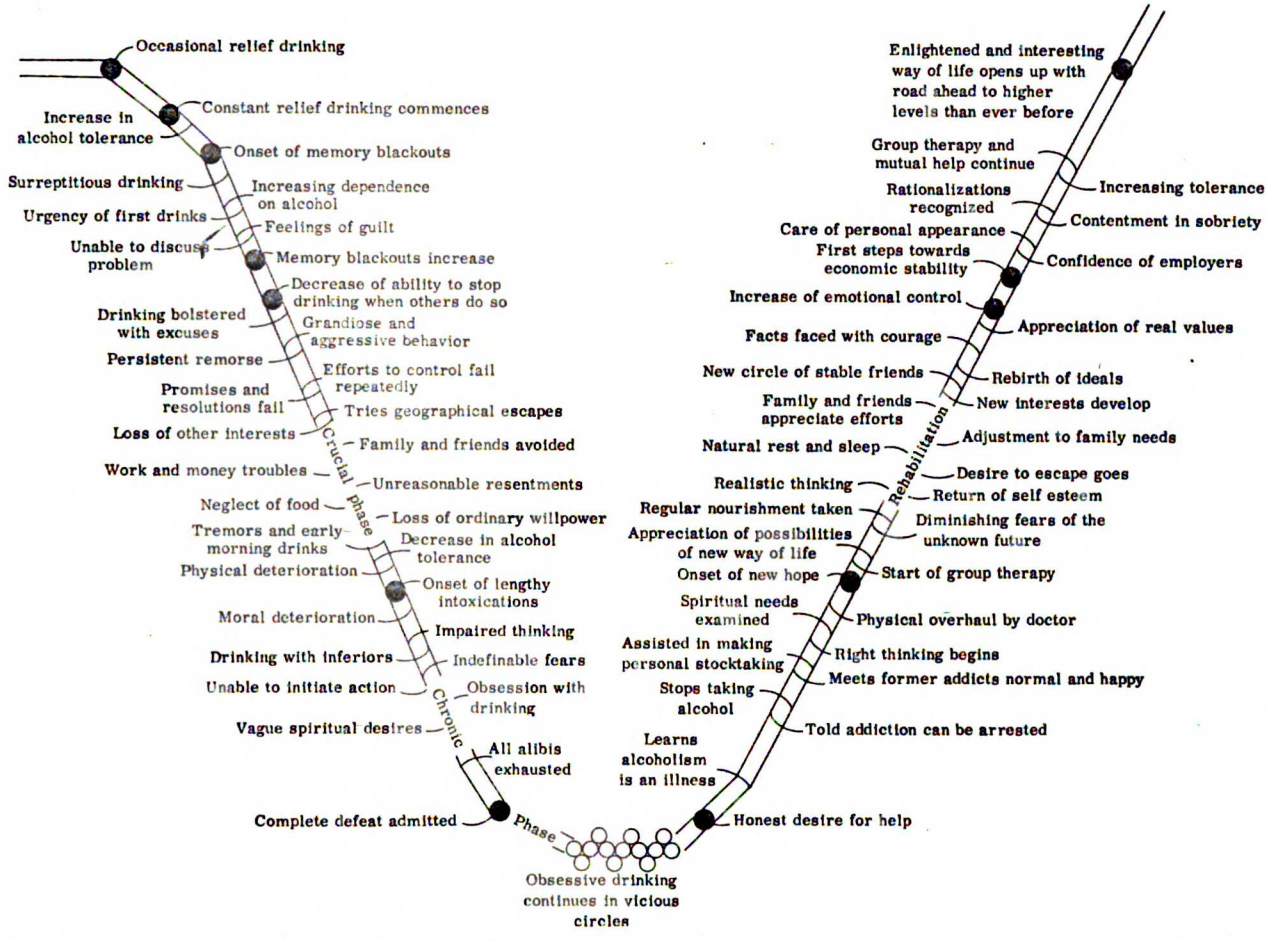

Fig. 1. A chart of alcohol addiction and recovery. From M. M. Glett, "Group Therapy in Alcoholism," Werlington Park Hospital.

Researchers have recently challenged both the assumptions and the conclusions of finely scaled and unidirectional models such as these of Jellinek and Glatt. Robin Room in a 1970 article specifies the characteristics of these models that he believes are open to challenge. These include 1) unilinearity, the idea that there is a single sequence of symptoms through which all alcoholics will eventually pass if they continue to drink; 2) accretionality, the idea that each stage follows upon a previous stage, and that each symptom, once acquired, is not lost, but

accumulated with the others; and 3) immanence, the idea that the sequence has a "natural" unfolding with a "life of its own" somewhat independent of the individual alcoholic who lives it out (Room, 1970).

Room summarizes evidence from studies which suggests that in several samples of drinkers, except for the first few symptoms, which tend to come early, and the last few, which tend to come late, no consistent ordering of symptoms is apparent. The exception occurs with samples of members of Alcoholics Anonymous, who report a more consistent sequence of symptom development. Room concludes that a general "stage" theory might more accurately describe the development of alcoholism, than do the more finely scaled models.

Other researchers have made similar arguments.[2] Cahalan, Cisin and Crossley (1969), looking at cross-sectional data gathered in the 1960's, concluded that the prevalence of drinking-related problems tended to decrease rather than accumulate as people grew older. Cahalan and Room (1974), analyzing other cross-sectional data, found similarly that people dropped as well as added problems over time. Cahalan and Roizen (1974), interviewing problem drinkers longitudinally over four years, found that the men did not simply accumulate problems, but that their difficulties waxed and waned. Leslie R.H. Drew (1968), gathered data which showed a decline rather than an accumulation of problems among problem drinkers over several years. And Emrick (1975), trying to find out what the rate of spontaneous remission would be in a sample of untreated alcoholics, found an overall 43% rate of improvement in the sample, and a 13% rate of attainment of complete sobriety. Roizen, Cahalan and Shanks (1976), examining the techniques of data analysis in these and other studies of spontaneous remission rates among problem drinkers, found that depending

on the criteria of measurement chosen in these studies, the outcome rates would vary dramatically, from quite low to quite high. They concluded on the basis of their own data, however, that there was a good deal of spontaneous remission in a population in which the overall trend in terms of alcohol-related problems was stable or even increasing.

All of these studies suggest the inadequacy of a progressive deterioration model of alcoholism. Nonetheless, many medical and psychiatric professionals continue to believe that this model is an accurate conception of alcoholism, and this conception is generally held throughout the society. The appropriate explanation for the tenacity of the popular progressive deterioration model would seem to be that phenomenologically, from the points of view of problem drinkers, their families and associates, and the physicians and therapists who try to help them, it looks as if the problem drinker is in fact on a worsening course. A look at alcoholism from a sociological standpoint may help to explain this subjective impression of deterioration and problem accumulation.

In a recent dissertation, Bigus (1974) suggests that alcoholism itself is but one of a number of variables of a more general social phenomenon, the alcoholic "career." He adds:

> It should be noted that progress in the alcoholic career is not directly related to progress in "alcoholism." Phenomena such as amount and frequency of alcohol consumption, and physical and mental symptoms, which from a clinical or medical viewpoint are considered to be properties of "alcoholism," are merely variables in the alcoholic career. For instance, experiencing the "shakes" may prod one drinker to seek professional help regarding his drinking, whereas it may have little effect on another. In short, "alcoholism," (in its clinical or medical sense) is merely one of many variables in the alcoholic career, not by itself a determiner (Bigus, p. 17).

Bigus points out that the individual alcoholic can at any point in his alcoholic career reverse his downward trajectory and for variable periods of time, sometimes permanently and sometimes briefly, reverse himself and take an upward course, in terms of an improvement in health, income, social relations, etc. He may of course at any point in this recovery process start to drink again, and resume a downward trajectory in his alcoholism and in his alcoholic career, and Bigus argues that alcoholics do in fact commonly reverse themselves and "recycle" through various phases of the alcoholic and recovery trajectories several times in their alcoholic careers,

But he also points out that there are many more barriers to reversing the downward trajectory once it is well underway, than there are to continuing it. Bigus theorizes that the downward phase of the alcoholic career is characterized by two developments, "being eased out," and an "erosion of limits on behavior." Being eased out of his various social networks generally results from the alcoholic's failure to meet family or work expectations, or from drinking-related behaviors which injure or offend others. The easing-out process is of variable duration; often gradual at first, but more abrupt at later stages, as the alcoholic is fired from his job, for instance, or told by his wife that she wants a separation or divorce.[3] (I use the pronouns 'he' and 'his' for convenience here; the process seems similar for the members of either sex, however.) One consequence of the easing out process is likely to be downward occupational and financial mobility, and a reduction in the alcoholic's style of life.

The erosion of limits on behavior occurs as the easing out process progresses. Normal social relations involve many normative strictures on behavior.[4] In ordinary social relations, in the context of family, job

and other everyday relationships, much is expected of a person, and to the extent to which he does not fulfill or violates these expectations, he incurs sanctions, such as the disapproval of his boss or wrath of his wife, which act for a time to moderate the extent of his drinking. But as the drinker is eased out of his normal social networks, his drinking is less and less limited by these constraints. An accelerating, "vicious cycle" is established between the easing out process and the erosion of limits on behavior. This cycle is difficult to reverse. The easing out process coupled with the erosion of limits on behavior thus contributes to a subjective sensation of the alcoholic career as a downward decline.

So while evidence strongly suggests that the shape of the alcoholic trajectory is variable, and that drinkers are about as likely to alternate recovery and decline as to continue through a steady decline, the everyday view is of alcoholism as a process of steady decline. The subjective experience of the drinker and his associates frequently seems to reflect this everyday view. This is of course partly because the subjective experience of the alcoholic career is interpreted in terms of the everyday view, by the drinker himself and his associates. This interpretive process certainly occurs in A.A. itself, where as we will see, subjective experience related to alcohol use is interpreted in terms of the framework which A.A. provides. A further reason for the subjective sensation of decline may be the expectation of decline: it is well known that alcoholism <u>can</u> progress to the point of serious physical debilitation and even death. The experience of social loss inherent in the easing out process surely also supports the subjective sense of decline. Whatever the sources of the subjective sense of the drinker and his associates

that he is on a downward trajectory, and however well the sensation matches reality, a subjective feeling of decline or deterioration appears to be a crucial element in the development of a readiness for recovery in the individual alcoholic.

A Definition. Before turning to the establishment of readiness for recovery, however, I want to comment on the ambiguity implicit in the use of the term "alcoholism," an ambiguity resulting from the multiple and sometimes conflicting uses to which the term is put. Alcoholism is a complex, multi-determined phenomenon[5] and the various intellectual and health fields which concern themselves with it develop their own sometimes complementary, sometimes competing definitions.

Many medical definitions stress the element of addiction, a physiological dependence on alcohol.[6] Psychiatric definitions are likely to stress psychological dependency, and a loss of self-control with regard to drinking. Sometimes a distinction is made between initiation control and limitation control--the inability not to start drinking, as compared with the inability to stop it before some degree of intoxication is reached. Sociologically one takes note of the degree to which social relations are disrupted by drinking behavior, and sometimes the term alcoholism is replaced with "problem drinking," alcohol use which adversely affects other vital activities in a person's life.[7] Phenomenologically, we look to everyday views of what an alcoholic is, everyday assessments of who is and who is not alcoholic, as well as self-assessments. All of these definitions have substantial merit, particularly insofar as they are not exclusive of the others. Each identifies a dimension of alcoholism.

In spite of their ambiguity and multiple meanings, the term alcoholism and alcoholic will be used throughout this analysis, rather than more neutral terms such as "alcohol abuse" or "problem drinker." One reason

for this choice is that in the organization which is the object of this analysis, continual use of these terms is made. The terms alcoholism and alcoholic as they are used by members of Alcoholics Anonymous have special meanings in that context, of course; the concept of alcoholism is, understandably, highly elaborated in an organization formed specifically to deal with alcoholism. Throughout this analysis we will be examining the meanings and implications of the concept of alcoholism as it is defined and understood by the members of Alcoholics Anonymous.

Readiness for Recovery: a Basic Condition for the Recovery Process

Before the recovery process can begin in A.A., certain preconditions must be met. There is a very specific and frequently articulated point of view in A.A. about how these socio-psychological preconditions will manifest themselves in the alcoholic who is coming to A.A. in search of help. The fundamental precondition for recovery, as it is expressed by A.A. members at nearly every meeting, is almost the same as the one requirement for membership: "The alcoholic must have a sincere desire to stop drinking." Without this "sincere desire," the alcoholic may become sober for a limited period of time, but he will be unable to maintain his sobriety, and A.A. will be unable to help him.

A.A. has sometimes been criticized for stressing this point so strongly. Critics have suggested that by this means A.A. can excuse and account for its failures by placing the blame on the alcoholic, who did not really "want" to recover, rather than on some way in which A.A. itself may have failed him. Certainly such an explicit "readiness requirement" does fulfill an important function for the group as a whole as well as for individual members who do not succeed in maintaining sobriety upon

their initial approach to A.A. It protects the morale of the group by attributing failures to the new member's lack of readiness for recovery rather than to some inability to provide help on the part of A.A. or its members. And for the initially unsuccessful newcomer, it provides an explanation which suggests that he need not lose his hopefulness that A.A. can eventually help him to recover; he is evidently not yet ready for recovery, but if he continues to drink, he will eventually reach the point where he will be ready. The failure itself, the continuation of the drinking, becomes in this explanatory framework part of the process which will eventually lead to recovery.

Readiness. While the readiness requirement serves an important function for the group and its members, the basic reason for the stress placed upon it in the program is its actual empirical importance as a pre-condition of the recovery process.

Readiness as a socio-psychological category consists of the presence of certain conditions. These conditions might be social, psychological, economic, and so forth. The conditions are usually specific to a situation. For example, conditions of readiness for parenthood are different from conditions of readiness for undertaking a dissertation, and these are different from the conditions of readiness to begin the process of recovery from alcoholism. What characterizes conditions of readiness in a given situation is their adequacy for the precipitation of specific kinds of behavior: they are the conditions under which an individual believes he is ready and feels ready to undertake a particular course of action.

Readiness thus results from a combination of factors internal and external to the individual. We may think of the individual as having a

threshold of readiness which is a product of his personality and life situation. In turn, we may think of the conditions of readiness as being those events which are sufficient to reach the individual's threshold and precipitate an internal change of attitude and intention.

Two basic conditions seem to constitute readiness, or receptivity to seeking recovery through Alcoholics Anonymous. One is an emotional experience which in A.A. is called "hitting bottom." Hitting bottom is a subjective sense of crisis, panic or despair, which provides a favorable moment for change. The second condition, locating and utilizing helping resources, follows from the first: the internal, or emotional experience of hitting bottom, must be translated into help-seeking behavior. Usually the drinker himself must appeal to A.A. before helping, rescuing or welcoming behavior is forthcoming from the organization. And for this to occur, helping resources must be available from the organization if the internal state of readiness, which is usually of limited duration, will be expressed in help-seeking behavior and thus utilized to initiate the process of recovery. Both of these conditions are essential preconditions for recovery in A.A.

Hitting Bottom

Hitting bottom for the alcoholic is an emotional crisis which brings about an inner readiness for change. It is typically described as a feeling of despair and helplessness, a feeling of "being licked," or beaten. In particular, the denial which is characteristic of the alcoholic is for a time abandoned and the degree to which alcohol has become a problem is recognized and accepted.[8]

The location in the alcoholic career trajectory at which a particular alcoholic reaches his "bottom" varies considerably depending upon

individual thresholds as well as a variety of external conditions, A.A. members describe themselves as "high bottom" or "low bottom" drunks, depending upon whether it was relatively early or late in the deterioration process of a downward alcoholic career trajectory when they finally felt that they had "had enough."

Three categories of experiences are commonly reported as precipitating the inner experience of hitting bottom. The first category includes an experience which Bigus in his dissertation on "Becoming Alcoholic," has termed "realizing experiences." His useful concept will be utilized here (though somewhat different "realizing experiences" seem to precipitate help seeking from A.A. than are important in the different treatment context he described). A second category of event, the "crisis buildup," is also a concept which Bigus identified in his study, and again, I borrow his label for this experience. A third precipitating experience is the development of an intense and protracted feeling of depression. These three kinds of experience may singly or in combination precipitate the inner event of hitting bottom.

As A.A. members tell their stories, three realizing experiences are frequently mentioned as important precipitators of hitting bottom. These include the realization of a loss of control over drinking, the realization that one has reached a new stage in one's drinking career, and the realization that one is on a downward alcoholic career trajectory. The realizing experience overcomes, at least for a time, the elaborate and powerful denial process which most alcoholics utilize with reasonable success prior to this experience. It may be fear or panic which breaks through this denial.

The realization that one has lost control over one's drinking can be very frightening, and is a realizing experience which leads to hitting

bottom for some. For example, one woman said:

> I was really in pain; in my gut, hurting something awful, I decided that I just had to quit drinking. Finally, one day, I thought to myself, this is it. Everything will be fine, will be really lovely, if I can just quit this drinking. So I tried. This time I really got panicky; this time I knew I couldn't quit.

For this woman, the pain she felt about her drinking had not itself led to readiness for recovery. When she realized, however, that she could not stop drinking when she wanted to, she felt desperate enough to call A.A. She was one person for whom the first contact led to a sustained affiliation.

Another realizing experience which leads to readiness for recovery, the "I never did that before" experience, is the realization that one has reached a new stage in one's drinking career. This new stage is one which the drinker associated with other, more problem-ridden drinkers about whom he could always previously say, "I'm not that bad, at least." The first time the drinker finds himself drinking in the morning is one example of a "new stage," which can precipitate this experience. For example, one young man said,

> Well, it's just nice to know that I don't have to drink any more. I used to get really sick, you know, I was drinking a lot of wine, and I was drinking during the day; just once in the morning, and that kind of blew my mind when I did that. You know, from the night before, that I kept it up after I woke up in the morning. Cause I knew that I was really moving too fast in my life. I mean, I wasn't stopping.

This experience, plus an auto accident which occurred when he was drunk, and an angry lecture from a good friend, combined to motivate this A.A. member first to seek help. Another example of this realizing experience was provided by a woman who explained to me that she first called A.A.

"because I was drinking during the daytime, and I never had before." Besides morning drinking and daytime drinking, blackouts, drunken driving arrests and accidents, and hospitalizations are new stages which are sometimes reported as being realizing experiences.

Both of these realizing experiences, the realization that one has lost control over one's drinking and the realization that one has reached a new stage in one's drinking career, imply a fear that one is further along on a downward trajectory which cannot easily be reversed. A third realizing experience often cited as a basis for seeking help is "the threat of worse to come." As bad as things have become, they are likely to grow worse. Like other realizing experiences, this apprehension is also based on a progressive deterioration model of alcoholism. In general, as I indicated, it appears that people who seek help with their drinking are those who experience the alcoholic career trajectory as having a downward direction, with always worse to come in the future. People speak of this realizing experience as a continuing source of motivation for sobriety throughout the recovery career.

Among the things recognized to lie ahead, are physical damage and death. One woman living in a halfway house, had left the house and had a serious slip. It was her first A.A. "birthday," and she had wanted to "prove that she could take one drink." She drank for three weeks. A friend found her, and took her to a hospital to dry out. While she was there, she saw two men have alcoholic convulsions. She believes one of the men died. She then "realized" that this lay ahead for her too if she continued to drink, and explained to the group that she felt that this terribly frightening experience had been her "true" bottom.

Other things people may come to believe lie ahead of them along the alcoholic career trajectory include the threat of major personal losses such as the loss of a job or spouse. The importance of the threat of such losses for readiness for recovery is thought to be so great that the National Council on Alcoholism has published a handout pamphlet entitled "What Must Happen to an Alcoholic Before He Will Begin Recovery" in which they advise that:

> The alcoholic must feel the full weight of the consequences of his illness, as painful as these may be to him and those who love him. ...the alcoholic must be presented an inescapable choice between his drinking and his family, his drinking and his job--preferably both at the same time. (National Council on Alcoholism, San Francisco Area, 1973.)

The writers warn that as long as wife, family and employer protect the alcoholic from the painful consequences of his drinking, his drinking will continue. One woman explained how the threat of the loss of her husband was the realization which led her to give up her drinking.

> ...That was the last time I have had a drink. I'm sure that the reason for that is because I knew I wouldn't have another chance with my husband. I think I was scared into giving it up. Because I knew then that the next time I drank he would leave me. He meant it that time. I knew it. Of course, when I drank I hated him, or thought so. But I didn't want him to leave.

Impending or actual losses can also be seen in terms of a "crisis buildup" which is a point at which some alcoholics feel that they have hit bottom and are moved to seek help. The crisis buildup is a series of crises which finally seem overwhelming to the alcoholic, overcoming his resistance to admitting his problem and seeking help. One man described the series of crises which after a long drinking career finally brought him to A.A. as follows:

> For a long time I was protected by my wife, who made excuses for me, and by the fact that I had a job, and friends. I used to look at other people and be annoyed by their boistrous drinking behavior, and I thought how different from them I was, because I drank quietly, and whenever I got too plastered to drive, asked the bartender or the local cop to drive me home. But one day, after I had been drinking for about eight days, I made it home that night to find that my wife had packed my suitcases and put them out on the patio, and had locked the house. I yelled to my son to let me in, but he supported his mother. Well, that really hit me, especially because that week I had finally been fired, my bartender had refused to extend me any more credit, and my bank had started to bounce my checks. So things really came down all at once. I broke a window and got into the house, and slept on the sofa that night.

The next day he called A.A. and went to his first meeting. He felt unwelcome at this first meeting, but persisted and went to another one that evening, at which, he said, "the hand of friendship was genuinely extended."

Just as threatened losses can mobilize readiness for recovery, the sense that his drinking does not jeopardize a marriage or job enables the alcoholic to postpone doing something about his drinking. In the example cited above, the speaker explains how the protection of job, family and friends helped him to continue his drinking for some time after it had become excessive. Other rationales may be mobilized to mitigate the realizing experience, and in this way to postpone readiness. While reaching a new stage in the drinking career may precipitate a realizing experience, the rationalization that one has not yet reached that stage may be utilized to postpone readiness. The drinker can say "at least I haven't done <u>that</u>," about such experiences as daytime drinking, obnoxious behavior associated with drinking, D.W.I. arrests, blackouts, and d.t.'s. Other alcoholics speak of the feeling that there is "still someplace to go" or "still something left to try." Also having the idea that A.A. is a 'last resort' for alcoholics, and that he himself is "not that bad," is another rationale for the individual alcoholic's

postponement of readiness for recovery.

The third event which is often cited as precipitating readiness for recovery is ambiguous in that it is impossible to specify whether it leads to the inner event of hitting bottom or is that inner event as it is experienced by some alcoholics. An intense or protracted depression which sometimes culminates in a suicide attempt is often described as the experience of hitting bottom by A.A. members.[9] The National Council on Alcoholism surveyed more than a thousand New York City A.A. members in 1962, and reported that almost 25% of their respondents reported a severe depression as the "specific event or circumstance which precipitated their initial contact with A.A." (N.C.A., 1965, p. 28). For some members this depression appears to relate to a confrontation with the prospect of death as a consequence of their alcoholism. Some psychotherapists believe that for an individual to face the inevitability of his own death can be a powerful experience which can lead to a significant change of attitude toward life (Yalom, 1976). A drinker who is experiencing the downward trajectory of the alcoholic career, can, if he is able to look ahead and suspend denial for a moment, see his death as a likely culmination of this career. This experience can make life, suddenly seen as so fragile, seem to have much more value. It can be a very depressing experience, involving a temporary loss of hope, but it can apparently lead to a "turning point," a reassessment by the alcoholic of how he wishes to use the time he has left.

Alcoholics may hit bottom almost anywhere along the alcoholic career trajectory. Where on this trajectory hitting bottom occurs depends partially on the threshold of the individual alcoholic. This threshold

is determined in part by his own personality and psychological make-up, and in part by his reaction to responses to his behavior from his surrounding social milieu of family, employer, friends and law enforcement agencies. Readiness for recovery is precipitated by the alcoholic's developing feeling that he has "had enough," but what constitutes "enough" varies widely among different alcoholics. Sometimes the feeling of hitting bottom is not itself sustained enough to lead to a sustained effort to seek help. Alcoholics come to A.A. meetings for a time and for a variety of reasons choose not to continue. Often another experience of hitting bottom is necessary to motivate them to attempt recovery again. Often A.A. is one of several recovery programs which are tried as the alcoholic alternates between alcoholic and recovery careers.

Locating Available Helping Resources

Whether hitting bottom leads the alcoholic quickly to seek help, or whether there is a substantial lapse of time before help is sought again depends partly upon the personal resources of the given alcoholic, but it also depends upon the availability of helping resources. While readiness for recovery is in part an attribute of the individual alcoholic brought about by such internal events as depression and such external events as the threat of family loss, whether it will be expressed in seeking help from A.A. depends also upon the availability of a group and certain of its resources. In order to go to A.A. at all, the alcoholic must acknowledge his problem with drinking and want to deal with it, but he must also know about A.A., believe it could help him, and have the information necessary to get there. These latter conditions depend in large part on the organization itself and represent the point at which A.A. begins to have a direct impact on the process of recovery for the alcoholic.

The extent to which A.A. makes itself available to the practicing alcoholic who is seeking helping resources depends upon a combination of the following conditions: 1. An available group which the alcoholic may join. 2. Sufficiently frequent meetings. 3. Twelfth step work, directed at persuading the suffering alcoholic that he can be helped by A.A. if he wishes to stop drinking. 4. Other A.A. members who can offer understanding and support either in person or by telephone. 5. A facility where the alcoholic can simultaneously be helped through the withdrawal period and introduced to A.A. The first two of these conditions are necessary ones. The latter three often, but not always, play a role.

Pathways to A.A.

Some newcomers seek out A.A. on the basis of what they have themselves learned. Others are taken to A.A. by concerned relatives or friends who have been seeking treatment resources for the alcoholic. Still others are referred by professional "helpers," such as doctors, psychotherapists, or clergymen.

In many cities where the membership is large enough to provide volunteer staffers, A.A. maintains a telephone referral service. The availability of such a service seems to be an important resource for the newcomer, for a large fraction of A.A. members state in their stories that their first contact with A.A. is by telephone. Where such a service is not available, the newcomer has to find directions to a meeting by word of mouth, and this can be sufficiently difficult to discourage his ever making it. In the biggest cities, the Central Offices of Intercounty Fellowships publish pamphlets listing local meetings and their times and locations.

Once he has contacted A.A. by telephone, the alcoholic will be offered one or more of a variety of suggestions. He may be immediately directed to a meeting, told where and when it is, and how to get there. He may be given a name of someone to ask for when he gets there. If there is no meeting that day, he may be invited to drop by the telephone office and talk to one of the volunteers there, who will tell him about A.A. from the point of view of a recovered alcoholic. Sometimes, especially if it sounds as if the caller is intoxicated or ill, he may be asked if he would like to have someone call on him. A big effort is made in most A.A. groups to have several "twelfth step workers" available to make such calls.

If it is a relative of an alcoholic who calls, he will often be told that the drinker himself must call and ask for help. This reflects the A.A. point of view that the drinker must have hit bottom and be ready to seek help for himself before he can be helped. Occasionally a twelfth step worker will respond to a relative's call for help, after making an attempt to assess the motivation of the drinker himself. If the relative who calls is a close relative, he will usually be directed to an Alanon meeting, and told that Alanon is an organization for the mutual self-help of spouses and other relatives of alcoholics.

The drinker who finds his own way to an A.A. Intercounty Office, talks to someone there, and from there finds his way to a meeting, is following a similar pathway. Sometimes alcoholics find their way directly to meetings. Some are taken by a friend or relative. Others, in the course of their drinking careers, have met and talked with A.A. members whom they seek out when they are ready to try A.A. Often the A.A. member has previously suggested that the alcoholic accompany him to

a meeting, and the alcoholic may even have done so. One speaker related his experience attending a meeting in this way:

> While I was in Seattle on this one trip, I contacted a friend that I used to go out drinking with, and this fellow told me that he had developed a drinking problem and was going to A.A. So he invited me, and I agreed to go with him, but when I got there the people who were there kind of laughed and told me I was too young to be an alcoholic. They told me to go out and drink for a while longer and develop some of the problems and then come back. So after that when I went to Seattle I would look in the phone book to see whether A.A. was still there, and when I saw that it was, I would feel reassured, and then forget it. It was sixteen years after that first meeting that I went to another--and I'll tell you newcomers frankly, that sixteen years is too long between meetings!

Having had this kind of an experience makes it easier for a newcomer to find his way to a meeting when he feels ready to do so.

Some drinkers are introduced to A.A. by means of twelfth step work in institutional contexts such as hospitals, prisons or mental institutions. Occasionally this introduction leads directly to long-term affiliation with A.A. More often, what is learned on these occasions about A.A. is recalled by the drinker at a later date, outside the institution, when he is feeling the need for help with his alcoholism. Another pathway to A.A. is a referral by an agency dealing with alcoholics which directs its clients to A.A. as a required or optional part of the program they offer.

When the alcoholic has reached the stage of readiness for recovery as a result of the emotional experience of hitting bottom, and has made contact with A.A. members or an A.A. group, the recovery process itself can begin. And just as alcoholism is a complex and multi-dimensional problem, it requires complex and multi-dimensional solutions. Like the

alcoholic condition itself, alcoholic recovery takes place over time, has a trajectory of variable duration and shape, and has several different phases. In the following chapter I examine the first recovery phase.

NOTES - Chapter 1

1. Henry Lennard (O'Briant and Lennard et al, 1973) has been one of the more enthusiastic proponents of this point of view. In a recent critique of current modes of treatment for alcoholism, he points out that treatment modalities based on a medical model assume that alcoholism is a phenomenon located within individuals themselves, rather than in the relationship patterns of persons in their social contexts. He feels that treatment based on the latter, social, assumption, will be much more effective, in that it focuses on extricating the alcoholic from the contexts within which he drinks, and placing him in an environment supportive of sobriety.

2. I thank Ron Roizen for directing my attention to this literature.

3. Harrison Trice (1956) has pointed out that even one's own drinking group may "ease one out" for drinking more than the others do, or behaving with less restraint. The effect of being eased out of social networks, besides an erosion of limits on behavior, is a sense of loneliness and rejection with which the alcoholic usually tries to cope by means of further or increased alcohol consumption. In this and other respects, alcoholism can be seen as a form of secondary deviance, in the sense in which Lemert (1961) used the term:

> When a person begins to employ his deviant behavior or a role based upon it as a means of defense, attack or adjustment to the overt and covert problems created by the consequent societal reaction to him, his deviation is secondary.

4. For a good theoretical discussion of the impact of social norms on individual conduct, see Robert K. Merton (1957), Social Theory and Social Structure, Chapters Four and Five.

5. Several scholars in the field of alcohol studies have pointed out the necessity for multicausal explanations for alcoholism, explanations embracing biological, psychological and socio-cultural variables. These include Franz (1963), Fox (1967), Siegler, Osmond and Newall (1968), and Jellinek (1960). Jellinek in particular (1960 and 1962) pointed out that there appear to be several types of alcoholism requiring perhaps different causal explanations.

6. Gitlow (1973) presents arguments supporting the usefulness of a disease (medical model) concept of alcoholism. In some respects, however, his is as much a social as a physiological argument. He feels that the disease model makes it possible for helping agents to muster social and economic resources in behalf of alcoholics.

7. Cahalan (1970) argues that for the purposes of social research, "problem drinking" is in some respects a more useful concept than "alcoholism." Harrison Trice (1966) suggested a definition of alcoholism based on the degree to which the drinker's role

performance is disrupted by his drinking.

8. Tiebout (1961) discusses the process of "hitting bottom" from a psychiatric point of view. He talks of the precondition for recovery in A.A. as being a state of "ego-reduction," or "surrender"--a "letting go of control." This enables the alcoholic to accept external control in lieu of self-control, which has failed him, but which he is reluctant to relinquish.

9. Milton Maxwell (1954) reports the results of a survey in which 150 A.A. members were asked what had happened to them to make them ready to join A.A. About 25% cited an overall feeling of despair as the main incentive. Another 35% responded that it was their realization that they had lost control over their drinking which led them to seek help. And about 28% mentioned a crisis, such as the loss of a job or spouse, or an auto accident or arrest.

Chapter 2

The First Phase: Simplifying

Alcoholics make their way to A.A. by a variety of pathways, and in differing frames of mind. Some come reluctantly and skeptically, others more willingly and hopefully. Some will come for only a meeting or two and will not return; others will attend meetings for a considerable period, as they consider the recovery program urged upon them at the meetings. But we have assumed, as a precondition for recovery, that for the alcoholic to be accessible to the kinds of help A.A. has to offer, he must experience and express a readiness for recovery. This involves a deepening acceptance of the extent to which drinking is creating serious problems for him, and making an effort or series of efforts at seeking help.

Under these conditions, as the alcoholic attends his first Alcoholics Anonymous meetings and first listens to and talks with other recovering alcoholics, he enters the first phase of the recovery process in A.A. This phase lasts from a few weeks to several months, and temporally overlaps with subsequent phases, although it is conceptually distinct from them. I will call the first phase the "simplification" phase, because while simplification is not the only recovery tool offered the alcoholic at this point, it is perhaps the most emphasized source of aid he is offered.

Thd first phase of recovery in A.A. consists of a redirection of the alcoholic's energy, attention and commitment from a focus on drinking to a focus on "not drinking" or sobriety. Four major tools, or

techniques, are offered the alcoholic at this point to aid him in the struggle not to drink. One of these, simplification, is conceptual as much as practical; it is a perspective the alcoholic is urged to adopt. The others, which include avoiding, substituting and relying on others, are practical aids or techniques normally offered as suggestions and resources to the newcomer to A.A.

Simplifying.

The experience of hitting bottom, as it is translated into help seeking behavior directed toward as responsive an institution as Alcoholics Anonymous, produces a feeling of hope in the alcoholic. Hopeful that A.A. can help him, the newcomer is usually anxious to reverse the trajectory of his alcoholic career dramatically, to repair as quickly as possible all the damage he has created in his own life and in the lives of others. As beaten down by circumstance and alcohol as he may be, the newcomer is likely to have very ambitious recovery goals. But A.A. wisdom holds that such ambition is unrealistic and such hopes unrealizable, and that the disappointment and frustration which develop as the alcoholic grapples with the major problems his alcoholic drinking has generated will soon lead him to resume his drinking.

Rather than attempting to tackle all his problems at once, the alcoholic is directed to narrow, focus and simplify his task. He is instructued to redirect all his attention and energy to the goal of not drinking. He is cautioned not to worry for the present about repairing things in any other area of his life. No other problem must be allowed to jeopardize his focus on the one paramount task. Other kinds of growth and change are explicitly to be postponed. This advice is given to the

newcomer by other members informally, but it is also a major theme of meetings and the discussions which follow, especially in groups whose meetings often include several newcomers.

The alcoholic is assured that his recovery will take time. The tasks to be accomplished are to be broken down into the smallest possible parts, with the chastening assurance that if they are small enough they may be manageable for the newcomer. This fragmentation of tasks is illustrated by the Twelve Steps, which to the outsider seem almost indistinguishable from one another, but to the veteran A.A. member are quite distinct. The newcomer is told that if he cannot stop drinking that there is no point worrying about any of his other problems, and that he should not worry about anything but not drinking for a period of a few months to a year. For most alcoholic drinkers, to stop drinking is not a simple act, but an ongoing process in itself. While a few A.A. members report that they stopped easily and that the compulsion to drink "just lifted," for example, for most others maintaining an initial and fragile sobriety can be nearly the whole focus of their attention for many weeks or even months.

The simplification process is promoted in behalf of newcomers to A.A. by a number of means. These include the techniques of providing explicit behavioral guidelines, narrowing the focus, using the cliches, demanding the passive acceptance of an authoritative source of expertise, and introducing the disease concept of alcoholism.

Explicit Behavioral Guidelines. While the basic task of the newcomer, attaining and maintaining sobriety, is specified very clearly so are the methods and directions for accomplishing that task. This approach is much different, of course, from traditional psychotherapeutic methods of treatment, which avoid giving directions, exhortations and pre-

scriptions for straightforward solutions to what are seen as complex intrapsychic problems. The A.A. approach is behavioral, authoritarian, and external.

Among the explicit behavioral guidelines laid down to assist the drinker is the "twenty-four hour plan." The twenty-four hour plan is a basic example of the simplification process designed to limit the task to manageable proportions. It is believed in A.A. that it is far too much to demand of an alcoholic newcomer that he resolve to give up the use of alcohol for the remainder of his life. He is explicitly advised not to think in these terms, but instead to give up drinking only twenty-four hours at a time. Each day should be organized primarily around the maintenance of sobriety for that day, and that alone. Sometimes the task is broken down into hour-long segments, and the resolution made to get through the hour without a drink. One A.A. member who worked as a barmaid talked about carrying on her struggle hour by hour, rather than day by day.

For A.A. members who take it seriously, and many seem to, the twenty-four hour plan does seem to help in the early stages of the recovery process. For one thing, members can promise themselves that if the struggle against the urge to drink remains as difficult as it seems at present, they can always drink again at some future time, just as long as it is not today. In another study of A.A., a researcher reported too that the twenty-four hour plan's usefulness is sometimes attributed to a daily cycle of subsidence and resurgence in the drinker's desire for alcohol. In this study, one A.A. member was reported as explaining:

> Every day, at first, I used to say to myself: "If I want a drink tomorrow as badly as I want one now, I will surely take one, A.A. or no A.A."

> (Observer: Then how did it happen that you did not take one when the next day came around?)
>
> Oh, that's simple. It was in the afternoon at the time when I usually had a drink, and when I was tired, that I would say that. But, since I had started the day by asking God's help for that day, I would not take a drink. Then when the next morning came around, I would be feeling swell. Not to have that terrible 'hangover' made me feel that I wanted to start another day of no drinking. That's how it kept up until I wasn't having that afternoon urge to drink anymore. (McAfee, 1957, p. 133)

Other examples of explicit behavioral guidelines are discussed throughout this chapter. In fact, all the examples cited under avoiding, substituting and relying on others, recovery tools discussed later in this chapter, fall into the category of explicit behavioral guidelines for the establishment and maintenance of sobriety in the early phases of recovery.

Narrowing the focus of attention and energy is a further key aspect of simplifying. Again, the methods for accomplishing this are explicit and concrete. The emphasis placed on the importance of not taking the first drink is one example. A.A.'s ideology presents the claim that alcoholics have a reaction to alcohol such that they cannot take even one drink without it triggering a complete loss of control over drinking. So as part of the simplifying process, newcomers are enjoined to "just keep away from one drink." "Don't take the first drink, today." The twenty-four hour plan is of course another example of "narrowing the focus."

Directing newcomers' attention to the first of the "Twelve Steps to Recovery" is another example of narrowing the focus in their behalf. The Twelve Steps, read at nearly every A.A. meeting, are pointed out to the newcomer as the basic guideline or set of tools for the attainment of sobriety. The Twelve Steps, "which are suggested as a Program of Recovery," are as follows:

The Twelve Steps

1. We admitted we were powerless over alcohol--that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God as we understood Him.

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed, and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except where to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong, promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of those steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

But even though the steps are read in their entirety at each meeting, the newcomer's attention is continually redirected to the first step in particular. He is cautioned that learning to work the whole of the twelve steps is a lengthy process, and that at the beginning he should concentrate on the first step alone. This is basically the admission of alcoholism, the first step of accepting the alcoholic identity. At most meetings, the major topic of discussion will be a "how to" of one or more of the steps; members tell how they learned

to work a particular step, and how useful it was for them. But probably for the benefit of newcomers, the first step is by far the most frequently discussed.

The cliches too serve to focus attention on the major tasks of the newcomer to A.A. At many meetings new members will notice signs posted on the walls or at the front of the room. These are the cliches, and they turn up too in the comments and admonitions of many of the speakers, as well as on bumper stickers affixed to the cars parked in the vicinity of the meeting. These soon become most familiar: "First Things First," "Keep It Simple," "Easy Does It," "Live and Let Live." Their special meanings are explained innumerable times, and they are endlessly repeated. They all seem to carry a common implication: that the attainment of sobriety is the only matter of any importance for the new member, and that he should not jeopardize his success by contemplating any other ambitious changes. New members are sometimes cautioned that they should have a year of sobriety behind them before they attempt to make any other significant life changes.

The cliches are given surprising emphasis by even quite sophisticated members of A.A., and there is some empirical support for the degree to which they are taken seriously. In the McAfee study, high percentages of the members surveyed reported that the cliches were helpful to them (McAfee, 1957). In spite of their apparent triviality, the cliches take on great seriousness to members because they are seen in contrast to the self-defeating and self-destructive alcoholic life style. But partly because of their apparent simplicity, they are easy to play with, and are the focus of many jokes among members. One man, for example, told me how he had been put off by the seeming simplemindedness of the A.A. approach at the beginning, only to be told seriously

but with good humor by a veteran A.A. member, "If it is too simple for you, just keep drinking and you'll get simple enough for it."

Passive acceptance of authoritative assistance. In a variety of ways, the newcomer is immediately introduced to the notion that he has found a source of assistance which is specialized, expert, and authoritative. Very little interest is shown in the newcomer's own concepts and ideas about his drinking problem, except as notions which have to be discounted and discouraged. While the newcomer is not debased or stripped of his identity as occurs in some other organizations dedicated to the "resocialization" of their members,[1] he is nonetheless quickly taught that as a newcomer he has nothing to teach and everything to learn. To the degree that he at first refuses to take a passive and accepting stance toward what he is told, he is rebuked or shut up, generally with courtesy, but often with firmness. After the meeting, he will sometimes be surrounded with veteran members, who attempt to set him straight. A new member who appears to refuse to take a positive and accepting stance will finally be made to feel unwelcome and unliked, and this in fact may be an important source of early dropouts from the program.

This socialization process begins almost as soon as the newcomer attends his first meeting. One speaker explained that at the first meeting he went to, he was advised to "sit down, shut up, and listen." He explained that he was not too pleased about this reception, and decided that he would not attend that particular meeting again. Later that day he found another meeting, where he was told, apparently in response to a degree of talkativeness on his part, "to take the cotton out of his ears, and put it in his mouth." (He was able to accept this slightly more diplomatic approach, even though the message was the same, and he affiliated with that particular group.)

Introducing the Disease Concept of Alcoholism. Introducing the newcomer to the disease concept of alcoholism can be understood as another means of promoting the simplification process. The illness model of alcoholism postulates that alcoholism is a disease, that it is caused by alcohol use on the part of a person who has an inherent disposition to the illness, and that while it is not curable, it can be effectively arrested. In this view because it is the use of alcohol which is the basic cause of alcoholism, the only effective means to deal with the disease is to discontinue alcohol use. This perspective thus contributes to forcing the newcomer to A.A. to focus simply on his drinking in the early stage of his membership. The possibility that there are other life problems which cause or contribute to the drinking is largely discounted and efforts to focus on these other problems as causes are dismissed as "excuses" or "rationalizations" for drinking. The susceptibility of the drinker to alcohol addiction is the only "cause" given much credence in A.A. This is one of the reasons why psychiatric treatment for alcoholism is sometimes belittled in A.A., for such treatment seeks to identify the underlying psychological "causes" of the drinking problem, and to deal with them, rather than the drinking behavior in and of itself.

Besides contributing to simplification of the task to be accomplished, the illness model of alcoholism has beneficial side-effects. It tends to reduce the sense of stigma and guilt in the mind of the alcoholic, and helps him to accept the alcoholic identity. And in the "sick role" he is better able to accept help from others in his efforts to attain sobriety.

Avoiding and Substituting.

While there is some effort made in A.A. on the basis of ideological

considerations to discredit explanations for drinking based on one's social contacts, interactions or milieu ("any excuse will do if you're going to want to have a drink"), there is a tacit recognition that social situation or context will have an effect on the success of the efforts of the newcomer to A.A. to attain and maintain sobriety. The tactics of avoiding and substituting respond to the need to make environmental manipulations aimed at increasing the prospects of the newcomer's giving up his drinking. Avoiding refers to the caution given the newcomer that he avoid opportunities and situations in which he may expect to be particularly prone to succumb to the temptation to drink. Substituting refers to the tactic of substituting a variety of satisfying or at least distracting activities and substances for the social and substance gratifications which were provided by the alcohol or the milieu in which it was consumed.

Avoiding People and Places. The newcomer is advised to avoid the places where he customarily drinks, and the people he customarily drinks with. The prohibition extends even to the point of avoiding the company of one's spouse, if that is with whom one drinks, and avoiding staying at home in the evening, if that is where one habitually drinks. In these circumstances, substantial family strain often results unless the spouse is very strongly motivated to assist the drinker in achieving sobriety. A major function of Alanon, the association of co-alcoholics (a term denoting spouses of alcoholics) is to help the spouse deal with the feelings of neglect and abandonment which can result.[2] Alternatively, the alcoholic is encouraged to avoid having alcoholic beverages in the home, if that is where he drank. This tactic may work if the spouse is not a drinker or is willing to give up drinking at home; otherwise avoiding home and the spouse are the only feasible alternatives in the early period of sobriety when the temptation to drink is in many cases strongest.

Alcoholics who drank in bars or clubs are enjoined to avoid those places. The degree to which an alcoholic can manage to do this is typically related directly to the importance to him of the people he drank with in those settings. If they are his closest friends and this is almost the only time and place in which he sees them, avoiding the situation will be exceedingly difficult. This is illustrated by the situation of a newspaperman I interviewed, whose wife was on a lengthy sabbatical in Europe. He met his newspaper friends at a bar after work, and was almost always the last to leave, because he then had to go home to an empty house. He could not imagine giving up this circle of friends, and always argued that the way he had to give up drinking was to drink coffee, at the bar, after work. He did not manage to succeed for long at this, however.

Avoiding Emotional Stimuli. The new member is advised that he must avoid situations which might provoke him to drink, through causing such emotions as anxiety, anger, loneliness or resentment, which are commonly mentioned in A.A. as stimuli to drinking. (Bigus refers to such emotions as "drinking triggers".) Initially, the new member is advised to avoid such emotions by avoiding situations or interactions which might provoke them. Eventually, if he remains long enough in the program, he will be exposed to discussions about coping with such feelings when they do arise. But the process of simplification postulates that this should come later; for the present, such feelings should be avoided. For new members who are not introspective types, ordinarily sensitive to their own feelings, utilizing this tactic may require some learning. While in theory the use of this tactic would appear to require some major life-style restructuring in order to avoid both the ordinary as well as ideosyncratic stresses of work and family life, in practice the newcomer seems

expected to use psychological defense mechanisms such as repression or denial as the means of avoiding emotions which appear to lead to drinking.

In sum, then, an alcoholic newcomer to A.A. is not expected to be able to resist the temptation to drink in the settings where he is accustomed to drink, nor is he expected to be able to resist the invitations of friends or relatives to join them in a drink. But it is not expected that the alcoholic can simply renounce friends, relations and the comfort of familiar settings simply on the basis of his desire, however strong, for sobriety. Instead, the newcomer to A.A. is encouraged to utilize the additional tactic of substituting new associates and social settings for the ones associated for him with drinking.

Substituting.

Drinking has been a powerfully satisfying substance and activity, and the substitutes for it must be many and continually available, especially in the first months after sobriety has been achieved. This loss of drinking is itself a real loss; the loss of the companionship of friends or spouse often associated with drinking are often even more painful losses. It is not expected that the drinker could sustain such losses without at least partially effective substitutes.

The ultimate aim of the program is a total life-style substitution in which the A.A. way of life is gradually substituted for the drinker's alcoholic life style. It is also an ideological or philosophic substitution in which the A.A. point of view, philosophy and method is substituted for the drinker's alcoholic state of mind and personal, pre-alcoholic philosoply or world-view. But in the initial phase of recovery the substitutions offered the newcomer are simpler and more concrete. The new-

comer is advised to substitute new people and places for the familiar ones associated with drinking, a variety of new activities for the activities associated with drinking, and other sources of oral gratification for the alcoholic beverage itself. While some of these substitutes will be needed less urgently as recovery proceeds, the basic idea of the substitution of one life-style for another is expected to be a perpetually essential requirement of recovery.

Activities. The fundamental substitution recommended in the initial phase of recovery is the substitution of a continual round of meetings and pre- and post-meeting activities for all the activities previously associated with drinking. The newcomer is sometimes advised to spend as much time in meetings as he spent drinking. Because meetings are thought to be the safest place for a person who is newly sober, the newcomer is advised to attend meetings daily or even twice-daily, and it is not uncommon to hear a member state that during his first year of sobriety in A.A. he attended meetings on a daily basis.[3] Newcomers are advised to volunteer for such pre-meeting activities as helping make coffee, set out food, arrange chairs and ashtrays, and after the meeting, helping clean the meeting room and wash cups (at least in the days before styrofoam cups were so widely used). In short, as much time as possible is to be filled in meetings and meeting-related activities, in order in part, to keep the alcoholic newcomer from having the time to pursue drinking-related activities. At the same time, the newcomer's preoccupation with drinking is indulged in the meetings, where endless talk about the topic of alcohol is substituted for the substance itself.

For reasons treated at length in the following chapter, meetings are considered such effective substitutes for drinking (and such effective

antidotes for the compulsion to drink) that they are scheduled most frequently on those days and at those hours of the day when it is socially most common to drink. As a consequence, a very large proportion of meetings are scheduled for Fridays and Saturdays, meetings are not postponed for holidays, and meeting times are generally in the early evening. A good example of this kind of scheduling is the "Happy Hour Group," which meets around five o'clock on Friday evenings in a pleasant residential area of San Francisco.

Associates. Newcomers are advised to substitute A.A. members for the friends, relatives or associates with whom they drank. It is always acknowledged as difficult and regretable if the drinker must minimize the time spent with a drinking spouse to spend the time instead with A.A. members, but is is considered essential for sobriety. Meetings provide the major context in which time will be spent with the drinker's new A.A. associates. A.A. groups in larger cities maintain clubhouses where members congregate and where newcomers may seek association with other members. And for those new members who strike up relationships with other members as they begin to attend meetings, a variety of informal associations, to be discussed in the next section of this chapter, are available.

Alternative Gratifications. Other sources of oral gratification besides alcohol, including in particular talking, and eating and drinking other things besides alcohol, are suggested to the newcomer as substitutes for drinking. At any A.A. meeting, enormous quantities of coffee are consumed, and there is an ashtray on nearly every chair. The atmosphere is laden with cigarette smoke, and non-smokers, rare at meetings anyway, suffer their discomfort in silence. Newcomers are instructed to keep a

large supply of candy bars on hand, or cokes in the refrigerator, and told to rush for some such thing whenever the impulse to drink is felt. As implied, sugary substances are particularly favored as substitutes. There are cookies, cakes or doughnuts at every meeting, financed through the collection taken at each meeting. One group whose meetings I attended reserves the back room of a large ice cream parlour to which they adjourn to talk and eat as their meetings break up.

Talking, too, is a gratifying substitution which is fostered both in meetings and informally. Personal histories are endlessly recounted. The newcomer is encouraged to talk about himself, to listen to what is being said, to compare it to his own experience, and to report back how his own experience fits into what is being discussed. A great deal of preoccupation with self is encouraged in the newcomer.

One member recalled the advice he was given as he made his first efforts at sobriety in A.A., and the various substitutes which helped him ward off the urge to drink:

> I got busy--"Keep busy," they told me. "Drink tea, coffee, cold drinks. Pace the floor if you have to to keep from taking a drink, call someone on the phone--just don't take that first drink! And I woke up one morning realizing that I was free of this obsession. I had accepted it as a disease. At first I did it by depending on A.A. people. Later I had to transfer that dependency to a higher power.

Relying on Others. At meetings one frequently hears the statement that it is the A.A. "program" which provides the means of recovery from alcoholism. Examples are frequently cited to illustrate how people have attained sobriety with the help of the "Big Book" alone, perhaps augmented by correspondence with other A.A. members. In practice, however, A.A. members are typically encouraged to rely heavily upon one another for encouragement, support, and a variety of more concrete forms of help,

especially in early stages of recovery. In particular, relying on others is a further major recovery tool which is urged upon the new member while the temptation to drink is still very strong.

Relying on the Group. A number of organizational arrangements ensure that the extent of a newcomer's reliance on others for assistance in attaining sobriety will not simply be a matter of his personal inclinations in this regard. For one thing, meetings are the major source of mutual aid among A.A. members. Members are not encouraged to rely on one another as individuals at the expense of group participation. The next chapter will be devoted to explaining the ways in which meetings provide the basic source of mutual aid in A.A., so the discussion will not be pursued further here.

Relying on Individuals. Relying on others in one-to-one relationships is also believed to be a major resource for the newcomer. Talking with other A.A. members is encouraged, whether by telephone, before and after meetings, at A.A. clubs, and through personal contacts outside of meetings. There is considerable variation in the extent to which such contact occurs among members or between members and newcomers, and the forms it takes in given instances. Groups differ in the extent to which newcomers are actively incorporated into the group, and included in conversations and activities, or alternatively, are relatively ignored by the "in-group" of veteran members. Individual preferences and personality characteristics such as openness to others, eagerness for contact, dependency needs, and so forth, no doubt also play a role in determining the development of extra-group relationships among given members and newcomers (Trice, 1956).[4] Social class similarities and differences also seem to play a role here, although it is a complex one. I observed that friendships were more

likely to develop among members of similar social class, whereas Lofland and Lejeune (1965) observed that welcoming and including behavior directed toward newcomers occurred more frequently when the newcomer was of a different social class from those who welcomed him.

The relationships between members and between members and newcomers take one of three major forms:

1) casual exchanges between veteran members and newcomers.

2) exchanges between newcomers and veterans more formally institutionalized in the sponsorship relationship.

3) friendships of varying degrees of warmth and intensity.

Casual conversational exchanges between veteran members and newcomers are the basis for providing the newcomer with emotional support, a tentative feeling of acceptance into the group, and information about A.A. and how its resources and perspectives may be helpful to him.

Lofland and Lejeune carried out an imaginative little study of the casual exchanges in which a newcomer to A.A. is informally involved in conversations during the periods before and after meetings ("Initial Interactions of Newcomers in A.A."). They wondered what features of the social structure of A.A. groups facilitated or deterred the affiliation of potential members. They suspected that members would self-select themselves to groups at approximately their own social levels, and that what influenced a member to approach a newcomer was the self-presentation of the newcomer in terms of such class symbols as style of clothing. They sent their agents, disguised as newcomers, to a series of meetings representing different social class levels (Fred Davis has commented upon the ethics of this type of research, in which the participant observer is "disguised" as a participant (Davis, 1966)). The "newcomers" dressed themselves in a variety of costumes which variously implied that they were

of lower class, working class, middle class, or upper-middle class status.

Lofland and Lejeune hypothesized that if the newcomer displayed a social class presentation similar to that of the other members of the group, then their "initial socialization" would be higher than if they displayed a social class presentation different from that of the group as a whole. Socialization was defined as the degree of activity directed toward linking the newcomer into the social system of the group--in other words, informal conversations.

To their surprise, they found that the extent of initial socialization activity appeared to be highest where the A.A. group members were of relatively higher status than the "newcomer," although the "newcomer" also got attention in those situations in which he was of higher status than group members. The major explanation appeared to be the visibility of the newcomer as a newcomer. This conclusion is supported by my own observations, which indicated that the structural feature that most often seemed to affect whether newcomers would be taken notice of by group members was the degree to which newcomers were pointed out and introduced by the chairman of the meeting as a routine part of the meeting. The other important variable appeared to be whether a newcomer was accompanied to the meeting by a veteran member, or whether he or she appeared alone. Those who came with members were generally introduced to other members and quickly became involved in conversations. On the other hand, I saw newcomers who came to meetings alone, sit unnoticed for entire meetings. This occurred at smaller meetings where members seemed intimate with one another, as well as at large meetings which were more impersonal.

Groups differ in the extent to which they have institutionalized

methods for welcoming newcomers and initiating the process of incorporating them into the group.[5] The assumption behind providing such mechanisms for welcoming newcomers is a sense that a newcomer who meets someone who takes him "under his wing," or who in general encounters friendly members who encourage and advise him, will be more likely to continue to attend meetings, and ultimately to affiliate with the group, than newcomers who are largely ignored at the meetings they initially attend. No doubt there are some individual differences in this regard. Newcomers who desire to escape notice while they reconnoiter and make an assessment about whether A.A. can help them will ordinarily be able to find a meeting where they can remain anonymous.

Some groups leave it to individual members to discover any newcomers present, and to speak to them if they care to. The chairmen of other groups ask early in the meeting if there are any newcomers present, and if so, they are formally welcomed as well as explicitly pointed out so that members can approach them more easily after the meeting, if they care to do so. Under these conditions, interaction between members and newcomers appears to be expedited.

Other conditions expediting or inhibiting member-newcomer interaction at meetings include levels of participation expected of participants during the meetings, size of meetings in terms of numbers of people present, and, as mentioned above, the likelihood that the newcomer has come to the meeting with another member of the group, or has come armed with an introduction; if he has been told, for example, to look for a particular individual at a meeting and to introduce himself to him. In groups which require participation in the discussion from all members present, newcomers become conspicuous in the process of introducing themselves when it is their turn to make a comment on the discussion. Even if they only

murmur, "I pass," for a moment all eyes in the group have been upon them.

Meetings vary greatly in size, from a handful of people to a few dozen, or sometimes even a few hundred at a meeting. The size of the meeting will help determine how conspicuous a newcomer will be. Ordinarily at the largest meetings a newcomer will be little attended to unless the group has a mechanism, such as mentioned above, for making the newcomer visible at least momentarily. On the other hand, the size of the group affects what membership resources (how many "agents," in Strauss' terms) will be available to participate in informal interactions with newcomers.[6]

There are characteristics of newcomers aside from conspicuousness which influence the extent to which members engage them in interaction. Personal qualities make a newcomer attractive or unattractive to potentially helpful members. Particularly attractive is an apparent interest in being helped, demonstrated by such things as coming to meetings sober, listening attentively during meetings and in conversations with members, and willingness to accept what is said without argument. Less attractive to potential helpers among the group members are those newcomers who come to meetings intoxicated, who debate or argue with the A.A. point of view, who remain aloof when approached by members, or who insist on discussing their personal and alcohol problems in an ideosyncratic way uninfluenced by the A.A. perspective they are urged to adopt.

One member talked to me about how she initially attended meetings for a long period relatively ignored by other members:

> I went for several months to meetings, or rather, occasionally to a meeting, but I didn't get anything out of it. I wasn't really trying. I didn't listen really, because I didn't want to know what they were saying. Mainly I went because I wanted all these people to be my friends. But they didn't want to

> have anything to do with me, because they knew I wasn't really trying. People in A.A. have to be careful with people like I was then, because they can be dangerous. I had to make up my mind that I would never drink again. I was sincere, and I was feeling good. But basically I felt I was doing it on my own. I wasn't sharing. I wouldn't talk in the meetings, and I wasn't listening.

The behavior of the newcomer in these regards influences the degree to which members are interested in making themselves available to be relied upon.

In terms of the kinds of aid provided newcomers by veteran members, newcomers are especially encouraged to rely upon veterans for learning how the A.A. program and perspective can be utilized for recovery. One interesting aspect of the Lofland and Lejeune study was their content analysis of the informal conversations between members and "newcomers." There were three forms of interaction identified: members sought information from the newcomer, offered him information, and gave him suggestions. Members asked newcomers about their familiarity with A.A., about their alcoholism, and about their non-A.A. social statuses. In turn, they offered information about their own alcoholic backgrounds, and their own non-A.A. statuses. They also told the "newcomers" about A.A. in general, and about ways of using the program for recovery from alcoholism. To this they added concrete suggestions about methods of working the program, and about the attitude the "newcomer" should take toward his alcoholism, based on the A.A. perspective (Lofland and Lejeune, 1965).

Similar casual exchanges, probably with a comparable effect on the newcomer, occur in the A.A. clubhouses which exist in a number of cities. Volunteers in A.A. Central Offices offer informal counsel and information to visitors, as well as over the telephone. And during the conversations before and after the meetings, veteran members sometimes encourage newcomers to telephone and talk with them if they feel beset by the impulse

to drink. Telephone numbers are exchanged, and sometimes newcomers team up with one another to exchange the offer of a mutual reliance on the telephone, to ward off the impulse to drink. A.A. veterans are in some instances willing to put up with remarkable demands upon their time and privacy. One excerpt from my notes reads:

> The speaker talked about her commitment to Twelfth Step work. She said she is particularly willing to take Twelfth Step calls at night, as she does not mind being awakened, and so she lets this be known at meetings she attends. Somewhat scornfully but also with amusement she related some of the details of a phone call she had received at 3 A.M. the other night. Even though she thought the caller seemed somewhat crazy, she felt pleased about the call, and as if she may have helped him in some way. Later, as she was telling her therapist about this experience, she felt amused that his response was concerned simply about how unreasonable it was that this call should have been made in the middle of the night. Jeanne was proud of her differing perception -- that it was precisely at night that people could be the most lonely, upset, and resourceless.

Relying on a Sponsor. Newcomers, especially those who look to veteran members like good prospects for A.A. therapy, are advised sometime during their early weeks in the program to choose a sponsor. The sponsor is often the major "assisting agent" the newcomer will have as he accomplishes the transition from drinking to sober alcoholic. He or she will be the personal guide and mentor of the newcomer in his socialization into the role of A.A. member and acceptance of the alcoholic identity. The sponsorship relationship is typically the major context, aside from meetings, in which the newcomer learns the "program," and how to use it for his own individual recovery.

Sponsors may be chosen on the basis of the recommendation of a veteran member by another member, on the basis of a personal affinity or attraction felt by a newcomer toward a more experienced member, or by a process whereby newcomers who are initially brought to A.A. by a friend or acquaintance rather naturally turn to these individuals as sponsors. There are no formal criteria of qualification for being a sponsor. It is implicitly

understood that the sponsor should have more experience and knowledge of A.A. than the newcomer, and a period of successfully sustained sobriety. In some groups a year's sobriety is considered the requirement of a member's undertaking a variety of responsibilities, including sponsorship.

The process of acquiring a sponsor is generally accomplished by the newcomer's asking the member of his choice to sponsor him.[7] Presumably refusals do occur, but I did not encounter any discussion of an instance of this myself. Often veteran members are pleased by requests that they sponsor newcomers. I have heard members explain that they changed sponsors because a sponsor accepted so many "babies" (as they are sometimes called) that he had insufficient time to spend talking to any one of them.

The extent of intimacy in the sponsorship relationship is as variable as the individuals who occupy it, but it is ordinarily a more personal relationship than those which develop in meetings alone. Many such relationships become close personal friendships, while others are less warm. Occasionally when the relationship has not become a cordial one, the newcomer will look for another sponsor, choosing someone with whom he does have a more cordial relationship. Eventually, as the newcomer himself becomes a veteran member, he will allow his relationship with his own sponsor to lapse somewhat and may become a sponsor in his own right.

Of the institutionalized relationships in A.A., the sponsorship relationship seems to permit the greatest degree of individual self-expression. Discussions which take place in meetings tend to be relatively formal, in the sense that individual statements are typically expressed in characteristic ideological and linguistic forms. Even in pre-and post-meeting discussions, there is a tendency for old-timers to press newcomers to see their situations from the acceptable A.A. viewpoint. In the

privacy of the sponsorship relationship there is more opportunity for a less structured and more personal expression of individual problems. The newcomer relates his difficulties and the sponsor may sympathize and advise him. At the same time, the sponsor is expected to explain the A.A. method, and how the newcomer's difficulties are amenable to solution in terms of this method. For most newcomers, this experience appears to be an important source of learning the A.A. method and its application to his own situation. But unlike at the meetings, the sponsor-newcomer relationship is unsupervised by the group or other veteran members, and seems to permit much more ideosyncratic and non-ideological self-expression than is possible in the context of meetings. This opportunity to more gradually integrate A.A. ideology with one's own experience is probably important to some newcomers who are initially skeptical about the rather ridig ideological tenor of some of the meetings.

It is worth noting briefly, though it will be taken up again in Chapter Six, that while relying on others is a tool pressed upon newcomers, veteran members themselves rely heavily on newcomers to buttress and sustain their own, more stable sobriety. The developing hopefulness of new members that they may be able to achieve and maintain a lasting sobriety on the basis of the examples set by veteran members in their groups, is an important source of support and pressure on the veterans for continued sobriety. Similarly, being a sponsor creates the expectation that one will provide an example of "good A.A.," or serious adherence to the A.A. method, and successful recovery.

Speaking at meetings and taking other leadership roles which make one a conspicuous example to newcomers as well as other veterans creates similar pressures. And twelfth step work in particular, which serves to remind the older member of how far he has come both through reiterating his

own alcoholic history and comparing it with the currently drinking alcoholic, is claimed to provide a substantial incentive for continuing sobriety. In subtle ways, therefore, older members rely upon newcomers for aid in a different, but equally important sense as newcomers rely upon them. This is one reason why newcomers are very welcome at most meetings, and why the attention of veteran members may be very quickly directed toward them.

NOTES - Chapter 2

1. Cf. Goffman (1961), "On the Characteristics of Total Institutions."

2. Cf. Bailey (1965) on "Al-Anon Family Groups as an Aid to Wives of Alcoholics."

3. Bean (1975) found that in the Boston area where she studied A.A. that new members tended to "shop" a large sample of meetings, and go to up to a dozen meetings a week in the early phases of their participation in the program.

4. Over a period of several years Trice worked on distinguishing alcoholics who do from those who do not affiliate with A.A. (Trice, 1957, 1959). He found that the affiliates were those 1) who could rather easily share their emotions with others, 2) who were comfortable with the casual sociability occuring before and after meetings, 3) who felt comfortable in small informal groups, often because they were accustomed to them, and 4) who regarded their drinking as a problem rather than simply a pleasure. On the other hand, the nonaffiliates were those who 1) had a relative who had quit drinking without help, and thus served as a model for reliance on self-control, 2) who had at some point heard A.A. members described as insincere, and 3) who had not been rejected by their drinking friends, and were hence not lonely.

   Bales (1944, 1945) noted that those who were least helped by A.A. were those 1) who lacked the motivation, 2) who felt too "smart" for the program, 3) who had an anti-religious orientation, and 4) who found it rather difficult to affiliate with any sort of group. He felt that these qualities characterized the "so-called psychopathic personality."

5. Trice (1957) also observed that the way the group receives the newcomer makes a difference in whether he will affiliate with the group. In addition, he found that having a committed sponsor increases the newcomer's chances of affiliating, and that his chances are further increased if he has a wife or a girlfriend who supports his participation in A.A. enough to attend meetings with him.

   Madsen (1974) felt that the newcomer's prospects for affiliation were markedly improved if he found someone at the meetings he attended that he could immediately relate to -- someone of similar background, with similar problems, or similar interests. He also felt that the chances of affiliation were improved if the newcomer found someone in the group whom he could strongly admire.

6. Strauss and Glaser (1975) point out the importance of the role of "agents" in the lives of the victims of chronic illness. Depending upon the tasks or functions they perform, such agents are variously labeled "assisting agents," "control agents," "rescuing agents," "protective agents," and so forth.

Just as chronically ill people in adjusting to the demands of their illnesses and regimens make use of assisting and other agents, newcomers to A.A. are ordinarily urged to make similar use of other A.A. members, using them as assisting, rescuing or even control agents, in coping with their alcoholism.

7. I observed in the San Francisco Bay Area that newcomers are usually encouraged to choose a sponsor of their own sex; or else to choose two sponsors, one of either sex. Because sponsors and their "babies" generally meet together outside of meetings, to have coffee and talk together, and because the relationship can be a close one, it appeared that cross-sex choices are discouraged, at least in many groups. Occasionally in a talk one hears of such a relationship coming to grief. Bean, who conducted her observational study of A.A. in the Boston area, also noted that most sponsor-newcomer relationships were same-sex. She further observed that female members were urged to go to A.A. meetings for women.

Chapter 3
Meetings: Generating the Spirit

The newcomer to A.A., at meetings and in conversations with veteran members, is instructed to view his accumulated problems as the one problem of alcoholism, and to simplify their solution by focussing on one task only: attaining a lasting sobriety. This task in turn is further simplified by defining it as a matter of "not taking the first drink," or "not drinking today."

The newcomer is also informed that he cannot accomplish even these simple tasks on his own, but that he must rely for assistance on other members, on very frequent attendance at A.A. meetings, and on a "higher power." While in informal conversations among A.A. members the spirituality of the program may be deemphasized or largely ignored, during meetings there is a continuing emphasis on the idea that A.A. is a spiritual program requiring the reliance of its members on a "higher power" sometimes although not always identified as God.

This unremitting emphasis on a spiritual foundation for the program's effectiveness has been one source of the criticism directed at A.A. Critics suggest that the spiritual emphasis of Alcoholics Anonymous alienates and ultimately drives away alcoholics who could perhaps otherwise be helped by the program. There is little doubt that this emphasis also alienates professionals, both helping professionals and researchers, who are fundamentally oriented to a secular and empirical view of social and psychological phenomena.

Part of the explanation for the spiritual orientation of Alcoholics Anonymous can be found in its history. A.A.'s founders were inspired

in part by a religious organization called the Oxford Movement, which attempted to bring about spiritual growth and eventual perfection in people through their participation in small discussion groups.[1] Changes in individuals were brought about within the groups through such means as the confession of shortcomings, the talking out of emotional problems, the mobilization of group support in behalf of personal change, and the establishment of a personal relationship with God. The activities of these groups provided a model for the founders of the first A.A. groups, who directly adopted these procedures, deemphasizing somewhat the talking out of emotional problems.

A.A.'s history, however, does not provide the chief explanation of its profoundly spiritual orientation. A.A. is a spiritual program to the core for social structural reasons. The basic reconstructive resource it has to offer alcoholics with great appropriateness is called "spirit," a spirit which comes fundamentally not from its origins or its ideology, but from its major continual activity: the meeting together of groups of alcoholics. It is in these meetings, and in the collective activity which they represent, that the spiritual basis of Alcoholics Anonymous is to be found.[2]

The basis for the success of Alcoholics Anonymous lies in its capacity to generate and utilize that form of experience known to sociologists as collective behavior.[3] Alcoholics Anonymous has evolved an organizational structure which is able to create and control collective behavior energy and make it available for use by the individual participant in his effort to control his problem drinking. As it is used in this analysis, therefore, the term "spirit" takes on the dual meanings both of energy and of transcendence.

The collective experience develops in a situation in which the emotional excitement of each individual develops and is heightened by the experience of sharing and expressing this excitement in a group of others who are experiencing similar feelings. In this sort of situation, extraordinary quantities of energy are generated, which are otherwise not available to the participants.

Collective behavior has typically been studied in terms of single, dramatic events, such as the activities of a mob, an audience at a sports event, or a group through which a rumor spreads. In collective behavior, the boundaries among individuals are somewhat broken down, and people come, for a brief period, to feel alike and to act alike. There is a subjective sense of merging into, and feeling "carried along by" the group. But sociologists have also pointed out that the collective behavior experience can occur in groups whose existence is more continuous than such ephemeral collectivities as a mob, an audience, or the chain of communicants passing along a rumor. Zablocki's study of a communitarian movement, the Bruderhof, is perhaps the best example of this perspective (Zablocki, 1971).

Alcoholics Anonymous, as an institution, is fundamentally constituted of individual groups in their meetings. In those meetings, a collective experience is shared by most of the people present and energy is generated which is not available outside of that context. This collectively generated energy, experienced as enthusiasm, or "spirit," becomes available for the use of the individual participant in the group on the basis of the formal elements through which it is generated and in terms of which it is expressed and shared. The creation, in the group process, of energy and enthusiasm firmly attached to individual goals which transcend

the immediate group experience, seems to be the major source of the capacity for abstinence from alcohol on the part of participants in A.A. In this chapter I explain how the process of generating the spirit occurs in A.A. group meetings, and how it becomes attached to particular goals and usable by individual members. Then I outline the organizational features of A.A. which seem to support and enhance the collective experience, and mitigate its temporary nature, translating it into almost continuously available aid.

Generating the Spirit in Meetings

From region to region Alcoholics Anonymous meetings vary somewhat in form and content, and within regions individual groups may vary the format somewhat, but most A.A. meetings have several stable features. In "speaker" meetings, most of the time is devoted to talks by one, two or three alcoholics. In discussion meetings there is typically only one talk, which is followed by a discussion, with the participation of group members. (Speakers are very often guests from other A.A. groups; this provides the main variety of an A.A. meeting.) Discussions following talks by speakers occur more commonly in smaller groups, with 10-40 members, and less often in larger groups, with 40-250 members and guests present. In "open" meetings more emphasis is typically placed on the talks by the speakers, and in "closed" meetings, from which all but alcoholics are excluded, more emphasis is placed on discussion. But this varies.

Nearly all meetings share a number of distinct features. There are rituals, which recur at every meeting, and which include such things as moments of silence, readings which are statements of A.A.'s ideology and program, and a prayer or two, at the beginning and end of the meeting. There are the "stories," statements of varying length, always thematically

consistent, outlining the speaker's alcoholic career and recovery. And then there may be a discussion in which members respond to the speaker, express urgent feelings they have about some personal difficulty, or express ideas and experiences relevant to some topic or theme the chairman has suggested for the discussion.

We will examine each of these elements of a meeting, the talks, the discussions and the rituals, and see how each contributes to the collective enthusiasm, or "spirit" which the group generates. Then we will examine the ways that the elements of each meeting which contribute to generating the spirit also make it usable by individual members beyond the immediate temporal context of the meetings themselves.

Telling Their Stories. The essential element of an Alcoholics Anonymous meeting is the telling of the alcoholic "story." One or more of these stories is a part of every meeting. At a speaker meeting it is the major focus of the meeting, and at a discussion meeting, where the stories are told in more abbreviated fashion, members typically compare elements of their own alcoholic stories with the stories of others. Because all of the alcoholic stories related at A.A. meetings are so similar in form and context, and because they become so familiar to members, the abbreviated stories or elements of stories related at discussion meetings have a similar impact on the listeners as do the lengthier ones told at speaker meetings.

In addition, at most meetings, the chairman of the evening's meeting, who is usually a different individual each week,[4] "qualifies" himself to lead the meeting. In this qualification process, to be discussed at length in the next chapter, the chairman demonstrates his fitness to lead the meeting by briefly reviewing aspects of his own story of alcoholism and recovery through A.A. His qualification to lead the meeting is thus based on his demonstration that he is an alcoholic.

The essential elements of a story vary little from speaker to speaker. The story told is invariably about the speaker's alcoholic career, including both the downward and recovery trajectories of that career. Most speakers emphasize the downward phases of their alcoholic careers in their stories, however, perhaps because of the greater poignancy and drama of these phases.

Speakers often begin by mentioning the occasion of their first drink, or their introduction to alcohol. For example:

> I very distinctly remember the first drink I ever had. I was seventeen. There was a group of us, and somebody said "let's get drunk," and I did. It was boilermakers.

There is often some discussion of early years of social drinking, when alcohol use was a pleasure, and not a problem.

> I started out drinking like I suppose anyone else does. We eloped. For a very long time we had no money; he was a medical student and I was a student nurse. So there were years when we had no liquor in the house. Then we came into the military 15 years ago, and for the first time, we had a salary. I guess we started having cocktails then. I found it was a really fun, relaxing thing to do. By that time I really liked liquor. I usually had these, what I call "ladies drinks;" then my husband introduced me to scotch, and I loved it.

Speakers often talk about how much alcohol meant to them in these early years; what pleasure, relief, or escape it afforded them. They often describe in loving detail what they drank. They occasionally comment that if alcohol were still as great a pleasure and had the same effect as it did in the early years of drinking, they would certainly still be drinking. The positive side of the alcoholic's love-hate relationship with alcohol is thus stressed at the beginning of the story.

Much of the substantial amusement the telling of the alcoholic stories generates in the meetings is provided by the speaker's recounting of the escapades in which he engaged in these earlier, happier,

phases of his drinking. The point made in recounting these amusing anecdotes, however, is an ironic one: the drinker enjoyed himself oblivious to the damage done to his dignity and to the esteem in which he was held by others.

Speakers often then go on to talk about the duration and shape of their alcoholic career trajectory; whether it was a lengthy and gradual and almost unnoticeable downward trend, or whether it was rapid and dramatic. For example:

> After we married, we did occasional social drinking, and as the years went by, and we became gradually more prosperous, we gradually drank a little more. The cupboard as the years went by gradually had a little bit more in it. We started always to serve wine with the meals for the guests, the white with the light meats, the red with the dark meats; and then the after-dinner liqueurs. And as the years went by and the entertaining became more frequent, the drinking became more frequent. Finally there was the day when I took my first drink alone....

The variation of shape and duration of the alcoholic trajectory recounted in these stories accounts for a high proportion of their variability. One element, however, is invariably constant; the shape, whatever plateaus or upward slopes it may include, is ultimately downward.

The structure of an A.A. story thus has these common elements. The speaker's first remarks concern his early, "innocent," and pleasurable drinking. The story then builds in intensity and drama as the alcoholic describes his downward trajectory, and the events which brought home to him, or in retrospect demonstrated, his progressive deterioration. Many speakers describe in great detail how terrible they felt, both physically and psychologically, in the later phases of their drinking careers. Usually speakers describe reaching their "bottom," or the various

experiences which brought home to them the extent of the damage drinking had created in their lives. Whether they would describe themselves as "high bottom" or "low bottom" drunks, the speakers usually have substantial suffering to recount.

> A woman describing herself as a high-bottom drunk, told of years of daily drunks on a six-pack of beer a day. She says that she never lost a job, though her two marriages did break up. She talked about being terribly depressed for some years, and described how she would drink herself into oblivion each evening. Weekends she would drink all day. She described trips to the grocery store in which she would do her weekly shopping of seven six-packs of beer and a sack of dog food. She describes long periods of intense loneliness and feelings of fear. Her apartment got to be a terrible mess....

Speakers who were high-bottom alcoholics, who achieved sobriety relatively early in the alcoholic career trajectory, usually comment on their gratitude that this is all they had to go through before they recognized and dealt with their alcoholic problem. Such speakers frequently express a conviction that if they started to drink again, they would proceed all the rest of the way to the bottom of the trajectory: to illness, insanity, or death. Those who reached bottom further along the trajectory ("low-bottom" drunks) emphasize the tremendous suffering they caused themselves and others. For example:

> "In six years we had three children: We were two helpless children trying to raise three helpless children." Her life was "hell," and she made several suicide gestures, including slashing her arm, which she described as "pleas for help." During these years she drank to escape into a world of daydreams which were a relief from the miseries and unmet responsibilities of her daily life. Faced with the responsibilities of being a woman, wife, mother and homemaker, she felt a failure in all of these roles, and that she simply could not cope with them. Her first marriage ended in divorce. She left her children with their father. Later, when she remarried, she got the children back, and moved with the family to California, in the hopes of bringing about a "geographic cure" from her

> drinking. The second marriage broke up and she married a third time, to someone who was protective of her and loved the children. But by this time she knew she was an alcoholic. In spite of the fact that she desperately wanted this marriage to work, there was fighting, the marriage deteriorated, and life became miserable again. This time when her marriage broke up, she describes herself as ending up on "skid row," drinking in the bar next to the bus station. She lost her children. Finally, she went on an eight-day drunk and when she woke up from that, realized that she would either have to stop drinking or would soon be dead.

Regardless of its severity, most speakers recount their suffering at some length, stressing in particular the circumstances which were most painful, or humiliating, or physically debilitating. They talk of lengthy depressions, suicide attempts, auto accidents in which they or others were injured or someone killed, abandonment by spouses and children, the hatred of family members, rape, imprisonment, and inevitably, the physical damage caused by years of drinking. These accounts are often devastating in their content. But because such suffering is recounted with humility and often humor, and never defensively or defiantly, the listeners are able to feel greatly drawn to and sympathetic with a speaker, even when he has done things which would elicit strong condemnation from others under ordinary circumstances. I remember in particular the story told by one speaker, a fireman, who had previously been a police officer. He told a story of years of drinking while on duty, stopping at a series of bars on each evening's beat. The drinking led to serious dereliction of duty, but worse, to abuse and brutality toward suspects he had occasion to apprehend in the course of a night's work. I was astonished to find myself listening to this speaker with sympathy, concern and considerable liking. Hearing the same details under other circumstances would have moved me to fury and strong condemnation.

Most speakers talk briefly about their many efforts to stop drinking, outlining what Bigus has termed their "self-control failure histories" (Bigus, 1975). They talk of "geographic cures," periods of abstinence, visits to "drying-out" hospitals, early unsuccessful attempts to recover in A.A. itself. Eventually there is a realization that self-control is insufficient:

> I was really in pain, in my gut, hurting something awful. I began to think that I was losing my mind. I decided that I just had to quit drinking. Finally, one day, I thought to myself, this is it. Everything will be just fine if I can just quit this drinking. So I tried. This time I really got panicky; this time I knew I <u>couldn't</u> quit.

At this point in the story, there is often a reference to the member's "higher power," and to the spiritual help which he has found in A.A.

Few speakers recount the process of their recovery with the same thoroughness with which they discuss the various stages and events of their deterioration. The alcoholic's downward course provides material of considerably more drama and pathos than does his recovery, just as his escapades while drinking are considerably more amusing than is his sobriety. Most speakers give the credit for their recovery to A.A., and express their deep gratitude for the program and the people in it who have helped them. One woman who came to A.A. through a women's recovery home and now attends their "alumnae" meetings, said:

> I was so relieved when they told me that I could come. As soon as I got here, and my head hit that pillow in my bed upstairs, I never felt the need to take another drink. I am so grateful that this wonderful place exists. I consider this group, along with the F.H. group to which I first went and still go, my "home groups."

Most speakers mention some event or relationship which was of special help to them. For example:

> To this day I am not sure why I went to that first A.A. meeting. But there I was, riding home in the car that night, with three other men, and one asked me how I had felt about the meeting. I started to explain that I wasn't sure how I felt at this point and one of them interrupted me, and gave me this lecture. "No matter what your first impression was, give it a chance for six weeks. Just reserve judgment, and come for six weeks. I guarantee that it will be worthwhile." So I did what he told me, and it worked. And I want to impress the same message on your newcomers here tonight. Just give it a real chance. Try it for six weeks. It will make all the difference to you, you'll see.

Many give the credit for their recovery directly to their higher power, and some explain how God answered a prayer for help through the medium of other A.A. members. One man explained:

> I was so depressed at this time that I even thought of taking my life. I finally went to the church one day, and prayed to the Blessed Virgin. I promised her that if she would help us, that I would, in return (makes various promises). And my prayers were answered, for a month later a member of A.A. was sent to us, sent by a nun who was trying to save our marriage.

All speakers point to the dramatic contrast between how good things are for them now, compared to how badly off they were when they were still drinking. This contrast is drawn even when the difficulties of the present are still significant. One woman's comments illustrate how powerful a negative reinforcement this contrast between drinking past and sober present can be:

> I still frequently think of what it was like when I was drinking. I was jailed; twice I was raped; I was hit with a beer bottle in a fight; sometimes it is just hard to believe how much I suffered. But it would be a big mistake ever to forget those things. Sometimes I think one cold beer would taste just terrific, the first couple

> of sips especially. But when I remember how much I used to like that, I remember the things that happened to me, and remind myself what the consequences would be if I started to drink again. And it works, you can bet it works.

This contrast between how far down the trajectory one went and how far up one has come or expects to come is a very important element of the A.A. speaker's story. Much of the drama which these stories generate comes not only from the shocking, pathetic or painful nature of the events which are described as the result of drinking, but also from the extreme contrast which is painted between the depths of degredation reached in the alcoholic's drinking days as compared with the promise or achievements of sobriety. The contrast is frequently so dramatic, that like a theatrical tragedy, it generates strong feelings of sympathy, identification, and, because of the uplifting ending of all of these stories, hope and optimism. These stories thus generate emotional arousal in the group. Their overall effect is to stimulate intense feeling in many of the participants, which may be experienced as strong interest, or excitement, or sometimes even a sense of euphoria.

Interestingly, no matter how depressing or tragic the events which the speaker relates, they rarely have the effect of lowering the mood of the group, or its members. In spite of the emphasis which is placed in most of the stories on the drinking rather than the recovery phases of the alcoholic career, these stories do not have a depressing effect. They are often amusing, and very nearly always entertaining. At the least they are inevitably interesting. It is an unusual talk which does not evoke some laughter from the group, and some of the talks are simply hilarious. Like many professional comedians, A.A. members tend to parody and ridicule themselves, gaining some distance from their painful

and humiliating pasts by seeing them as ironic and funny as well as tragic. This provides the listeners with the appropriate degree of distance to permit amusement, as well. More experienced speakers often seem to have a "routine" of one-liners or amusing vignettes which they intersperse at intervals throughout their talks. Many of these involve the incredible rationalizations alcoholics sometimes come up with to justify their drinking; for example, "I vowed I would never again drink at home, and after that I was never at home." Partly because of the excitement and drama of the stories and of the contrast they paint between degredation and regeneration, and partly because of the good humor with which they are told, the atmosphere of an A.A. meeting tends to be conspicuously light-hearted and high-spirited, especially as the evening progresses.

In a sense, the more sordid the story, the more triumphant is the outcome. There is an implicit recognition that the worse the situation and behavior of the speaker before he came to A.A., and the more difficult his struggles to achieve sobriety, the greater the pride he may take in his achievement of sobriety. In the Biblical sense, the last becomes the first. The worse person the drinker has been, the more esteem he will gain for his recovery. This is one of the reasons for the positive feeling that even the most dreadful and tragic recitals evoke. The listeners wait for and rejoice with the speaker's eventual victory. Vicariously they share in his struggles, and compare his with their own, sharing his triumph. The members of the group in this way share a common and intense experience as they listen to the speaker.

Discussions. The mutual emotional arousal of the participants in an A.A. meeting is typically enhanced when discussion is part of a meeting's program. The collective experience depends upon participants being able to communicate throughout the group that the emotions each one is experiencing are shared by the others. While the participants are quietly listening to the speaker they can share their feelings with one another only through such non-verbal cues as sighs, murmurs and laughter, rapt attention or sympathetic restlessness. More rarely they may whisper together. In a discussion, however, participants can share their feelings verbally with one another. Discussion is the major means by which the collective enthusiasm generated by the speaker is intensified. When there is no discussion during the meeting, the informal conversations which follow it must substitute.

By far the majority of the talks given at A.A. meetings do engage the earnest attention of the group members present. As a consequence, many of the comments group members contribute to the discussion deal with some issue the speaker has touched upon in his talk. The comments are never contradictory to the speaker; sometimes they are comparative. They are mostly expressed in such a way as to enhance and augment what the speaker has said. Some participants in the discussion will usually thank the speaker, say that he has inspired them, or acknowledge how much they "identified" with him. Others will acknowledge how much they have enjoyed the evening's meeting, what a lift it has given them. Someone else might comment how glad he feels that he didn't give into his feelings of fatigue and stay at home, as he had been tempted to do. The comments are almost uniformly supportive, warm and enthusiastic.

They often grow more so as the evening progresses. No doubt a good deal of this enthusiasm is prompted by courtesy to the speaker. But like any pep talk or concerted effort to think positively, this courtesy makes its contribution to the enthusiasm it expresses.

Thus as the discussion proceeds, similar states of feeling are reflected by one discussant after another, and are in this way reinforced. People whose feelings have been somewhat at variance, as those who felt tired and reluctant to come to the meeting, are swayed in the direction of the feelings expressed by others. The enthusiasm and energy being expressed are contagious, and soon they are shared by nearly all of the participants. By the time the meeting is formally concluded, most participants are in high good spirits. The informal "coffee hour" which follows most meetings has very much of a party atmosphere; gay, lively, sometimes boisterous.

The Rituals. As we have observed, the collective experience develops most easily in its most dramatic manifestations at "one time" events such as political rallies, sports competitions, or religious revivals. For the collective experience to occur on a regular and predictable basis, certain conditions must be met. In A.A. meetings the talks and discussions actively generate the collective experience; it is the rituals which provide the structural conditions which make it possible for members to generate a collective experience on a regular basis. For under ordinary conditions the collective experience is terrifying as well as thrilling. It is notoriously spontaneous, freeing participants from the social restraints which ordinarily keep their behavior safely under control. Participants sometimes look back on an episode of

collective behavior in which they took part with disbelief and mortification, vowing to avoid all such situations in the future. In A.A., however, the collective experience can occur with great frequency. This is because in this context collective energy is generated in specific and predictable situations, on a regular basis, by means which become familiar to all, and in a thematic context which has an important impact on its direction and use.

The ritualistic quality of A.A. meetings is strikingly conspicuous. Week after week, there is a routine, repetitive quality in the meetings which is reminiscent of a religious service. The performers change, but the performances do not. Each week the same prayers are recited, the same part of the fifth chapter of the Big Book is read, and the Twelve Steps, in succession, are read. The talks, the most highly variable elements of a meeting, contain the essential, inevitable elements of decline, then rebirth with the help of A.A. Even time is organized to contribute to the sense of ritual. Again like a church service, meetings begin promptly although latecomers will still be taking their seats; and they end as promptly, with discussion cut off so as to leave a minute or two for the Lord's Prayer.

Making the Collective Experience Acceptable

The ritualistic elements of A.A. meetings provide three basic "enabling conditions" for the collective experience. These are unity, control, and an explanation for the experience.[5] The rituals help to establish the feeling of group unity which is a requirement for the collective experience to occur. The routine quality of the meetings and the predictability of their commencement and conclusion establish the sense of

control over the collective experience which is necessary for the survival of the group and for a feeling of well-being on the part of the participants. The routine makes it possible for them to safely participate in the group experience. Finally, the religious quality of the ritual as well as the specifically religious content of the prayers and references to "higher powers," provide an explanatory framework to account for the emotional arousal generated by the collective experience. This explanatory framework accounts for the experience in familiar, everyday categories, making it acceptable, rather than unfamiliar and potentially frightening.[6]

Unity. One basis for the strong sense of group unity among members of Alcoholics Anonymous is their shared experience of a love of or need for alcohol, the enormous difficulties alcohol use creates for them, and the social stigma which results from their alcoholism. However different their pre-alcoholic lives have been, years of drinking tend to make alcoholics remarkably similar to one another in important ways. The shared experiences provided by A.A. enhances these feelings of similarity, and of identification with one another. These feelings of similarity are supported in A.A. by the requirement of anonymity, or what is in practice a partial degree of anonymity, which excludes from immediate awareness some of the common social yardsticks by means of which people differentiate themselves from one another. All of these elements are drawn upon in establishing a sense of unity in A.A. as a whole, and especially in each particular group.

The ritualistic and ideological elements of the meetings bring these more external elements into focus in the context of the meetings. The selections which are read in the meetings, the dogma which is recited,

the prayers recited in unison, and of course the stories told, serve to remind the members as they are gathered together of all they have in common in terms of their mutual problem and its solution, which involves a high degree of mutual dependency. In addition, the act of participating in a shared ritual in itself enhances the unity felt by the members of the group. Joining in the common ceremony and reciting the familiar litany heightens the intensity of the common experience within the group as well as outside of it. The fact that the shared rituals and recitations comprise an ideology which focuses specifically on a promised resolution to a profound common problem heightens the closeness members feel to one another.[7] This unity, or closeness, does not in itself generate the collective experience, but it is a necessary condition for it.

Control. The repetitiveness, consistency and predictability of the several elements of an A.A. meeting, and the routine quality and timeliness of the beginning and end of meetings help to keep the collective experience and the energy it produces under control. No matter how high spirits a meeting may generate among its participants, they can be secure in the certainty that it will follow its usual course. The collective enthusiasm aroused by an A.A. meeting is generated in a highly structured situation, within narrow boundaries. The content in terms of which the enthusiasm is expressed and the way it is expressed are clearly and definitely circumscribed. Further, as we will see, ideological requirements of the program keep the collective enthusiasm harnessed to a clear and present purpose.

As a result of the controls imposed by the ritualistic elements of an A.A. meeting, the collective emotion, while sometimes intense, is

very rarely frightening. The participants sometimes have a sense of being "carried away" by the proceedings, but this is never translated into the out-of-control behavior sometimes observed at a party, a religious revival, or a political assembly. Every A.A. meeting has a particular and inevitable form, and a scheduled conclusion.

The Explanatory Framework. The experience generated by A.A. meetings is embedded in a positive interpretive framework which explains to the participants what is happening, why it is happening, and why it should be happening. This positive interpretive or explanatory framework is the "spiritual basis" of A.A. which is so enthusiastically promoted a part of the Alcoholics Anonymous "program," or ideology. This explanatory framework has the essential function of creating the belief among participants that the collective experience is positive, desirable and safe.

We have seen how group enthusiasm is generated at A.A. meetings by several means, including personal stories of struggle, defeat, and eventual success, inspirational statements about the help that A.A. has been to the speaker, and statements about how good, optimistic or energetic the participant is feeling in the immediate situation, or in general. Similar states of feeling are expressed by speakers or in discussions, reflected in the responses of other participants, and are thereby reinforced. Participants in the meeting experience feeling the same way as others say they are feeling. The feelings of optimism, energy and goal-directedness people are expressing are contagious; the positive feelings expressed are mutually reinforcing. Participants come to feel in the course of the meetings that they are like the other people there, similarly motivated and able to do what others are saying they have

done, in terms of the attainment of sobriety and formulation of a new, A.A. oriented life-style, with the consequent resolution of a variety of personal problems. Participants feel much moved, and even changed, by their experience in the group.

Durkheim has explained how the members of a group sharing a collective experience feel as if the moral power which moves them comes from outside themselves. For Durkheim the collective experience and the force with which it moves the individual participant is the source of religious belief in mankind (Durkheim, 1915). Durkheim argues that men can understand the extent to which they are moved by group forces only in spiritual terms.

This is precisely the interpretive framework which Alcoholics Anonymous offers for the collective experience which occurs in the meetings. From a sociological point of view, the higher power or spirit whose presence is felt at meetings, is the power or force of the collective experience as it is experienced by each participant, as a force outside himself, and acting upon him. But A.A. explains this force as the force of God, working in the participant. A.A.'s explanation of the collective experience which takes place at meetings is a religious explanation. A.A. ideology asserts that the individual who comes to A.A. and acknowledges his helplessness with regard to alcohol and admits that his life is out of control, can overcome his drinking with the help of a power greater than himself. He can find this greater power in A.A. For his own part, all he need do is surrender his own wilfulness, his illusion of self-control, and give himself over to being moved by the power greater than himself. In this way the alcoholic is prepared by the

explanatory framework to be moved by the "spirit" which is generated at the meetings.[8]

Participating in the experience appears to make the explanation of it which is provided compelling. A surprising proportion of A.A. members seem able to accept the existence of a higher power, which is interpreted by most as being God, and by some as being A.A. itself, or the A.A. fellowship. Either explanation is acceptable in the program, although the former is promoted. Even people who have not previously been religious sometimes come to accept the existence of a higher power as a result of their experiences in A.A. As one man put it:

> I had never really believed in a higher power, but after I had been in A.A. for a while I finally had to, because it became so clear to me that a higher power was really present at the meetings. Somehow you could just feel him at work there.

Of course, the religious flavor of A.A. also serves as a barrier to affliation for some newcomers, who are not themselves religious, and are displeased at the idea of participating in a religiously oriented group.[9]

Sustaining the Experience and Making It Usable

As a result of their experience of finding an external and transcedent source of aid in Alcoholics Anonymous, many alcoholics develop a powerful conviction that they have finally located a source of assistance adequate to the difficulty of their problem. The belief that he has finally found help adequate to his difficulty inspires the newcomer with feelings of hope and confidence, and the emotional impact of the collective experience imbues him with a feeling of increased energy. A.A. members leave a meeting recharged with energy and motivation.

But a major problem of using the collective experience to bring about lasting change within the individual is that collectively generated enthusiasm and energy tend to dissipate when the group itself has dispersed. As an organization whose goal is to bring about change in its individual members, Alcoholics Anonymous is faced with a dual problem: that of sustaining the energy generated by the ephemeral collective experience, and of making that experience and the energy it produces usable to the individual alcoholic, who must live most of his life outside the A.A. group context. The organization has found solutions to both problems.

Making the Experience Usable. The interpretive framework provided to explain the presence of spirit at meetings is part of a larger ideological structure which includes explanations about how this spirit is to be utilized by the members. In general terms it is to be translated into enthusiasm about the hitherto insurmountable task of abstinence from alcohol, and into a conviction that the means for accomplishing this are at hand.

The collective experience of the meetings develops within an explicit ideological framework which explains and focuses it. Rather than being freely experienced and then dissipated, the collective energy created at meetings is firmly attached to specific goals and tasks whose importance is reiterated throughout the course of the meeting. Members are able to take away with them from meetings not only fading impressions of shared enthusiasms, but also very specific guidelines about how to apply this enthusiasm to a task of paramount significance for them. A.A. ideology helps to mitigate the ephemeral nature of the collective

experience with a program for action which is elaborated always at the very time the energy is being created, and is there to remind one of the inspiring experience of the meetings after they have ended.

The ideology which provides the content of the rituals and readings at the meetings, and dictates the general outlines for the talks and discussions, focuses the energy generated by the collective experience on specific goals and tasks. Taking away with him from meetings a "program," both in written form (the "Big Book") and in his memory, the member has the means of recalling to mind and putting to use the feelings of hope, capacity and energy he has experienced in the meetings themselves.

Sustaining the Experience. A.A. meetings strengthen the participants, leaving them with increased commitment to the goal of sobriety and with increased capacity for maintaining it. The collective enthusiasm generated at A.A. meetings provides the members with the power to resist the temptation to drink. Members leave a meeting recharged with energy and motivation. The next day, however, they awaken to meet the usual requirements and frustrations of daily lives. The feelings generated in the meeting rather naturally dissipate in the face of other, immediate realities. Good resolves weaken; fatigue replaces energy in the course of the day.

Frequency of meetings is the main mechanism for keeping the collective energy continuously enough available to maintain the newcomer's capacity for achieving sobriety and eventually to strengthen him enough so the effects of meetings will remain with him longer. Meetings are "dosed" depending upon how much of an input of energy and motivation a member needs. For newly sober alcoholics, whose sobriety is especially

precarious, the needed energy and resolve must be regenerated on a frequent schedule, and daily or twice-daily meetings are believed to be required. New members are sometimes told to spend as much time in A.A. activities as they previously spent drinking. Sometimes several meetings each day, an almost constant immersion in the A.A. fellowship and activities, are required. (While this degree of reliance upon meetings is possible in an area like the San Francisco Bay Area, such numbers of meetings are not available in smaller cities. Constant reliance on others by telephone might have to substitute in that case.) Later, when these initially external sources of aid have been somewhat internalized (we will see how this occurs in the next chapter), the member will need less frequently experienced doses of collective energy to sustain him, and his meeting attendance will fall off to three, two or even one meeting per week. He may recharge his supplies of energy and resolve with less frequent but possibly more intense experiences, such as speaking at meetings, or doing 12th step work, in the course of which he actively tells his own story to still suffering alcoholics. These are activities which rekindle the veteran member's enthusiasm for his more familiar sobriety, and which will be described more fully in Chapter Six.

Some critics of A.A. complain that members seem to become as dependent upon meetings as they were upon drinking; that their reliance on the organization is as much of a crutch as drinking was for them. Certainly the immediate gratification obtained from the enthusiasm, or at its best, the euphoria of the collective experience of the meetings is substantial, and the gratification provided by this experience becomes an end in itself. The most successful meetings are such effective mood elevators that the "high" they produce is sometimes acknowledged to be a direct

substitute for the alcoholic high, with none of the same punishing consequences. Zablocki has said of the collective experience which occurs in the communitarian group of which he wrote, "It might almost be said that Bruderhof Joy is habit-forming." A.A. meetings are similarly habit-forming, and part of their effectiveness lies in the fact that they substitute one habit-forming gratification for another more destructive one.

NOTES - Chapter 3

1. Other precursors to A.A. include the Washingtonian Movement of the 1840's (Maxwell, 1950) and the Reform Club Movement of the 1870's and 1880's (Thompson, 1952). Both of these American movements utilized the method of alcoholics' telling their stories to other alcoholics.

2. Jerry Travis, a Jungian psychoanalyst, first pointed out to me the special appropriateness of the term "spirit" as applied to A.A.

3. The sociology of collective behavior is extensive. Some of the most useful theoretical statements in this area include Blumer (1951), Turner and Killian (1957) and Smelser (1963).

4. The group's secretary is in some respects the chief administrative officer of an A.A. group.

5. Zablocki's discussion of the collective experience which occurs in the Bruderhof helped alert me to the structural requirements for the utilization of a collective experience on a regular basis by a group. In the group he observed what I refer to as "enabling conditions" are somewhat different from those in A.A. however.

6. This argument is somewhat reminiscent of Becker's argument in his article on becoming a marijuana user (1953) in which he points out the necessity of the user's coming to <u>define</u> and thus to experience the effects of the drug as positive. In a similar sense, A.A. members must experience the collective experience of the meetings as positive, and the group must provide the structural conditions to enable them to learn to do so.

7. Lewin and Grabbe (1945) have argued that this feeling of unity or belongingness in a group is in and of itself sufficient for "re-education," or the acceptance of a new system of values and beliefs. Stewart (1955) has made a similar argument from a psychoanalytic standpoint.

8. Other scholars have come up with different interpretations of the significance of the greater power concept in A.A. Maxwell (1962) believes that "greater power," refers to "individual energies," "real energies locked up or wasted in conflict, burned up in anxiety, and depleted through neglect of health. They consist of blocked and unused mental powers...potential capacities to be 'productive.'"

9. Zablocki identified three major forces which dampen the intensity of the collective behavior experience. One is disunity of the group as to values, norms and goals. A second is a lack of full participation in, or surrender to the collective experience. A third is a failure to understand or give a positive interpretation to the experience. Any of these problems can make affiliation difficult for some potential A.A. members.

   With regard to the first, A.A. has institutionalized several methods for ensuring unity among the members. All considerations except those narrowly concerned with achieving abstinence from alcohol are excluded from the purview of the organization. The twelve traditions, read at many meetings, remind members of the narrowness of A.A. concerns. The group is thus remarkably free from the political struggles which pull other voluntary organizations apart, weaken or divide them. The collective experience is thus rarely vitiated by struggles among the members. The requirements of anonymity too help keep members focussed on all that they have in common, rather than on their differences, be they economic, social, educational or political.

   The lack of full participation in the experience is probably a major reason why many who come to A.A. are not able to use the program. Participants must be able to "surrender" to the experience if they are to be moved by it; hence the great emphasis placed on readiness, on having "hit bottom." Personalities already somewhat reduced by harsh circumstances seem better able to succumb to and benefit from the experience than are people who still feel self-reliant, who feel that they ought to be able to deal with their alcohol problems with an effort of their own wills. I also suspect that some participants who come with a wilful attitude are able to achieve the necessary sense of surrender on the basis of their desire and a conscious effort to do so. Personality no doubt plays a part: a tolerance for dependency makes the program easier to accept.

   The failure to understand or to give a positive interpretation to the experience is probably another reason why some newcomers do not remain in A.A. Newcomers are sometimes put off by the extent to which members appear to subordinate all other life interests to their A.A. involvement, the extent to which they seem as dependent on A.A. as they once were on alcohol. These are some of the consequences of the A.A. experience, appearing more frightening than attractive to some newcomers.

   Zablocki has pointed out, in this vein, that collective experiences tend to create emotional waves of great intensity among participants, ranging from passionate attraction to equally passionate repulsion. The fact that many who come to A.A. are strongly put off by what they experience there may be accounted for in part by this observation, which would imply that the repugnance which some potential recruits feel for A.A. is an intrinsic and inevitable part of the collective experience which is also A.A.'s major resource.

Chapter 4
Identity Transformation in Alcoholics Anonymous

The alcoholic who comes to A.A. in a state of readiness for recovery, who is presented with the initial steps of A.A.'s program of recovery which focus and simplify his recovery effort, and who finds himself participating with decreasing reservations in the collective experience of the meetings, is ripe for an internal transformation in some respects comparable to a process of conversion. While an experience of conversion does not appear to be an inevitable part of alcoholic recovery in A.A., it appears to occur among members with great frequency.

All conversion experiences are not like that of St. Paul, who was struck from his horse to the ground on the road to Damascus. The conversion experience is very intense for some participants in A.A., but goes almost unnoticed by others. Some A.A. members describe a profound inner shift during their early months in the program, a powerful and emotional sense of reorientation, altering their view of themselves in dramatic and easily noticed ways. Other members talk about undergoing gradual changes which they scarcely noticed until they had occasion to look back and compare past and present selves.

The frequency with which conversion experiences occur in the context of Alcoholic Anonymous results from a combination of the need and vulnerability of many alcoholics who come to A.A., and the resocialization experiences which they undergo in the program. These resocialization

experiences, and the impact they have on the relatively vulnerable new member, will be outlined in this chapter.

The conversion experience is similar to processes of identity transformation which many sociologists have commented upon.[1] However, several dimensions, taken together, distinguish conversion from less radical forms of identity change. For one thing, conversion involves a change in a "core" identity, one which underlies all the convert's social identifications. A conversion experience is likely to affect all the convert's social roles in some ways, while less radical forms of identity change, like those of the aging football player who becomes a television sportscaster, the student who becomes a teacher, or the young "single" who becomes a wife, are less likely to affect all the individual's roles altogether.

Further, a conversion experience entails not only sweeping changes in an individual's view of his immediate life situation, but it also often entails that his past history be rewritten (or reinterpreted), and that his future be entirely remapped. Finally, the new sense of identity resulting from a conversion experience appears to involve a period of reappraisal of the potential convert's previous life, followed by a rather dramatic shift from his previous course; while most identities, like marital or occupational identities, are taken on gradually, through processes of attraction, preparation, and so forth.

Conversion is not experienced by all A.A. members and does not seem to be an absolutely essential part of recovery in A.A. Some identity change however is essential for success in A.A. The necessary change is the acceptance of the alcoholic identity: unless participants come to

believe that they are alcoholics they cannot make much use of what A.A. has to offer. Some members seem able to come to see themselves as alcoholic, and to add, as it were, this identity to their other identities, without seeing themselves, in other respects, much differently than before. This should be kept in mind by the reader as I outline in this chapter the conversion process in its entirety: some members go through a modified, partial version of this process, and are changed, but not so much so as the converts.

The internal transformation brought about in the conversion process has been delineated as a series of steps or stages by several scholars as it occurs in other contexts. R.J. Lifton, for example, described the steps of the thought reform process used in post-revolutionary China (Lifton, 1961). Zablocki used Lifton's steps to clarify his own understanding of the process of conversion in a religious communitarian movement he observed, and in the process grouped Lifton's eleven steps into three more general stages (Zablocki, 1971). While the process of conversion occurs somewhat differently in A.A. than it has been observed to occur in other contexts, Lifton's and Zablocki's categories provide useful points of comparison as we trace the conversion as it occurs in Alcoholics Anonymous.

The three general stages identified by Zablocki are "the stripping process," "identification," and "the death and rebirth of the self." The second of these stages is of particular importance in A.A. The last stage occurs so gradually in A.A. that it seems to be merely a continuation of the identification stage. And the first stage, the "stripping" process, what in A.A. is called "hitting bottom," or what I have called "readiness for recovery," has occurred before the alcoholic actually begins to participate in A.A..

Lifton identifies four steps in the stripping process, an assult upon identity, the establishment of guilt, a self-betrayal, and reaching the breaking point. Both Lifton and Zablocki describe the stripping process as something which the institution engineering the conversion process imposes upon the potential convert; a process which occurs similarly in mental hospitals, prisons, monasteries and military training centers.[2] But in Alcoholics Anonymous, the potential convert comes to the program with the stripping process well along or essentially completed. Unlike many other resocialization institutions, A.A. provides few resources to aid the participant in reaching the stage which leaves him open to conversion. This is what is meant in A.A. by the assertion that a drinker can be helped by A.A. only when he is "ready" to stop drinking; only when he has "hit bottom." For the downward trajectory of the alcoholic career does a marvelously effective job of "stripping," or personality reduction, which leaves the alcoholic vulnerable to the influence of a powerful resocialization tool such as A.A.[3]

Hitting Bottom: the First Stage

The process in alcoholic drinking of moving through a downward alcoholic career trajectory and finally "hitting bottom" is parallel to the first stage in Lifton's thought reform process in which the potential convert is weakened and made ready for change. Lifton argues that the thought reform victim is weakened by stripping him of the symbols of his identity, by isolating him from others who would reinforce his sense of being the kind of person he originally believed himself to be, and by depriving him of a sense of choice, leaving him feeling helpless. The

alcoholic drinker suffers a similar weakening of his sense of his identity as he begins to lose, as a consequence of his drinking, the symbols of his social position, such as his job, his income, and the things it buys; as he is "eased out" of familiar social networks (Bigus, 1975); and as he discovers, through a series of efforts to control his drinking, that he no longer has a choice about when or how much he drinks.

By the time these processes of identity erosion, relationship erosion and self-control erosion are underway, the drinker has also usually developed a deep sense of guilt, which he often finds he can relieve only by further drinking. This establishes a vicious circle, as the drinking relieves the guilt for the period of intoxication, but renews and gradually intensifies it as the drinking continues.

In thought reform, self-betrayal is induced by the victim's captors as they persuade him to renounce "voluntarily" central values to which he has been committed throughout his life. Alcoholic drinking seems to precipitate a parallel sort of self-betrayal. Both helping professionals who work with alcoholics and recovered alcoholics themselves have observed that a drinking alcoholic will habitually lie to anyone in order to protect his supply of alcohol and maintain his continued drinking. At the same time, in an attempt to "save face," or as Goffman might put it, in order to bring his own "line" on his "moral career" into "appropriate alignment with the basic values of his society" (Goffman, 1961, p. 150) he constructs elaborate rationalizations to account for his social lapses and derelictions of responsibility. These rationalizations often seem to be constructed more to persuade himself that his moral career is in order than to convince others. Thus in the interest of

protecting his drinking and in order to maintain an appearance of leading a normal life, there is an erosion of 'character' in the alcoholic as he lies to employer, family and friends, and tries to manipulate them into maintaining their favorable view of him. The "con games" of the alcoholic play a big part in the stories told at A.A. meetings. The rationalizations which were constructed to protect the alcoholic from acute shame as he perpetrated these deceptions are termed "alcoholic thinking" in A.A., and after the initial stage of simplification, when an initial period of sobriety has been attained, recovery from "alcoholic thinking" is stressed as a major part of achieving true sobriety.

As the drinking career continues, the alcoholic finds it more and more difficult to maintain his rationalizations as the impact of the drinking on his life becomes more difficult to ignore; at the same time he finds others increasingly skeptical about his arguments that his moral career is in order. As his lies and rationalizations are more and more thrown into doubt, he becomes come conscious of not being the sort of person he has maintained he is. At this juncture he may begin to become conscious of the extent of his self-betrayal.

The accumulation of the loss of important identity props, the loss of the support of others for his view of himself, growing guilt, and a growing sense of self-betrayal, lead to what Lifton calls the "breaking point," the experience referred to in A.A. as "hitting bottom." The drinker's sense of control over his own behavior begins to dissipate, and along with it goes his sense of control of his identity, or self. In A.A. terms, "life has become unmanageable." This is the experience described in Chapter One, a sense of hopelessness and panic, of being

overwhelmed and giving up, a sense of loss of "self,"[4] which, however brief, makes identity transformation, and thus real change, possible. The sense of emptiness and desperation, the sense that one is lost and without the resources to make one's way back, opens the drinker to the possibility of grasping external sources of structure, such as ideologies, to replace the inner structures which have been in part destroyed. The victim of this identity-loss is ready for a profound rebuilding or remapping process which will begin with finding hope through identification with others who claim to have had similar experiences.

Identification: the Second Stage

Assuming that the drinker's customary resistance to seeing himself for the moment, at least, as having been defeated by alcohol is sufficiently weakened, the experience of identification with other alcoholics begins almost with the alcoholic's initial contact with A.A. or its representatives. One way of seeing the conversion process as it takes place in A.A. is as a series of identifications on the part of the member with other members. He must first see himself as recovered or recovering alcoholics tell him they once were; and then he must see himself as being increasingly like they tell him they are now. Conversion in A.A. consists of an inner process of negotiation between a series of identifications with external objects which are available in the group with whom one may compare oneself, and changing inner beliefs about what one really is. This process of negotiation ideally[5] results in a two-stage sequence of identity transformation. The first stage is the development of a conception of self as an "alcoholic." This transformation of self-concept is facilitated by a variety of institutionalized

supports in A.A., and by a definition of alcoholism which is somewhat different from the everyday usage of the term. The second stage is the development of a conception of self as "sober alcoholic," and as a committed member of a group with whose members one shares a common set of beliefs, perspectives, self-concepts and life styles. The first stage seems to be reached rather quickly by many newcomers to A.A., and is probably essential to finding A.A. helpful in achieving sobriety. The second stage is more complex, takes longer, and is probably not attained by as many members. It is characteristic of long-time, active A.A. members.

The Offer of a Solution. The alcoholic newcomer makes his way to A.A. or contacts A.A. members in the hope that the group will offer him a solution to his problems. His expectation in this regard is rapidly affirmed. The theme of the ritualistic readings in the meetings, of the stories of the speakers and the comments of participants, and the informal conversations in which he may take part, is that the alcoholic drinker may achieve sobriety through participation in A.A. if the newcomer's initial contact with A.A. is with twelfth step workers who have answered his call for help, the message is the same. A.A. through its members offers the drinker a choice; a stark contrast is painted for him. He may accept the solution offered him through participation in A.A., or he may continue his drinking, which will progress, he is told, with inevitable certainty, through illness, madness and death. His feeling of hopelessness is echoed in the warnings of members that for the alcoholic, there are no individual solutions. The alcoholic will perish unless he can accept A.A.'s solution to his problem. He is told: "We have a program of recovery which will work for you if you will accept it."

In his desperation and impotence, the alcoholic is likely to respond more positively to A.A.'s offer of a solution than he would have done when his self-concept, and his psychological defenses, were more intact. Being offered the hope of a solution in his hopeless situation can be a dramatic experience which some members have likened to a "rebirth." Others mention feeling a surge of hope. Still others simply recall the feeling of wanting to identify with the examples of success reflected in stories and conversations. The offer of a solution motivates the newcomer to identify with others who claim to have made use of the proferred solution. One man described the first meeting he attended:

> I was just terrified. I sat there and couldn't say a word. As first one person, and then another, talked, the man who had brought me told me how long each one had been sober, and that really impressed me. I was really wishing that it could be me.

Identification Experiences. Identification begins as the newcomer discovers similarities between his own experiences with alcohol and the experiences he hears described. He begins to believe that he may indeed have the choice which is apparently being offered him, as he sees that others with problems much like his have somehow overcome them. This frequently stimulates a further surge of hopefulness.

Members describe a variety of identification experiences of varying intensity. It sometimes seems that the more intense the identification the newcomer makes with recovered alcoholics in A.A., the more hopeful he is able to feel about his own prospects for recovery. An especially strong and direct experience of identification is the "It sounded like me" experience. For example, one woman described her experience as the object of twelfth step work:

> Pam called Sunday evening. I drove to her house, and she had invited another woman, Beverly. Beverly told her story, and my jaw just dropped: it was my story! It was just incredible. Like she told me that she hadn't been able to understand why, when she left Los Angeles, why it hadn't just collapsed, because she had been running the whole thing. And that's the way I looked at my life; I had everybody on puppet strings, and was directing them all the time. They say that at your first A.A. meeting you are supposed to find hope, and I had often thought back on my first meeting and could not ever remember that experience. But recently it occurred to me that this was the evening when I found hope.

Another member talked of the pleasure of discovering "a common bond" between himself and other alcoholics, feeling somehow "in the same boat" with them. One source of gratification in the experience of identifying with other alcoholics for the newcomer is the lessening of loneliness and isolation he may experience.

> On Monday I went to my first meeting, and I was just amazed. Of the ten people that were there, besides Don and me, I knew six. It's knowing that they have the problem, and that you have the problem, that gives you this common bond, that you have all the same problem and are not alone. It is the love and understanding that comes through based on this common bond that makes the whole program work.

An oft-reported comparative identification experience which seems to stimulate hopefulness in the newcomer is the "Why, he was even worse off than I am" experience. Listening to others who seem to have come back from even greater depths of indignity than the newcomer has yet reached, and hearing the recovered alcoholic claim that he accomplished this feat by means of A.A. and its program, leads the newcomer to reflect, "If he can do it, than surely I can."

Trying on the Alcoholic Identity. The feelings of relief and hopefulness generated by the offer of a choice can help the newcomer over

the first difficulty with which A.A. presents him. Shortly after his arrival he learns that the precondition for his getting help in A.A. is an acknowledgment of his helplessness against alcohol, and of the fact that he is an alcoholic. To share with the other members the identity of recovered alcoholic to which he is coming to aspire as a result of his growing identification with them, he must first acknowledge that he is a practicing alcoholic.[6]

The experience of hitting bottom has done much to break down the newcomer's denial of the alcoholic nature of his drinking. Coming to meetings at all is a tacit acknowledgment of a newcomer's problem with alcohol. But the reluctance of a problem drinker to accept either the label or the identity of alcoholic is well known, and it is likely that this requirement that the newcomer take on the alcoholic identity, and the group pressure and support for his doing so, is a central reason why many newcomers do not remain for long in the group.

Willingness to accept the alcoholic identity develops through a series of experiences of trying on the identity, and as I have suggested, through a process of inward negotiation between external identifications and a newcomer's inward view of himself. The process of trying on the new identity as well as its eventual acceptance is initiated and supported by the group in several ways.

Practicing: Identity Affirmation. At many meetings, newcomers, and even first-timers, begin to practice alcoholic identity affirmation at once. Many meetings are structured or organized in such a way that it is difficult to avoid acknowledging an alcoholic identity. Each person who speaks at a meeting, whether to chair a meeting, tell his story,

contribute to the discussion, read a secretary's report, or to introduce himself as a newcomer to the group, first introduces himself to the group in the following terms: "Hello," (or "Hi,") "I'm (first name), and I'm an alcoholic." In my experience this self-introduction was inevitable. Occasionally there was a variation, in which the statement was concluded with "I'm an Alanon," or "...I'm a visitor." These variations were rare.

The self-introductions of members and newcomers were always received very warmly by the group, whose members invariably replied in unison: "Hi, (first name)!" In this way there was provided a continual repetition of both symbolic and real support from the group for the acknowledgment of the identity of alcoholic on the part of its members. This acknowledgment is a behavior which is modeled continually, sometimes dozens of times, during a single meeting. This practice creates both pressure and encouragement for the newcomer to make this acknowledgment, whether or not he inwardly accepts the idea that he actually is an alcoholic.

Strauss suggests in Mirrors and Masks how this process of identity affirmation pushes the candidate for identity transformation in the direction of the identity for which he has declared:

> ...If there are the usual institutionalized acknowledgments of partial steps toward the goal, then these may constitute turning points in self-conception also.
>
> ...Private proclamation to a public audience is quite another matter. Having announced or avowed your position, it is not easy to beat a retreat. Often you find yourself announcing a position, and then having to live up to it. In a more subtle sense, one often marks a recognition of self-change by announcement, but this announcement itself forces a stance facing forward since the way back, however tempting it may still look, is now blocked (Strauss, 1969, pp. 94-95).

Both observations and interviews suggested that newcomers to A.A. sometimes affirmed an alcoholic identity at meetings and even in informal conversations considerably earlier than they accepted it inwardly, before inner reservations and "making an exception of themselves" had been completely overcome. But in spite of the newness of the experience of acknowledging the alcoholic identity, rare was the newcomer who did not succumb to group pressure to do so, or feel the warmth which rewarded his doing so.

Qualifying for Membership. There are other ways in which the group offers the newcomer a feeling of acceptance in exchange for his acknowledgment of the alcoholic identity. The very way in which membership in the A.A. fellowship is defined is in terms of the acceptance of the alcoholic identity. At every meeting a statement is read to the effect that "the only requirement for membership in A.A. is a desire to stop drinking." This reflects the policy of the organization that membership is open, flexible, informal and in general signified merely by attendance at meetings. The principle of anonymity inhibits the development of such things as formal membership rosters.

But technical membership is not equivalent to "experiential" membership, the feeling of belonging or of being a part of a particular group or groups where one attends meetings and shares in the collective experience. The qualification for experiential membership, or group acceptance, is the affirmation of the alcoholic identity. Not to make this affirmation is to remain in a real sense an outsider in an A.A. group, unable to participate in the sense of fellowship which manifests itself so strongly in some groups.[7] It is to miss out on an often strong and

comforting experience of community. This experience is especially attractive to those newcomers who have experienced some degree of loneliness and isolation as a result of having been at least partially "eased out" of normal social networks (Bigus, 1975).

Transforming a Disqualification into a Qualification. Moreover, the newcomer begins to realize that in the context of an A.A. group, the alcohol abuse and its consequences, which disqualified him for full acceptance in the world at large, are in fact the fundamental qualification for his identity of his problem with alcohol. What has been to the newcomer the most negative, problematic and denied part of his character is suddenly presented to him as the basis for a new sense of belonging and acceptance. One member described his experience of identification and acceptance in this way:

> The most important thing I learned there was that I was not unique. Most alcoholics...have the same problems. When you come to A.A., the identity begins to unfold, and you don't feel unique and left out of the world anymore. You don't have to be afraid that people are going to find out about you. What is important is the feeling of identity, of fellowship, with people who have gone through the same things.

In turning a disqualification into a qualification, A.A. offers an exceedingly strong incentive for the acceptance of the alcoholic identity. A.A. transforms the social disqualification of alcoholism into the necessary qualification for becoming a respected member of a worthy group. The worse one's previous condition has been, the more potentially heroic one's recovery, and the more admiration one will receive for achieving sobriety. A.A. offers the newcomer the opportunity of transforming social rejection and disgrace into something positive; acceptance in a

group whose members have the opportunity to share a number of positively valued statuses, including membership in particular A.A. groups, and eventually, the status of "sober alcoholic."

However, because these statuses are not viewed as positively outside of the group as within it, members are urged to make A.A. the central reference group in their lives. Because the positive value placed on the identity of recovered alcoholic is not equally valued in the outside world, members are drawn into the A.A. subculture by their mutual regard and in order to maintain the positive view of themselves. The reward for sustaining this positive view of self which A.A. offers is a renewal of self-esteem, largely lost during the alcoholic career. The rewards of gradually renewed self-esteem and a growing sense of acceptance by the group lead the newcomer to act as if he has taken on the alcoholic identity whether or not inwardly he fully accepts it.

Redefining the Identity. As the newcomer is pressured to affirm that he is an alcoholic, and is socially rewarded for verbally practicing this affirmation, he is also offered new definitions of alcoholism which help to make the alcoholic identity somewhat less unpalatable to him. In particular, the newcomer to A.A. quickly "learns" that alcoholism is a "disease." Redefining the character of alcoholism from a moral deviation under the voluntary control of the individual to a physiological problem which is to a great degree involuntary, can much relieve the guilt of new members and reduce their sense of stigma. For example, one woman said:

> ...But the biggest thing they told me when I joined A.A., the most important thing, was that it was a disease. I always just thought I was a bad girl. But this drinking, it sets up something chemical or something in your body, and you just have no control.

This aspect of the ideology can make the acceptance of helplessness and need for relying on external agents which are part of the A.A. concept of the alcoholic identity more acceptable to those who resist the acknowledgment of such dependency. Further, the definition of alcoholism as a disease (often specified as an "allergy,") supports newcomers' hopes for recovery by establishing an illness-treatment model which suggests that methods for obtaining relief are available. This perspective also encourages the newcomers' help-seeking from others.[8]

Barriers to Accepting the Alcoholic Identity

I have suggested that even the newcomer who is publicly affirming his acceptance of the alcoholic identity may feel unacknowledged reservations about whether he "really" is an alcoholic. In A.A., affirmation of the alcoholic identity generally precedes acceptance.

Members differ in how long it takes them to accept the alcoholic identity, or whether they can do so at all. There are costs to be paid for the acceptance of this particular identity. In the world outside A.A., the alcoholic identity carries considerable stigma. And as the newcomer begins to discuss his drinking history in the group, in informal conversations with other members (newcomers typically are not encouraged formally to tell their stories at meetings until they have been in the program for some time), they point out to him not only the proofs of his addiction, but also his helplessness with regard to alcohol, and the necessity of his surrender and reliance upon a higher power to relieve him of his compulsion to drink. People differ in their willingness to accept a position of helplessness and surrender, and to relinquish

their sense of individual efficacy. Some need to "hit bottom" and to try the program again and again before they become willing to accept the alcoholic identity with all its ramifications. One member described a long period of inner resistance to accepting the identity of alcoholic with its implications of loss of personal control:

> I knew I was an alcoholic, but still I thought I could stop drinking by myself. Well, for one thing, my father was an alcoholic, and he quit, when I was still very young.
>
> I went for seven months to meetings, or rather occasionally to a meeting, and I didn't get anything out of it. I wasn't really trying; I didn't listen really, because I didn't want to know what they were saying. I did go to mass every morning. But mainly I went to A.A. because I wanted to have all these people as my friends. But they didn't want to have anything to do with me, because they knew I wasn't really trying. People in A.A. have to be careful with people like I was, because we can be dangerous. I had made up my mind that I would never drink again. Going to mass helped me. I was sincere, and I was feeling good about my resolution. But I wasn't sharing. I wouldn't talk at the meetings, and I wasn't listening.

Probably some drinkers manage to attain sobriety in A.A. simply going through the motions of affirming the alcoholic identity without ever giving in internally to the acceptance of the identity.

Conversion in A.A.

Conversion in Alcoholics Anonymous consists of an extensive process of identity transformation which includes not simply the acceptance of the alcoholic identity, but also a world view transformation. Lifton and Zablocki both write of this world view transformation in terms of the "death and rebirth of the self," a highly dramatic, emotional experience resolving with sudden force the disjunction which has been created for the convert between past and present experiences of self and the

world. Generally conversion, whether viewed in the religious or political context, involves the replacement of one belief system with another, generally a well-organized ideology. This is also true for conversion in A.A.; however, in A.A., unlike these other contexts, the disjuncture between past and present belief systems is rather gradual and undramatic. In A.A. the acceptance of the ideology, the experience of world-view transformation, is basically continuous with the identification stage of the conversion process. The new belief system or world view is gradually learned, accepted and applied to a member's understanding of his past, interpretation of his present, and expectations about his future.

These three phases of learning the belief system, developing a conviction that the belief system is "true," and applying the belief system to one's view of self and the world, are analytically distinguishable, but they do not necessarily occur in a particular sequence, and tend to occur rather haphazardly as members are exposed to elements of the ideology in a rather piecemeal fashion. Belief may develop early in a member's exposure to the program, as a dramatic response to hitting bottom and then being offered the hope of recovery. In this event, belief in the program will serve as a stimulus to learning the belief system, or ideology. More frequently, members report a process of "learning the program," in which belief develops gradually as it is demonstrated to them over and over how elements of the A.A. ideology they are learning apply to their experience, thus confirming the alcoholic identity and the promise of recovery in A.A. And as belief develops in the process of discovering the "fit" between elements of the belief system they are learning and their own experiences, members begin to apply the belief system in its

entirety in a systematic fashion to a reinterpretation of who they have been, are now, and will become.

Learning the Belief System. More modest than some ideological systems, A.A. ideology claims as its domain only one slice of social reality, but in this specific area it claims certainty and completeness. When the newcomer enters A.A., and begins to "learn"about his "disease" and the ways A.A. can help him in its control, what he is learning is a belief system which gives structure and order to a world which has typically, for the problem drinker, become chaotic and uncontrollable.

A.A.'s ideology can be viewed as an explanatory "map." Clifford Geertz has pointed out in an excellent discussion that an ideology provides a conceptual map, which permits the believer to gain a comfortable, clear "understanding" of a hitherto confusing, incomprehensible social landscape (Geertz, 1964). Ideology performs this function in A.A. A.A.'s ideological map provides a guide for reinterpreting the past to account for the alcoholic career; values and goals in terms of which to construct a new future (a recovery trajectory or career); and a program by means of which to formulate action in the immediate present. As a guide to action in the present, A.A. ideology is explicit, direct and simple. Its impact is described in the chapter on "Simplification." As a guide for mapping a recovery trajectory, A.A. ideology postulates the necessity for a life style of "perpetual recovery," to be discussed in Chapter Six. The remapping or reinterpretation of the past is the central element of the alcoholic career stories which are told and retold at A.A. meetings, and which are an important basis for newcomers' learning the ideology and applying it to themselves.

The closest thing to a complete statement of A.A. ideology is the "Big Book," sometimes referred to as the "A.A. Bible." It was published in 1955 by founders of the organization who wished to articulate and disseminate the recovery program they had developed. Many new members appear to read the Big Book (formally titled Alcoholics Anonymous: The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism), early in their association with A.A. Beyond this, newcomers learn the ideology piecemeal, in the meetings and in their association with other A.A. members, perhaps especially sponsors. Statements summarizing particularly central aspects of the belief system are read ritualistically at each meeting; the ideology is presented in bits and pieces as members' stories are told or typical problems and their solutions are illustrated in discussions; and ideology is taught as veteran members explain to newcomers the nature of alcoholism and of A.A.'s program of recovery.

Speakers' accounts of their own alcoholic and recovery careers are a central resource for the newcomers' learning the ideology, because in these stories, the A.A. belief system is reflected in concrete terms. A.A. ideology provides the interpretive structure, the conceptual categories and the standardized vocabulary in terms of which the content of the stories is organized and expressed.

Accepting the Belief System and Applying it to Oneself. Newcomers report that they first identify with familiar elements of the stories, and that this is one way they first begin to "believe" in the point of view reflected in the stories. "I saw that what he was saying was exactly what had happened to me," is a typical expression of this feeling of nascent belief. As newcomers recognize the more obvious correspondence

between the experiences reported by others and their own experiences, they begin to search for further similarities. Thus begins the process of remapping, or reinterpreting past and present, as newcomers negotiate a cognitive fit between elements of the A.A. point of view as they learn about it, and elements of their own experience as they reflect upon it. If this process is not interrupted, the newcomer becomes more and more disposed to see his own alcoholic and recovery experience as being like those of others he hears about in the group. No doubt this means the changing of meanings ascribed to past events, the recollection of forgotten experiences which take on new meaning in the present situation, and the forgetting of events which do not fit the framework. But in the context of the group, with its enthusiasms and pressures, all but the most resistant participants gradually yield in the struggle between the newcomer's point of view on his experience as he brought it with him to the group, and the "official" point of view as he is learning it. A newcomer audacious enough to point out a discrepancy between his own experience and the official line is assured that he does not yet understand the meaning of his experience. As he learns more about the A.A. perspective which gives form and meaning to the experience, he will come to "understand its validity."

Besides responding to group pressures to adopt the ideology, the newcomer has needs of his own which his growing belief in A.A.'s ideological framework helps him to meet. In later stages of the alcoholic career, the world has come to seem chaotic and uncontrollable. A.A. ideology provides an external source of control over a chaotic and poorly understood sequence of experiences. The weakened inner controls of the

newcomer have left him open to an internal transformation based on internalizing an alternative source of inward control. The remapping process allows the newcomer to cognitively restructure his experience so that it becomes understandable and ultimately predictable to him. His need for relationship is a further stimulus to the newcomer whose relationships have disintegrated in the course of his drinking career. In coming to see himself as a part of the group, and as such, like the others, in coming to understand his problems in the same way they understand theirs, the newcomer comes to feel the truth of what he has learned in A.A. A new world view is gradually substituted for his original view of the world.

Getting One's Story Straight. In the early phases of the remapping process, newcomers rarely have the opportunity to recount their own alcoholic career experiences at meetings, especially where there are numerous veteran members on hand whose stories and comments will be expressed in the appropriate explanatory terms. It is risky for the group and for the newcomers if a newcomer is allowed to tell his story in a meeting before he has learned how to tell it properly. One young newcomer who had been attending the meetings of several different groups each week for about two months said that she doubted that she would be invited to talk at a meeting until she had been around the program for about six months. That was just as well, she told me. "Right now," she said, "I'm still getting my story straight.

Typically, a newcomer will be encouraged to practice telling his story in informal conversations in small gatherings before he will be invited to speak before an entire group. He will relate bits and pieces

of his own story, usually to one or two other people in the group, after a meeting perhaps, or over coffee in a coffee shop, or in someone's home. In this more private context, help from more experienced members in "getting one's story straight," involves a process of tactful correction and comments like, "Well, you'll see; it's really like this...."

The risk involved in a newcomer's attempting to discuss his own history too soon at a meeting is that he will relate it in terms of an ideosyncratic explanatory framework which will deviate from A.A. ideology. The corrective efforts of other group members in response to such a gaffe can be experienced as a personal rejection. For example, an excerpt from my notes describes the efforts of a woman to describe her problems at one meeting:

> One newcomer who came to this group for the first time tonight seemed to feel a great need to talk about her problems with her husband. She broke into the discussion and told a story in which she blamed her drinking problems on her husband, and his own heavy drinking and mistreatment of her. She appealed to the group to help her decide whether she should leave her husband.
>
> There were several deviations here, and seeming somewhat disturbed, a few members abandoned the previous topic and began to correct her departures from the appropriate A.A. viewpoint, explaining to her that she must realize that she could blame no one but herself for her drinking. If she was going to come to A.A., it wouldn't matter what her husband did; that would no longer affect her. In any case, newcomers to A.A. were advised not to make any major changes in their lives until one year of sobriety had been celebrated. And her marital problems were really not the concern here, etc.

This woman seemed very disappointed at the response she met; and as long as I attended the meetings of that particular group, she did not return to another meeting. Perhaps she found another group, or gave up on A.A. for a time. So depending upon the context in which the newcomer first begins to tell his story, and how it is received, he will experience a sense of acceptance and identity, or rejection and differentness,

which will affect his remaining in the group and in the program.

Recounting the events of one's alcoholic career, first privately to one or two other people, then, perhaps, in bits, as a contribution to a meeting's discussion, and finally to the participants of an entire meeting, has several consequences for the newcomer as well as for other participants. Publicly telling the story of one's alcoholic career is an important step in the process of accepting the alcoholic identity. It is a substantially stronger affirmation of the identity than the simple statement hitherto made at meetings; "Hello, I'm Tom, and I'm an alcoholic." Because a newcomer typically will not be invited to tell his story until he is trusted to tell it appropriately, it becomes a public statement of belief; an affirmation of the ideology and of one's acceptance of it. Now when the member mentions events from his childhood or youth, or talks of his parents, his marriage, or his work, he brings these things into his story in the service of explaining his developing drinking problem, and of describing the deleterious effects his drinking had on his life. By means of the remapping process, he has recast his past in terms of alcohol. For the recovering as for the practicing alcoholic, alcohol is the major focus in his life, or at any rate the major variable in his life story. His comments about the present and future reflect a similar remapping in terms of the impact A.A. is having, and is expected to continue to have, on his perspective and his life.

The Impact of Confession. Telling his story at last for the group as a whole, the newcomer is also making a public confession of wrongdoing. In spite of that facet of the ideology which postulates that

alcoholism is a disease, most speakers express in their stories a strong sense of self-blame. The consequence of this is that the speaker takes responsibility for his drinking and for its consequences, in this way directly accepting the alcoholic identity.

There is considerable group support for such confessions. Many speakers focus on their inadequacies, immaturities, neurotic "hangups." The response of the group to this self-denigration is frequently enthusiastic. His listeners hang on his every escapade, his recital of each disaster. They chuckle at his irony; laugh heartily at his attempts at humor. They applaud warmly at his conclusion. All present share a mutual understanding; they too felt the same shame and guilt. Some speakers even dramatize and exaggerate these elements in order to capture the interest and empathy of their listeners.

In the group's acceptance and enjoyment of his talk of shame and disgrace, the newcomer finds another major reward for his acceptance of the alcoholic identity. As Zablocki says about the impact of confession for the Bruderhof neophyte: "There is an exhilarating sense of relief that there is no longer a need for secrecy even about one's innermost evil" (Zablocki, 1961). At one and the same time that the newcomer degrades himself by public confession, he meets a response that fortifies his self-esteem and helps him to regain his self-respect. Newcomers report that an enormous feeling of well-being develops in this period; to the extent that they are maintaining their sobriety, it is known as a "honeymoon" period. We will examine this phase of the recovery process in the next chapter.

NOTES - Chapter 4

1. For example, in The Joyful Community, Zablocki calls this process "world view resocialization." For other discussions of identity transformation, see Strauss (1959), Becker and Strauss (1956) and Erikson (1959 and 1963).

2. Several authors, including Sykes (1958), Goffman (1961a,b) and Garfinkel (1956) have discussed the assult upon identity as it occurs in various total institutions.

3. Synanon, in contrast, seems to rely on a combination of the reducing effects of the addiction and its downward trajectory, and institutional stripping processes, such as cutting the hair of incoming addicts and assigning them to latrine duty for the first few weeks of their stay.

4. Psychiatrists would describe this state as a breakdown of ego-functioning, or a state of extreme decompensation.

5. I mean this in the sense of "ideal type" (Weber, 1949).

6. The alcoholic identity, so difficult for many problem drinkers to accept, is a "negative identity" in the sense in which Erik Erikson has used the term: socially devalued and condemned, while both abhorrent and perversely attractive to the individual who may take it on. The sociological equivalent of "negative identity" is "deviant label." Scheff (1966) illustrates how societal labeling pushes the individual who may be engaging in occasional isolated deviant acts in the direction of more consistent deviant behavior. In A.A. there is a labeling process which is largely self-labeling, supplemented by the encouragement, hence, tacit labeling, of others in one's group. Trice (1966) talks about the role of labeling in the alcoholic and recovery processes; in confirming a deviant career or steering the alcoholic in the direction of recovery.

7. One of the ways a newcomer sometimes succeeds in resisting accepting the label for a time is by pretending that he or she has come to A.A. to find out about the program for a relative.

8. It is worth noting that there is a cost to the newcomer in accepting the A.A. definition of alcoholism as a disease. The definition suggests that the disease is chronic and progressive, and that there is no real cure for it, but only the possibility of arrest, and control of the symptoms. This can lead to a sense of fatalism about the possibility of ever overcoming the problem. For the committed member, however, this perspective helps cement a commitment to absolute abstinence from alcohol.

Chapter 5
Life Problem Reemergence

The A.A. Honeymoon

A newcomer to A.A. who with the help of the program and his growing faith in it has achieved a few weeks of sobriety, commonly experiences a period of elation familiarly known among A.A. members as the "honeymoon," or "pink cloud." The A.A. honeymoon is a period of excitement and optimism which stands in marked contrast to the depression and misery characteristic of the later stages of an alcoholic career.

Several contributory conditions create the elation characteristic of the honeymoon period. Recovery from the physical ravages of the alcohol contributes substantially to these feelings of elation. Withdrawal from alcohol is in itself painful and frightening. Surviving the symptoms of this period, whether they be convulsions, delerium tremens, anxiety attacks, or simply general misery and tremulousness, is followed by considerable physical and psychological relief. The endless cycle of hangovers is broken. Confusion of mind begins to clear; alcohol induced depression and anxiety gradually lessen. Veteran members recall with delight the pleasure they felt in the first weeks of waking up in the morning with a clear head, a calm stomach and steady hands. Newcomers share with old-timers in detail the gradual subsidence of their noxious symptoms.

Another major contrast which frequently contributes to the newcomer's elation is the social re-integration which he experiences in becoming an

accepted participant in one or more A.A. groups. If the easing-out process experienced by many alcoholics has led to a degree of social isolation and feelings of rejection, the group acceptance extended the newcomer as a reward for his affirming an alcoholic identity is likely to be highly gratifying. The sociability and often friendship extended the newcomer as he becomes integrated into a group, and his participation in the collective experience of group meetings, create a marked contrast with his social relations outside of the group.

Furthermore, a new member, and especially a cooperative and agreeable one, is likely to be the focus of considerable special attention in many groups. An oft-repeated dictum in A.A. is "the only way to keep your sobriety is to give it away." The theory is that to help new members achieve sobriety gives continuing meaning to veteran members' participation in A.A., and helps to maintain their commitment to the program. At the same time, observing the struggles, and occasional failures of newcomers, reminds veteran members of the fate in store for them should they relax their own commitment to sobriety. As a result, newcomers are frequently the focus of much of a group's activity and attention, and in consequence, they feel special and important. A newcomer's successes are often met with earnest support and much congratulation. Under these conditions, a newcomer often feels that his accomplishments are, indeed, remarkable. Finally, the collective experience of the meetings in itself creates feelings of elation or emotional "highs," which contribute to the general sense of elation and well-being of the A.A. honeymoon. This honeymoon phase may last from a few weeks to several months.

Certain conditions external to the group itself may accentuate or diminish the pleasures of the honeymoon phase. The delight and support of the member's spouse, employer, or friends about his sobriety, their expressions of support and congratulation, enhance the pleasures of this recovery phase. But two conditions in particular can considerably dampen the member's enjoyment of his sobriety in this period. The spouse of the alcoholic may not take pleasure in and support the member's new sobriety. One commonly recognized reason for this is the feelings of jealousy, competition and even desertion engendered in the spouse by the member's new commitment to A.A., and the great amounts of time he spends there. The sense of desertion is especially strong if the couple spent a good deal of time together around the shared activity of drinking. A less often scrutinized reason for a spouse's resentment and non-support of sobriety is the stake of what is often referred to in the psychiatric literature as the "co-alcoholic" spouse in the mate's drinking--the "secondary gains" for the spouse of having an alcoholic mate. These are usually subtle; but psychiatrists have long observed that a mate may maneuver in various ways to get the spouse out of treatment and back to drinking, in spite of expressed goals and feelings in variance with his actual behavior.

The other general condition which will undercut sobriety during this period and dampen enjoyment of the honeymoon phase is if the alcoholic is a participant in a social group in which drinking is an important and accepted part of sociability. This occurs not simply among members of drinking groups per se, where an alcoholic is faced with the choice of A.A. fellowship or that of his former drinking buddies. It occurs also,

and sometimes in more pervasive ways, among middle class members whose work and family lives may be organized around sociability and entertaining in which drinking seems almost a business and social necessity. Alcoholics from these social groups are often exceedingly eager to return to "normal" or social drinking. The question as to whether this is eventually possible for an "alcoholic" is still under investigation (although the A.A. point of view on this matter is clear) but it is not generally possible during early recovery phases in any case. So friends may have a stake in an alcoholic's drinking, as may a spouse, especially in the case where the alcoholic's abstention makes friends or spouse reflect uncomfortably on their own drinking. Others under these conditions may press the alcoholic to drink, urging him to "have just one" for sociability's sake.

Where conditions external to the A.A. group support sobriety, such as among members from social groups, like fundamentalist religions, which negatively value drinking, the alcoholic has an easier time maintaining sobriety. But where conditions external to A.A. tend to oppose sobriety, the alcoholic has a more difficult time, unless he divorces himself from his life external to the group, with the attendant costs, as in the A.A. program he is urged to do.

As the term "honeymoon" would imply, a period of greater realism and seriousness is to follow. At some point the newcomer begins to grow accustomed to his physical good health, and the strength of the contrast between alcoholic misery and symptom-free sobriety grows less dramatic. More poignant, the newcomer begins to notice that he is considered less of a novelty in the group, and that other, more recent newcomers have usurped his special position in the group. After several months of

sobriety, the level of congratulation is likely to diminish considerably, and the newcomer finds his sobriety taken for granted by fellow A.A. members, and by family, friends, or employer as well. He is faced with the rising expectations of others, both outside and within A.A., that he is able to accomplish more at this point than simply the maintenance of his sobriety. As in the case of an acute illness, during alcoholic recovery the newcomer has enjoyed a "moritorium" from a range of ordinary demands and responsibilities. One of the structural conditions of the honeymoon has been the temporarily changed behavior toward him of kin and friends, who have extended more concern and interest, in many cases, and have demanded less, than under ordinary circumstances. But as his recovery becomes less of a novelty and more taken-for-granted, the behavior of his associates toward the recovering alcoholic is normalized; i.e., "normal" life starts anew. The member realizes that he is now expected to carry on the normal responsibilities of an ordinary adult without special help or credit. His spouse and friends may expect him to demonstrate lessening dependence upon A.A. The disappointment following upon these new developments frequently leads to a crisis of confidence and of commitment to sobriety and to the group. At about the same time, another change is occuring which further contributes to the likelihood of a post-honeymoon crisis for the newcomer.

Life Problem Re-emergence

A variety of causal theories have been developed in an effort to explain a high prevalence of alcoholic drinking in our society. These include psychological, biochemical and genetic theories, as well as the cultural, social, socio-psychological, psychological and psychoanalytic theories more familiar to sociologists. One of the reasons for the

weakness of many causal theories of alcoholism is the fact that alcoholism is itself a "causal wipeout," in the sense that it precipitates so many new conditions, so many serious problems in itself, that it preempts whatever conditions or difficulties may have led to it in the first place. If an alcoholic began to use alcohol in excess to insulate himself from a stressful family situation, for example, or as a self-prescribed medication to treat his job-related anxiety, these problems would eventually pale in comparison with the multiple problems and crises generated in the course of an alcoholic career. As a consequence, the search for social and psychological conditions precipitating alcoholism is enormously difficult because of the life problem pre-emption generated by alcoholic drinking.

But as recovery progresses through a sustained period of sobriety, the problems created by the drinking itself gradually diminish. Especially if the fabric of the drinker's life has not been entirely shredded in the course of his alcoholic career, a variety of life-problems, some of which may have helped to precipitate the drinking initially but which in any case were for a long time obscured by it, reemerge into focus. There is at this point in the recovery trajectory a gradual process of life-problem reemergence, as long-standing problems in work, in the family, or in the personality of the drinker itself, reemerge into focus.

The newly sober member of A.A. has been protected against this process for a time by the stress placed on "simplification" in his early months in the program. He has been told over and over again that he must focus on sobriety alone and let other things take care of themselves for a time. But as maintaining sobriety takes less and less of the newcomer's time and effort, other problems begin to reemerge into awareness, and the

wave of elation on which the new member has been carried along, gradually diminishes.

Here is one member's description of the honeymoon experience followed by a gradual life-problem reemergence:

> The first three or four months I can say I've experienced some of the best times of my life. I had a great feeling of well-being, and a feeling that I was somebody, worthy to be here. Each day felt like a new experience, each day a day to live, to really be alive. I used to wake up and say "what is it I'm living for?" The change was amazing. But the last two or three weeks I've been house-cleaning. I've realized that I wasn't responsible for everything that happened. I could go back to drinking, perhaps, but I don't want to. I could stay sober by going to AA meetings, but it would be an empty sobriety. So I think I've got to start to get some problems straightened out.
>
> You realize that the problems are still there. Your thinking is so sick when you start in the program, you can only begin to get well. The body repairs itself, and you begin to feel wonderful. Then you begin thinking...you realize that this feeling is something to cherish, but to keep it you must straighten some things out. Like my marriage.... The relationship I had always cherished was beginning to change, and I didn't know how to deal with that....
>
> ...In A.A. we believe that you have a personal responsibility for your own sobriety. But we're not responsible for everything that happens in our lives. They said, it's all right to be resentful, but it's better if it comes out; constructive anger is not quite so bad. I'm quite sure that this period I'm going through now will pass, and I won't start drinking over it. But I'll be miserable until I do something about this.

As this example suggests, the life-problem reemergence phase of the recovery trajectory is a period of high risk for the new member's sobriety. This is a period during which many new members have one or more "slips," or periods during which they resume drinking for a time. Still others return to prolonged drinking at this point, reversing the recovery trajectory and resuming the alcoholic career. For many it is

a period of depression and of a renewed compulsion to drink even though they may not succumb to this compulsion.

A number of A.A.'s resources are available to assist the faltering new member during this phase of recovery, resources which make it possible for this period of particular difficulty to become a transitional phase during which more lasting recovery processes begin. These will be described in detail in the next chapter, as we examine the last, perpetual, phase of the recovery process, "working the program." Here I simply suggest a few available resources to which A.A. members troubled by life-problem reemergence can turn at this time.[1]

The Group The benefits which membership in one or more A.A. groups offer the member act as an incentive both for avoiding slips and for supporting his return to the group after a slip. One incentive is the threatened loss of fellowship if the alcoholic does not return to the group. A slip leads to an unpleasant feeling of guilt, that the member has let down other members of the group who were counting on him to do well. After the first slip or two, the member is grateful to find that he is reaccepted into the group, in spite of his backsliding.

A slip can also be a great persuader, demonstrating to the new member that what his A.A. freinds have been telling him about his "illness" is true, that he cannot drink normally, cannot drink socially, cannot take the first drink without then going ahead and getting drunk, and so forth. Slips can thus help persuade the new member of the validity of the ideology and the appropriateness of his acceptance of the alcoholic identity.[2]

Slips sometimes lead the member to draw away from the group and his A.A. associates for a time, leading to a loss of sociability and support,

as well as the self-esteem props A.A.'s subculture provides. The experience of missing these and realizing their importance to oneself are incentives to minimizing the length and frequency of slips.

Groups can fail new members at this point, failing to provide resources which would promote their remaining in the program. A lack of group interest in newcomers in general or in a particular member, and a lack of personal contact with others upon whom a member can rely in times of special difficulty, are examples of such failures.

Sponsors The sponsorship relationship is one resource especially appropriate to the life-problem reemergence phase of recovery. In A.A. meetings implicit norms somewhat limit the topics members can bring up for discussion to alcohol-related themes. This limits members' opportunities to talk about other personal difficulties, involving such things as marriage, children, or job, unless these can be related to alcohol in some way. The sponsorship relation, however, provides members with the opportunity to talk about just such personal problems. Sponsorship at its best provides the member with sympathetic, supportive listening, and some sort of personal counseling. While probably not all sponsorship relationships are close and cordial, a member is free to select a new sponsor if he cannot get what he wants from a particular relationship. The end of the honeymoon phase and the beginning of life-problem reemergence is the point at which many members first recognize their need for a sponsor.[3] One respondent described her selection of a sponsor at this point:

> So I really got depressed. Many people who enter the program go immediately up on a cloud, and this lasts a few months. In June I came down off the cloud, and I knew I had to really work the program. I never was a person to have a close friend--never had a confidant. I was raised not to air my dirty linen. But in June I

> knew I had to have someone to talk with, It took me a few months to get up the courage to ask Mary to be my sponsor. I had met her at meetings and really admired her. She agreed, and it took me a couple more months to take her up on it. Now we are very close friends. A day doesn't pass that we don't talk, at least on the phone.

The Program The other major resource available at this point in the recovery process is the opportunity to make a deeper and more complex commitment to A.A. as an organization and a program, or ideology. This deeper commitment involves the application of A.A. ideology to all phases of life, rather than to simply those aspects which directly relate to alcohol use and abuse. Embarcation upon this phase marks the end of the phase of recovery we have referred to as "simplification," and the commencement of what members refer to as "working the program." In this phase A.A. becomes a source of solutions for those problems for which alcohol was a pseudo-solution, in the sense of obscuring them or diminishing their importance for the drinker.

NOTES - Chapter 5

1. Professionals who work with alcoholics comment that alcoholics seem to require especially intensive counseling and support during the period when what A.A. members refer to as the "pink cloud" dissipates. Professionals who have themselves been alcoholics and have recovered in A.A. are particularly sensitive to this issue.

2. In this regard, slips are sometimes referred to by members as "going out to do some more research." Slips are seen in A.A. as confirming the ideology and are therefore not as destructive of morale as they otherwise might be.

3. The relationship between sponsor and he who is sponsored is similar to what Strauss and Bigus have referred to as a "coaching" relationship (Strauss, 1969 and Bigus, 1974).

Chapter 6

Maintaining the Identity: Perpetual Recovery

Simplification as a technique for attaining and maintaining sobriety yields diminishing returns as the period of time an A.A. member has been sober lengthens, and the amount of energy and attention sobriety demands of the alcoholic declines. Moreover, simplification is not a particularly useful technique for maintaining sobriety as the positive feelings of the honeymoon period wane, and the process of life-problem reemergence makes increasingly complex demands of the alcoholic. Of course, the alcoholic who returns to drinking as a consequence of the stresses of the life-problem reemergence phase is likely to continue to employ various simplification strategies if he must struggle to re-achieve sobriety. Alcoholics who are largely successful in maintaining sobriety through the crisis of the life-problem reemergence phase, however, find themselves employing new strategies to deal with the changing demands upon them and their changing relation to alcohol as their "sober time" grows longer.

Stimulated in part by life-problem reemergence, in part by the heightened expectations others have of him, in part by whatever degree of belief the member has developed in the program and the process of recovery it facilitates, the member's focus on simplification is replaced with a more active and searching attempt to use the program in a more complex way. He begins to cultivate new "tools," or strategies, which enable him to deal with a variety of his everyday problems in living as well as his temptation to drink. This shift in orientation signals the commencement of the last major phase of recovery from alcoholism in A.A. In this phase the maturing A.A. member develops a newly complex view of A.A.'s

"program of recovery," and must respond to demands upon him for a more active involvement in the program. This last stage of recovery in Alcoholics Anonymous is known familiarly among members as "working the program."

During the early phases of his participation in A.A., a relatively passive orientation has been demanded of the newcomer. This insistence on passivity is reflected in the demand that the newcomer admit his helplessness with respect to alcohol, give himself over to the aid of a higher power, accept what more experienced A.A. members tell him about himself and about the program, and apply all his energies to a very much delimited and simplified goal. In contrast, working the program, as the words themselves imply, involves a modification of this relatively passive orientation in favor of a much more active approach to the program, and thus, to recovery.

In short, in early phases of the recovery process, the new member is to <u>accept</u> the identities promoted by the group; but once having accepted the appropriate identity for his level of recovery, he becomes responsible for maintaining it, in the same ways we all maintain our identities, through maintaining associates and activities which persuade ourselves and others that we are what we claim we are or believe ourselves to be.

The newcomer to A.A. has been expected to focus on sobriety alone. But once he appears to have mastered that, he finds himself expected to take on the full range of responsibilities of any adult--and not only in his life outside the program, but in A.A. as well. Members come into the program needing care themselves; in the last phase of the recovery process, they themselves will become caretakers.

It may seem somewhat paradoxical that while the maturing member is encouraged to take on a much more active role in the program, he is not encouraged to become any less dependent upon it than he has been. On the contrary, A.A.'s ideology specifies that recovery must continue in A.A. on a perpetual basis. As we have seen, A.A. defines alcoholism as being something like a chronic illness. Chronic illness is illness from which the victim never completely recovers, although he can experience "remissions" from time to time. The consequence of A.A.'s model is that participation in A.A. is seen as a lifelong necessity if sobriety is to be sustained. Just as in theory the alcoholic does not "really" recover, but remains perpetually an alcoholic, so too, he will be perpetually in need of a recovery program. Looking at this from the point of view of identity maintenance, the alcoholic must always keep his identity as alcoholic clearly in mind, for any attempt to behave like a non-alcoholic, i.e., to drink "normally," will end in disaster for him. Hence we see that the purpose of the last recovery phase is to help the A.A. member perpetually maintain his alcoholic identity.

Ideology aside, however, it is evident that not all alcoholics whom A.A. has helped actually take an active part in the program for the remainder of their lives. Four distinct patterns of participation characterize the recovery phase I outline in this chapter. Two of these patterns involve actually entering this recovery phase, and two involve stopping short of it. I have labeled these patterns of participation "graduating," "recycling," "occasional participation," and "life-styling." Life stylers take up the responsibilities of the last recovery phase with enthusiasm and intensity. Graduates opt out of them altogether. The other two patterns of participation fall somewhere in between these extremes.

"Graduates" in my terminology are members who have achieved sobriety in A.A., and have then found it possible to maintain a significant degree of sobriety without continuing involvement in the program. A.A.'s ideology makes the claim that there are no such people, that dropouts from the program "eventually" return to alcoholic drinking. I have met such people, so I am certain they exist, but it is impossible to estimate what proportion of A.A. members actually do drop out at some point with their sobriety secure. In the course of studying the program one rarely meets with such people, and it would be a costly enterprise to locate many such individuals.[1]

"Recyclers" periodically return to active drinking, and then recycle repeatedly through earlier phases of the recovery process in efforts to reestablish sobriety. Chronic recyclers rarely reach the final phase of the recovery process, because they do not gain the degree of respect of other members which is necessary for their taking on significant responsibilities in the group. On the other hand, a substantial proportion of members who do eventually reach the final recovery phase do "slip" and recycle a few times, especially as a consequence of the post-honeymoon crisis, but they do not continue this pattern indefinitely.[2]

"Occasional participation" and "life-styling" are distinguished on the basis of the intensity of participation they represent. "Occasional participation" is a pattern characterizing members who do not appear to need an intense continuing involvement in the program in order to sustain sobriety, or for any other purposes. Such members do not drop their involvement in the program as do "graduates," however, but remain associated generally with one group, whose meetings they attend regularly or periodically. In this group they may occasionally take on responsibilities or

play a leadership role, but they do not do so on a continual basis.

Such casual participation is in strong contrast to the intensity of participation of the "life-styler," who reorganizes his life style around those activities believed in A.A. to sustain the recovery process on a perpetual basis. These are the members who "work the program" to the fullest degree. Life-stylers are generally the converts, the "true believers," in the program. The occasional participants are more likely to be those who accepted the alcoholic identity, but simply added it to their other identities, without experiencing the kind of world-view transformation which would transform these other identities and subordinate them to the alcoholic identity.

From another standpoint, these two styles of participation characterize the ends of a continuum. This continuum is characterized by varying degrees of involvement in the program and commitment to it, and by variations in the extent to which a mamber organizes a life style around A.A. principles and participation in the program. As we examine in this chapter the process of working the program, we should keep in mind that members participate in this process in varying degrees.[3]

This research yields only an informed guess about the conditions which lead some members to participate more intensively in the program, others to participate more casually, and still others, their commitment to sobriety still firm, to drop out. Some members evidently find an A.A.-oriented lifestyle meaningful enough to stay with it for a very long time, while others do not. This may be related to the extent to which other, equally or more meaningful activities and associates are or are not available to them. No doubt it is also related to the degree of dependency a member desires and can tolerate. The need a member may feel for an ideology, or system of thought, to give meaning and form to his life also

plays a role in disposing the member to take up the program as the basis for a life-style. Finally, the extent to which the member must actively maintain his alcoholic identity in order to maintain his sobriety must play a role in determining the pattern of participation of the member. However, this question of under what conditions which members select which of the major patterns of participation (and non-participation) in the final recovery phase can be answered only through further research, from psychological as well as sociological points of view.

Working the Program

Working the program occurs on two analytically distinct levels. On the behavioral level it involves playing an active role in the program, particularly in terms of taking on responsibilities for ongoing group activities, and for other alcoholics, especially potential recruits and newcomers. On a socio-psychological level, working the program involves a continuation of the conversion process, a continuing internalization of A.A. ideology in behalf of ongoing identity and personality change.

Assuming New Responsibilities

The change signaling the member's transition to the last phase of the recovery process is a gradual assumption of new responsibilities in A.A. In the initial recovery phases, newcomers are expected to do little more than clear away coffee cups, empty ashtrays, or put out and then put away chairs. But as recovery progresses, and abstinence occupies less of the newcomer's energy and attention, the group generates new demands of him. He may be asked to provide other members with rides to meetings. At meetings he will be asked to read the twelve steps, or the sixth chapter, or even to act as the meeting's chairman for the evening. As

his period of sobriety grows longer, as his continuing attendance demonstrates his commitment to the group and the program, and as he demonstrates his responsibility in fulfilling small obligations, he is encouraged to take on more substantial responsibilities. He is asked to be a speaker in the group he regularly attends, and then at meetings of other groups. He is encouraged to volunteer for work at the central office, talking to alcoholics or their relatives on the phone, or as they drop by. He is invited to begin to do Twelfth Step work. Ultimately he can be invited to become a group officer such as treasurer or secretary, and he can become a sponsor.

The expectation that the recovering newcomer will gradually assume increased responsibilities in A.A. as maintaining sobriety occupies less of his attention and energy, is a fundamental strategy for getting the member through the post-honeymoon crisis and keeping him involved in the program. The attention and respect from the group which have rewarded the new member's successful attainment of sobriety, but which have waned during the honeymoon phase, are renewed if the member takes on increasingly responsible roles in the groups to which he belongs. Accepting new responsibilities thus has the dual functions of renewing a member's interest in a recovery process which would otherwise seem to demand less and less of him as time passed, and of creating new sources of support and new rewards for membership and sobriety, replacing the diminishing reinforcements of the honeymoon period.

One man, telling his story at a meeting, described how his interest in the program was revived when he began to do Twelfth Step work:

> I went to quite a few meetings at first, and then, after about three months, I began to get a little bored, and to wonder if I really needed all those meetings. Then one day somebody from the Central Office called me and asked me if I was feeling ready to make my first 12th step call. She said, "you've been really active in the program; you've been attending regularly and taking on responsibilities; do you think you feel ready for this? The problem is, we need you. We've tried to get in touch with several men this afternoon, and we haven't been able to reach anybody. This is a young man in the city jail, and he is crying for help from somebody." So I told her I'd do my best, but since this was my first time, I'd like to go with somebody else. And she told me to try to get in touch with somebody if I could, but just to go and tell my story. So I tried to get hold of my sponsor, but he was busy, and a couple of other people, but I couldn't get anyone, so I went myself. And I just told my story.
>
> After that my boredom vanished. I was never bored in A.A. again. I learned what they meant when they say you have to give it away to keep it. That had been one of the things I had said "I can't imagine what it means" about. But after that I knew.

Since it is a self-help group, all of A.A.'s work is done by its members. As a result, particularly in smaller groups, there is substantial pressure for the new member to take on increasing responsibility as his recovery progresses. The group's bestowal and the member's acceptance of increasing responsibility are therefore of mutual benefit. Assuming increasing responsibility is a process which may take only a few weeks from the time a member joins A.A., or which may take years. The timing of the process depends upon the rapidity with which a member apparently accepts the program, upon the degree of his success in maintaining sobriety, and probably also upon his capacity to form positive relationships in the group and to win the respect of other members.

Unbroken sobriety is not an absolute requirement for the assumption of increased responsibilities. The group regards occasional brief slips with tolerance in the early stages of recovery. Later on, the veteran member who slips is likely to lose any leadership positions he may hold in the group for a period of time as a result. But ordinarily the member

is permitted many opportunities to re-assume any responsibilities he may have temporarily forfeited by a transgression. As already indicated, chronic "recyclers" rarely are given significant responsibility, as their periodic slips render them unreliable.

The various responsibilities and functions which the member assumes in the last recovery phase cement his commitment to the program and to the group in a variety of ways. We will look in turn at the major responsibilities A.A. members take upon themselves, and the consequences these have for the maturing A.A. member.

Twelfth Step Work. The last of the A.A. "Twelve Steps" advises the recovered alcoholic to carry A.A.'s message to other alcoholics who are still drinking. As the quote above implies, veteran A.A. members affirm a belief that Twelfth Step work is a basic requirement for sustaining long-term sobriety. As a consequence, most veteran members do some form of Twelfth Step work, which includes such things as volunteer work at the local Central Office, taking phone calls, and talking to people who drop in. More traditionally, Twelfth Step work consists of going into homes, jails or hospitals, in answer to the calls of distressed alcoholics, or their relatives or caretakers. On these visits, the Twelfth Step workers tell their own stories of alcoholic misery and of recovery in A.A. They present themselves as living proof of A.A.'s success, and insist that they bring to the sufferer hope and a promise of aid which he can find nowhere else. Twelfth Step workers regard themselves as rescuers, and their work as saving lives.

As a consequence, Twelfth Step work is regarded as exceedingly meaningful by most veteran members. By some members it is viewed as such a vital, valuable and satisfying activity that in and of itself it can

become a central purpose in life. This sense of Twelfth Step work as being so meaningful that it makes life worthwhile was expressed by one member in this way:

> ...it's the 12th step. Once you get sobriety, the only way you can keep it is to give it away. We reach out to other alcoholics -- we try to get them into A.A. to learn how to live. It is the greatest feeling in the world to see someone get happy. ...you can't help but forget yourself, you really get away from yourself and become concerned with others. And you get a great feeling that when you help somebody and see their whole life change, that you really have played a part in saving someone's life. You feel as if you finally have a purpose in life -- a great purpose in life.
>
> The time comes that you have no more desire to drink, but the program continues to be very important to you. I stay in the program because I love to give, because in this program I can give. I have a real desire to help the alcoholic.

This feeling of finding meaning in life through such A.A. activities as Twelfth Step work is enhanced by the respect and esteem the member receives as a consequence of Twelfth Step work. The Twelfth Step worker is viewed as a success by the suffering alcoholic to whom he carries his story of recovery in A.A. The member gains further status in the group for bringing new members into the program, in part because of the functional importance of Twelfth Step work for the group in terms of its survival and growth. Twelfth Step work not only keeps new members coming and in this way has a replacement and growth effect for the organization, but also serves as a meaningful activity which motivates successful recoverers to maintain their affiliation with A.A.

Speaking at Meetings. Speaking at meetings is another dimension of assuming responsibility in the final recovery phase which enhances self-esteem, accrues status in the organization, and promotes the maintenance of sobriety. Newcomers to the program are rarely invited to speak at meetings during the early phases of recovery. As we have seen, they have to learn how to tell their story properly, and they do this

mainly by listening to the stories of others. When they have heard enough such stories, identifying with other speakers, comparing the experiences of the speakers with their own, and learning the ideological structure within which the stories are framed, they will be ready to tell their own stories at meetings. The member mentioned in the discussion about conversion, who was asked when she would be telling her own story at a meeting, replied:

> Oh, I don't know. The newcomer's rule is, everything takes a year. If you're going to integrate A.A. into your life style, you have twelve months to get your shit together. You don't really have to do anything yourself for twelve months. You can sit and never open your mouth at meetings. Right now I'm still trying to get my story straight.

Members of course vary in terms of the ease with which they are able to address a group. Often the first few times a member gives his talk he spends a good deal of time in preparation and finds himself anxious and uncomfortable. But skill and comfort in speaking increase with practice, and many veteran A.A. members come to be skilled and entertaining speakers. Those who have a good story to tell, tell it well and in an entertaining manner, with drama and humor, develop substantial local reputations as speakers. Evidently members do not even mind hearing an entertaining speaker several times over, since on several occasions I heard speakers introduced by the evening's chairman with "I've heard Bob speak many times, and I'm sure you'll enjoy listening to him as much as I always do." This is rather remarkable given the fact that the story told every time is essentially the same.

The ability to move, impress and entertain an audience can be a substantial source of gratification to a member. It has other consequences besides. Each such experience strengthens a speaker's alcoholic identity and his belief in A.A. ideology, both of which he affirms in

his talk. As Strauss points out in Mirrors and Masks, the public affirmation of a man's view of what he is pushes him further along in the process of becoming just that (Strauss, 1969). Further, the speaker is emotionally moved both by his own oratory and by the response of his audience, in such a way that each occasion of publicly telling his story and affirming his creed deepens his conviction and commitment. Durkheim has described how this occurs:

> To strengthen those sentiments which, if left to themselves, would soon weaken, it is sufficient to bring those who hold them together and to put them into closer and more active relations with one another. This is the explanation of the particular attitude of a man speaking to a crowd, at least if he has succeeded in entering into communion with it. His language has a grandiloquence that would be ridiculous in ordinary circumstances; his gestures show a certain domination; his very thought is impatient of all rules, and easily falls into all sorts of excesses. It is because he feels within him an abnormal over-supply of force which overflows and tries to burst out from him; sometimes he even has the feeling that he is dominated by a moral force which is greater than he and of which he is only the interpreter. It is by this trait that we are able to recognize what has often been called the demon of oratorical inspiration. Now this exceptional increase of force is something very real; it comes to him from the very group which he addresses. The sentiments provoked by his words come back to him, but enlarged and amplified, and to this degree they strengthen his own sentiment. The passionate energies he arouses re-echo within him and quicken his vital tone. It is no longer a simple individual who speaks; it is a group incarnate and personified. (Durkheim, The Elementary Forms of the Religious Life, p. 241).

The collective experience generated in A.A. meetings, promoted in part by the talks themselves, thus contributes in turn to the impact of the experience of speaking on the speaker himself. Having aroused in the group and in himself a good deal of positive emotion, the speaker is rewarded with immediate and positive feedback. He is applauded, warmly thanked, and at the end of the meeting, usually surrounded by well-wishers and admirers, other members who thank him with comments about how much the talk meant to them, or how much they identified with it, or learned from it. Speakers usually react with pride and pleasure on these occasions.

Self-esteem is enhanced. The status of the speaker is enhanced both in the home group and in neighboring groups. The speaker who can move his audience, empathically or with humor, feels a sense of power and personal effectiveness. Such positive experiences strengthen commitment to the group within which they occur, to the alcoholic identity which becomes still more positive for the speaker, and to the belief system which is affirmed. All the experiences in which the member tells the story of his alcoholic and recovery careers--Twelfth Step work, sponsorship, the casual exchange of stories in the before and after-meeting sociability, and speaking at meetings--all serve to maintain the alcoholic identity. But the speaking at meetings is probably for most members the most potent of these experiences for identity maintenance, because it is so public, and because of the identity reinforcement provided by the collective experience.

Becoming an Officer of a Group. Just as through practice, they gain public speaking skills, members frequently develop previously untapped leadership skills as they assume increasing responsibility and play a more active role in the A.A. groups to which they belong. Whether a particular member will become an officer depends partly upon his own interest in this, partly upon the size and number of groups to which he belongs, and partly on the extent to which other members like him and view him as responsible. As in all of these examples of assuming increased responsibility, successfully performed responsibilities create a beneficent circle of enhanced self-esteem, skill development and group status which lead to further increased responsibility, a cementing of the member's allegiance to the group, strengthened commitment to sobriety, and so on around the circle. One woman described the satisfaction of taking

on leadership responsibilities in this way:

> When I moved out of (the recovery house), and moved into my own apartment, I joined a group which met Sunday nights. Eventually I became their secretary, and it kept me very busy, really filled my time, in a way that gave me a lot of satisfaction. I used to go to the meetings early -- I remember how cold that church would be -- and I would make the coffee each week, and I always asked a few men to come early to help me arrange the chairs. I made a lot of friends that way, and being in charge and responsible for so much made me feel quite important and useful. Somehow that was one of my most important experiences. Later I became secretary of the (recovery home)group as well. I made a lot of awfully good friends.

The major group offices are secretary and treasurer. From these positions members can move up to positions of district responsibility and importance. This is similar in respect to status to a member becoming a speaker of local repute. These opportunities for organizational advancement and the accrual of status help to keep members committed to the program for lengthy periods.

Becoming a Sponsor. Becoming a sponsor exerts further pressures for commitment, involvement, responsibility and sobriety on the member. Often an extension of Twelfth Step work, assuming sponsorship is an informal process left largely to the discretion of the individual member. Pressure to take on this role generally comes from newcomers themselves, who may ask one or more members over a period of time to sponsor them. Sponsorship may evolve naturally when a veteran brings a friend or acquaintance to a meeting to introduce him to A.A.

While there is no explicit guideline about when a member may assume the responsibility of sponsorship, there is a tacit understanding in A.A. that sponsors should be veteran members with a strong commitment to the program and substantial sober time. However, there are no sure sanctions for misusing this important role, and much of the sponsorship function takes place outside the supervision of the group. In the selection of a

sponsor, it is in some respects a situation of "let the buyer beware," for the newcomer.

The sponsor is a complex combination of coach, therapist and friend. As coach, the sponsor dispenses "good A.A.," instructing the newcomer in the proper methods for furthering his recovery and maintaining his abstinence from alcohol. He explains the program and how to use it, advising the appropriate application of A.A. guidelines for the specific situation of his pupil. As therapist, the sponsor is an amateur and unlicensed, but he is experienced in the area of recovery from alcoholism, and his success in this area qualifies him in his own eyes and in those of his "patient." In this role the sponsor listens a great deal, and compares his own experiences with those of the newcomer, illustrating that just as he overcame his own particular difficulties and handicaps, so too can the newcomer. As friend, he offers concern, emotional support, and in some cases genuine affection and friendship.[4]

The sponsor very commonly feels a substantial sense of obligation to be a good example to those newcomers he is sponsoring. This places pressure on him to remain sober, as an illustration and proof of A.A.'s efficacy and his own capacity for responsibility. Being in this role supports sobriety and involvement in the program. If nothing else, the sponsor must make sure newcomers whom he is sponsoring make it to meetings with reasonable frequency, which often means taking them there for a time.

Not all members manage to find sponsors, or even feel the need for them, nor do all long-time members become sponsors. On the other hand, some veteran members sponsor numerous newcomers, sometimes to the point where the newcomers feel sibling rivalry and complain of having too little of the time and concern of the sponsor. Status accrues to the "prolific" sponsor, and to have many A.A. "babies" is a sign of the popularity and

respect one has gained in the program. Dissatisfied newcomers may choose new sponsors, however (perhaps the only significant control exercised over sponsors), and sponsors can abandon recalcitrant newcomers as well.

Both within the sponsorship relationship and in the group more generally the perpetual recovery phase typically includes the development of long-lasting personal attachments among members. One respondent, who married the man who befriended her in the last stages of her alcoholic drinking and introduced her to A.A., said:

> My husband has been sober for fifteen years. We still go to meetings at least once a week. It's a little less involvement now than it used to be; my husband and I were instrumental in starting the Service Center in Contra Costa County. At that time we were spending two-thirds of our week doing A.A. work. But we're in touch with A.A. people constantly, and socialize with A.A. people all the time. People in A.A.--the sober ones--are just a part of our lives.

This woman's comments illustrate how in the later states of recovery informal friendship networks can replace to some extent frequent attendance at meetings. Such friendship networks constitute complex support systems within which each member functions in the dual capacity of donor and recipient of support. This is the ultimate outcome of the sponsor relationship as well, as the newcomer progresses through recovery and ultimately, if he makes it to the last recovery stage, becomes a veteran member himself. A.A. can become an entire social world for some of its members.[5]

Becoming a "Professional Alcoholic." One consequence of assuming increasing responsibility and devoting increasing amounts of time and energy to helping other alcoholics is sometimes an extension of these activities to the point that they occupy the major portion of a member's time. Some veteran members become so occupied with these helping

activities that they seem to become essentially "professional alcoholics." Such members, nearly always "converts," may become well known throughout an area as outstanding (and available) speakers, organizers, or Twelfth Step workers, or they may actually find a way of making their living working with alcoholics. Sometimes this activity starts in a small way on a volunteer basis, and later leads to a full-fledged occupational commitment. Recovered alcoholics run half-way houses, do counseling, work in "resuce" centers, and develop in-house programs for business firms and corporations, expressing through their commitment to such work the central role which their ongoing recovery process plays in their lives. Other A.A. members devote great amounts of time to related efforts, such as suicide prevention (a large proportion of suicides are alcoholics), or prison or hospital work. These developing commitments become essentially mid-life career changes for the alcoholic, very substantially supporting the recovery process through this profound identity shift, and serving as a strong support for the process of identity maintenance.

Extending the Scope of the Recovery Process

The major process which occurs in the final stage of recovery from alcoholism in A.A. is a process of assuming new responsibilities, and this process has two basic dimensions. One dimension, as we have seen, involves the recovering member's taking on responsibilities to the group and to other alcoholics, which, when these responsibilities are discharged successfully, creates a beneficent cycle supportive of his sobriety and commitment to the program. The other dimension involves the assumption of new responsibilities by the member for himself. The member becomes responsible for assuring and maintaining his own well-being, and his

capacities for dealing with life, and to this end embarks in the final recovery stage on a process of self-improvement.

Thus at this stage of recovery, the recovery process is extended in its range of application to apply to many aspects of life besides those immediately related to drinking. This reorientation of the member's focus of attention, made possible by the decreasing difficulty for him of simply remaining sober, is a process essentially opposite in intention to the simplification process. The member is now believed to be fully able to deal with the full range of his personal and interpersonal problems, and in this recovery phase comes to wish to do so. One veteran member told me:

> We speak of learning a whole new way of life. ...I learned that the program of A.A. would replace the booze in my life, for dealing with my difficulties. By working the program daily, I consume the program as I consumed the booze. When I have an emotional problem, I reach for the program instead of booze. I cannot conceive now of obliterating my problems. I cannot conveive now of not being able to cope with my problems. The need to work them through is so strong now.

Not only is the recovery process extended in scope, but it is also extended in time. In scope, the member extends the recovery process to apply to his repertoire of coping and problem-solving skills, to his "thinking" processes (including defenses), to various of his emotions, and to his attitudes about everyday living. In time, recovery is extended perpetually. A.A. ideology postulates that since alcoholism is an incurable condition, recovery must be a perpetual endeavor. A.A. "life-stylers" in particular appear to take this seriously, and typically reformulate their life-styles around what is in theory a perpetual recovery process. What this life-style boils down to is assuming a

variety of responsibilities, and embarking on a perpetual self-improvement process. One member expressed the implications of this:

> Anything I want is in the A.A. program. Religion, psychiatry, medicine, it is all there. I use any tool that I can. This program is not just for alcoholics--it is really the way to live. The time comes that you have no more desire to drink, but the program continues to be very important to you. Where I am now I wouldn't think of taking something that would alter my state of mind.
>
> I go because I need it for myself. This mind is tricky. Now and then I forget which tool to use; I forget which principle to apply. Now I am being retrained from a failure type to a success type of person. I don't have to get angry or resentful. There are many areas of life I have learned to deal with successfully, but I hit a new area once in a while. It is important to accept the fact that life is growth--new things come up constantly--and you hit stumbling blocks. I've found that often when you are feeling badly, something is wrong, you'll go to a meeting, and something will be mentioned, and it will be just what you need.

In the last phase of the recovery process, the A.A. member becomes a "sober alcoholic," an A.A. member who has basically mastered sobriety but who has developed a sufficient commitment to the program and to his alcoholic identity that he applies himself to mastering the program and applying it broadly in his life. At this stage his alcoholism seems to become more the justification than the actual reason for his continuation of the recovery process. The more basic reason is his commitment to his alcoholic identity, to his A.A. associates, to the ideology, and to the A.A. "way of life."[6]

Becoming known to oneself and to others as a "sober alcoholic" has the effect of strengthening the alcoholic identity. We have seen that the acceptance of the alcoholic identity is a gradual, rather tentative process. The newly assumed alcoholic identity is rather fragile, depending to a great extent on a supportive subculture for its survival.

This is the reason why many A.A. groups are closed to outsiders, holding only "closed" meetings, and why A.A. members frequently assert: "No one but an alcoholic can understand an alcoholic."[7]

In the last recovery phase, however, the alcoholic identity is transformed into something sturdier and more clearly positive. While being a "dry" alcoholic is enormously superior to being a practicing alcoholic, being a "sober" alcoholic is a much more positively valued status still. The attribution "sober alcoholic" carries with it an assumption of many valued qualities including maturity, reliability and A.A. expertise. In the program this attribution is honorific; and in the outside world it is at least largely acceptable.

The respect in which the status of sober alcoholic is held is not simply a matter of definition: members who progress into the last stage firm in their commitment to the alcoholic identity and their place in the program actually do appear to mature in a variety of ways. Its critics sometimes charge A.A. with promoting only superficial change in the alcoholic, limiting its goals to changes in his outward behavior rather than eliminating the underlying psychological or interpersonal "causes" of his problem drinking. This view is too simple, based largely on observations of members in the simplification phase of recovery. In the last recovery phase members work on self-change in several respects similar to the self-change which is the goal of most forms of conventional psychotherapy.[8,9] A.A. in this phase operates like a highly structured group therapy, in which a perspective (the ideology), and a group of lay-expert interpreters of this perspective (the veteran members), replace the therapist as a guide for the group process. Serving as the

interpreters for one another and for newcomers, veteran members point out in group discussions, how they have resolved a range of problems by the application of the A.A. perspective. For example, one member reported:

> ...They tell us in A.A. that we have a thinking problem as well as a drinking problem. For example, you find yourself getting uncomfortable in a situation, feeling resentful, dwelling on something someone did to you, a slight or something else. Well, we have to learn a way to live so that we don't dwell on things. So we don't always discuss drinking, necessarily, but instead the things that lead up to it. ...I have other things besides drinking that I feel I've been relieved of--feelings and things I had.
>
> (Interviewer: How does being in A.A. help you do that?)
>
> Well, I think it is in the program itself--you listen to other people and it's the sharing that helps you. For example, we might have a discussion on resentment, or something like that. And people talk about how they deal with that problem, like how they get involved in other things outside of themselves.

"Using the Tools." The "tools" in A.A. are the various elements of the A.A. perspective which members use in developing repertoires of more effective coping and problem-solving skills. The tools are the guidelines the program provides for dealing with life's difficulties, and methods for "using the tools" are continually exchanged at meetings. In particular, the Twelve Steps are regarded as the basic source of A.A. tools, although aspects of the ideology derived from other sources are included in this concept as well. More specifically, the tools are the interpretations heard at meetings of aspects of A.A. ideology as applied to a wide range of members' problems, questions and experiences. One member commented:

> In two years I think I've grown twenty. I still have so much to learn, but every day brings a new situation--I don't call them problems, anymore. When I come up against a situation, I just reach for the right tool, and the tools are the program.

Many of the interpretations of A.A. ideology heard at meetings focus around methods for "working the steps," applying the recommendations contained in each of the steps to efforts directed toward self-change and problem-solving. Although the Twelve Steps are very moralistic in tone, they are interpreted in A.A. as a series of guidelines to assist the member in working on himself, and are never interpreted as pertaining solely to the problem of alcoholism. The first three steps refer to simplification and conversion. The next eight steps urge upon the member the necessity for change and self-improvement. Steps four and five urge the member to confront the necessity for change and self-improvement in his life. Steps six and seven suggest that the member must cultivate an attitude of active receptiveness to and desire for change. Steps eight and nine address themselves to life-problem reemergence, and direct the alcoholic to deal with the specific problems his drinking created or obscured. The tenth step suggests a need for an ongoing process of self-awareness and openness to change. Step eleven suggests that prayer and meditation, periods of assessing shortcomings, resolves and accomplishments, are useful in cultivating a state of self-awareness and openness to change.

There are a multitude of nuances of interpretation of the various steps, and a degree of diversity of interpretation is fostered by the encouragement given members to pour over the Big Book on their own, applying its teachings to their individual situations. Convergence of interpretation and a general adherence to ideology is sustained by the practice of sharing different interpretations and ways of using the steps in meetings and conversations. In these contexts interpretations tend

to converge, and meetings are very rarely disrupted by significant differences of opinion about how to understand A.A. doctrine.

Problems members "work on" include relationships with children:

> ...That was when I got in and really started working the program. The first thing that happened was that I was able to detach from the boys--to release them with love. To decide that they had to live their own lives, make their own mistakes, to realize that I couldn't live their lives for them. I'm very comfortable with that now, but it was rough at times. ...I love them, but I can't control them.

Coping with problems at work:

> ...after only six weeks of training, the regular secretary went on vacation, and I was left in charge. That's sobriety. There were weeks of problems, and I didn't flap. When I needed help--I never would have been able to ask for it before, I would have just bluffed my way through--this time I would call and ask for advice.

Coping with feelings:

> In A.A. we believe that you have a personal responsibility for your own sobriety. But we're not responsible for everything that happens in our lives. They said, it's all right to be resentful, but it's better if it comes out; constructive anger is not quite so bad. I'm quite sure that this period I'm going through now will pass, and I won't start drinking over it. But I'll be miserable until I do something about this. ...I did receive a lot of help last night. Several people seemed to understand what I was going through, even though I didn't discuss the personal side of it; but people did get the idea that it was a situation between my husband and myself that I was worrying about. ...You hear different people's ideas, and I get the confidence of knowing I have a right to feel the way I did, that I wasn't mixed up or anything.

Others talked about developing new capacities for dealing with problems in their marriages, problems with parents, problems in relating to people, problems of loneliness and depression, problems with overinvolvement with others, problems with other drives, like an appetite for food, and financial problems.

Rooting out Remnants of "Alcoholic Thinking." Part of the self-improvement effort of the last recovery phase is directed toward changes in the members' own thinking habits, specifically toward doing away with what A.A. members term "alcoholic thinking." The concept of alcoholic thinking refers to a whole range of defensive operations designed to assist the alcoholic in avoiding the fact and implications of his alcoholism. These defenses include especially denial, rationalization, and the projection of blame onto others, a variety of methods of avoiding responsibility for one's condition or shifting it away from oneself, all methods of rejecting the alcoholic identity. Alcoholic thinking also is said to include such things as cultivating resentments, dwelling on angry feelings, perfectionism, and trying to assert control over other people in one's life.

With the member's deepening acceptance of the alcoholic identity such defenses become less necessary, and are to a degree relinquished. Nonetheless, the program promotes a conscious effort on the part of the member to renounce any remnants of the typical alcoholic defensive style. Defenses against seeing oneself as an alcoholic are replaced with an explicit acceptance of responsibility for one's condition in life and behavior. This acceptance of responsibility for one's condition in life, past, present and future, is eased by the guilt-reducing disease perspective.

Just as denial of responsibility for one's condition is to be replaced by the acceptance of such responsibility, other elements of alcoholic thinking are to be replaced with less destructive approaches. Perfectionism is to be replaced with flexibility, resentment and anger with detachment and "letting go," controlling others with a similar renunciation of insistence on control. To the degree that such examples

of alcoholic thinking are found by the member to be "drinking triggers," they are made particular foci of a member's self-improvement efforts.

De-fusing Drinking "Triggers." The A.A. perspective holds that particular experiences or moods have the effect of "triggering" episodes of drinking. In the simplification phase, newcomers are urged to avoid having experiences or experiencing the moods which may be drinking triggers for them. But as recovery progresses, members are urged to identify the particular emotions which are drinking triggers for them, and are urged to learn new ways of coping with these emotions and the situations which arouse them, without resorting to alcohol. A variety of specific emotions and methods for coping with them are frequent topics at discussion meetings. In particular, one hears at meetings lengthy discussions about the dangers of such emotions as anger, resentment, worry and hurt feelings. Members relate episodes in which they have experienced the dangerous emotions, and talk about the coping strategies they mustered to deal with the feelings without resorting to drink. At one meeting, for example, a woman who was trying to gain visitation rights with her three children but had not yet succeeded in doing so, talked about coping with her frustration:

> I talked on the phone with their stepmother the other day, and I just got furious with her. After I hung up I raged around the house for a while. Then I decided to take out some of my fury and bottled up feelings by cleaning the house from top to bottom. When I went outside to sweep my stoop, I found a full can of beer on the steps. "What the hell," I said, "Why not?" But then I had a second thought: "Alcohol is cunning, baffling, powerful." I threw the can into the trash. Then I called up a friend, and talked with him for a while, and then I went walking along the beach, really fast, and got some of the tension out that way. And I felt really thankful that I hadn't slipped.

The experience of listening to others and their tales of successfully managing such problems, sharing their own feelings arising from their own such problems, exchanging strategies for dealing with the particular difficulties they experience, all seem to stimulate in the member an increasing capacity to deal with a variety of drinking triggers and other stresses. Such discussions often provide an opportunity for rehearsing strategies for dealing with anticipated difficulties.

Sometimes an entire evening's discussion is focused around one particular strategy for dealing with situations or emotions which are drinking triggers. For instance, one evening's suggested topic was "letting go." In the course of the discussion, "letting go" was defined and elaborated as being able to have sufficient faith in one's "higher power" to relinquish anxieties by deciding what things one can do something about, and what things one cannot affect with one's efforts, and then coping with the former while leaving the latter to the disposition of God or fate. Members took turns relating examples of situations in which they utilized this strategy to manage feelings which under other circumstances might have been drinking triggers. An excerpt from my notes summarizes one contribution to this discussion. This woman's strategy was prayer:

> One young woman talked of the small son she had not seen for three years, and of her recent attempt to see him. She had telephoned the father, and had requested to see the boy, and when she did this she prayed both that God would grant her wish to see him but that if she could not, that he would grant that she accept it. She said that when the father said no, that she cried for ten minutes or so, but that was all, and she did "let go."

Inspirational Daily Living. Members talk about A.A. as "a program of recovery and a way of life." An important dimension of the A.A. lifestyle is the cultivation of a positive attitude toward the process of daily living, a feeling that daily life is a precious resource to be enjoyed, and to be directly oriented toward. This attitude toward daily living derives from two sources. One of these is a sensitivity toward any sort of experience, deriving from the contrast between the desensitization of intoxication and the clarity and awareness which develops with sobriety. For A.A. "life-stylers" in particular the consciousness of this contrast is never entirely lost, especially as its recollection is encouraged at meetings. The other, perhaps more important source, is a correlate of the conversion process we have discussed. As we saw in Chapter One, one major way for an alcoholic to "hit bottom" is for him to confront at close hand the possibility of his own death. This confrontation is a powerful experience which leads in any context in which it occurs to a reformulation of the individual's attitude toward life. Life suddenly is seen as finite, as a period whose end is in sight, and as such, takes on considerably more value than it has previously had. The veteran A.A. member cultivates this awareness of the finiteness and consequent value of life in conscious, explicit ways. A philosophy of everyday living is explicitly promoted in the program. This philosophy I label "inspirational daily living."

One aspect of inspirational daily living is the cultivation of an enjoyment of the gratifications to be gained from the small pleasures of life. This was expressed by one member, who told me:

> This A.A. really works. We're a bunch of happy screwballs. You learn to live in A.A. You learn to become aware of what is going on around you. For example, now I can go out into the backyard and look up and there is Mount Diablo sitting there. It's just beautiful. Now I can really appreciate it.

Another aspect is the renunciation of a focus on fruitless struggles, frustrations which do not admit of solutions, and the substitution of realizable goals in which the member may find satisfaction. Another member said:

> With A.A. your whole personality has to change. So, for instance, I don't have to be the best anymore. There have been so many changes. Things just aren't so important; I'm not striving for perfection anymore. It is hard to get rid of some of these shortcomings. But now my husband can say something and I don't have to fall apart; I don't have to be so sensitive. I'm not fighting little things; not fighting life anymore. When I was drinking, nothing pleased me. Now I can be hanging out clothes, and maybe they smell good. I have learned to get a lot out of small things; to really enjoy life; to live for myself, to please myself.

This perspective is presented to members at every meeting, in the ritual recital of the serenity prayer:

> God grant me the serenity to accept the things I cannot change,
> The courage to change the things I can.
> And the wisdom to know the difference.

As a consequence of members' focus on methods of inspirational daily living, members often comment that they are leading better lives as recovered alcoholics than they would otherwise have lived as ordinary non-alcoholics. One woman put it this way:

> If they came up with a pill tomorrow which would cure alcoholism, I wouldn't take it, because no pill could do for me what the program and the fellowship of A.A. do.

This is expressed at meetings sometimes, when members instead of introducing themselves by name and adding, "...and I'm an alcoholic," add instead, "...and I'm a grateful alcoholic."

Veteran members talk about achieving a satisfying rather than an "empty" sobriety. It is better to be a cured alcoholic than never to have been one, for one has discovered purpose in living and the capacity to enjoy and appreciate life.

> This is the greatest life there is. Being in A.A. really makes me a better person. In the end I am living a better life because I was an alcoholic and have been through A.A. than if I had had to live all my life with all my defects of character.

In sum, through inspirational daily living members reinforce the alcoholic identity through vesting it with highly positive, even transcendent potential for the enrichment of their lives.

In this chapter we have seen how members in the final recovery stage from alcoholism in A.A. maintain the alcoholic identity, or more specifically, the identity of "sober alcoholic," by surrounding themselves with positive reinforcements for the identity. These reinforcements include repetitive activities and supportive associates. Needless to say, the process of identity maintenance does not occur only in A.A. It is a general process, what Glaser and Strauss (1965) call a "basic social process," which we all engage in nearly all of the time. In this basic sense A.A. members in the final recovery stage are leading "normal" lives.

NOTES - Chapter 6

1. In my outpatient psychiatric work with alcoholics, I get the impression that there are many such "graduates," for whom A.A. was important in helping them out of the acute phase of their alcoholism.

   Madsen (1974b) points out that there is another kind of A.A. "graduate," the newcomer who affiliates with the program for a time and is able to stop his heavy drinking, but then finds that he "is not alcoholic" in the sense that he is able to resume social drinking without returning to "alcoholic drinking."

2. After summarizing four studies statistically evaluating the effectiveness of A.A., Leach (1973) concluded that two-fifths of A.A.'s active membership had never had "slips," and that about three-fifths of members at any given meeting had at least one year of continuous sobriety behind them. This left two-fifths, many of whom still presumably had problems with occasional, or frequent "slips." Leach states:

   > Apparently many alcoholics begin to maintain unbroken sobriety in A.A. after an initial period of A.A. membership marked by relapses. These slips should not discourage the patient or helper into premature rejection of A.A. membership. While this "learning period" perhaps may last as long as ten years (if the alcoholic does), it is more likely to be less than five years, probably no more than one year or two before enduring abstinence sets in.

3. The other major variable which systematically affects attendance at meetings is time, in that attendance almost inevitably declines over time, due to the necessity for frequent attendance during the simplification phase. Madsen (1974b) found that most of his respondents had attended five to ten meetings each week during their first year in the program. They averaged one or two meetings a week during the following year, and after five years of participation appeared to attend only one or two meetings a month. (From the point of view of my analysis, this would be the "occasional participant.") Old-timers who remain active in the program and sponsor a number of newcomers often attend meetings rather frequently in order to accompany newcomers there. Bailey and Leach (1965) also noted the decline in attendance frequency as members accumulated years of sobriety, and commented that this helps account for the relatively large proportion of new members and relatively low proportion of long-term members at most meetings.

4. We have already seen how the sponsor-protege relationship is one of the most flexible in the program. In this relationship, more than in any other formally provided in A.A., individual needs are met on an individualized basis.

5. In this regard, the program has special value for housewives and unemployed people, in bringing them out of an often depressing partial isolation. Madsen (1974b) talks about the "silk sheet" drunk, who finds a meaningful life style in A.A., even becoming, in my terms, a "professional alcoholic," or careerist in the field of alcoholic recovery. I met no such wealthy members in the course of my own research, but I did meet a number of members who had joined A.A. in a serious way shortly after their retirements, and who found in A.A. a replacement life style for the one they had relinquished in retirement. The involvement of such members in the program was generally very strong.

6. Lewin and Grabbe (1948) pointed out that a change in personality is in important respects equivalent to a change in culture. There is a change in the "facts" accepted as true, in values and in perceptions of self, others and the environment.

7. Madsen (1974a) suggests that the A.A. belief that "only an alcoholic can understand an alcoholic," is paralleled in other groups, like groups of Blacks and women, who are busy creating minority subcultures; hence "the black movement has come to realize that the black experience cannot be communicated to whites," and so forth.

8. Maxwell (1951) and Tiebout (1954) also take the position that the changes which members undergo in A.A. are equivalent in many respects to the changes which occur in psychotherapy and that the therapeutic dynamics are basically the same for both. Maxwell feels that A.A. members develop more flexible, realistic, helpful and less anxious orientations toward other people, as a consequence of which they are able to interact with others in more satisfying ways. In addition, he believes, members develop a greater capacity to face and accept reality, along with greater objectivity with respect to self, greater confidence and self-worth, and an increased sense of accomplishment. Along with this they feel less fear, isolation and self-pity, as well as less intolerance, competitiveness, and hostility.

   My own point of view is more general. Most forms of psychotherapy share three goals: the alleviation of symptomatic behavior, the modification of defenses in the direction of greater strength and flexibility, and the development of more effective coping skills. To these some forms add the resolution of chronic conflicts between incompatible beliefs or desires. A.A.'s therapy to an extent accomplishes all but the last of these.

9. Working the program is in many ways similar to traditional group therapy, and involves many of the same therapuetic outcomes. In traditional group therapy, however, a therapist is present who has a tacit theory and a method with reference to which he guides group process, tactics and perspectives which focus and limit what occurs in the group. In A.A., the therapist is replaced with an explicit ideology, and lay-expert interpreters, the veteran members in the group.

Chapter 7

The Self-Help Process: Mutual Self-Help Groups and Self-Help Therapeutic Communities

Self-help groups, of which A.A. is an early example, are proliferating in American society. From the "social problem" areas of alcoholism and drug addiction, the use of the self-help group process has spread into such diverse "personal problem" areas as smoking, overeating, gambling, child abuse and divorce, and more recently into the problem area of such chronic illnesses as cancer. Similarly the self-help group process has spread to the activities of social and political minorities, such as blacks, Chicanos, women, and homosexuals, sometimes seeming to create the consciousness of being a political minority in the process of bringing the group together. What all these groups have in common is the drawing together of fellow sufferers of some personal or social affliction to share their distress over their common problem, and to share their efforts at coping with the problem. In the process, self-help groups have come to represent a model of help-seeking and help-providing that is an important alternative to the standard "lay patient-professional practitioner" model that has generally characterized dominant medical and psychiatric approaches to personal and social problems.

On one level the growth of the self-help movement is part of a general process of the democratization and demystification of professional skills. Nurse-practitioners and Physician's Assistants take on

increasing numbers of functions once zealously monopolized by physicians. (Physicians still maintain the appearance though not the fact of close supervision over these "para-professionals"). The same movement is occuring today in dentistry; it occurred long ago in psychiatry as social workers began to share most psychiatric functions except for prescribing medication. The same development continues in psychiatry, with the development of the "human potential" movement and such mass forms of "treatment" as Transcendental Meditation, biofeedback, EST Seminars, Scientology, and the encounter group movement.

Another source for the development of self-help groups has been a change in social climate as various forms of deviance have come to be understood as sociological and psychological rather than moral issues. The growing acceptance of homosexuality in some parts of the country is one example of this trend. In the political atmosphere of recent decades, the formation of special groups for the advocacy of their own interests by ordinary citizens classified traditionally or newly self-classified as "minorities," has become widespread. Such groups include "consciousness-raising" and political action groups of women, self-development and political action groups of blacks and Chicanos, and homophile activist and social groups.

Another source of the trend toward self-help is economic: professional services, especially in the area of health care, are increasingly costly. But beyond this, there is a growing recognition on the part of lay people who suffer with chronic illnesses or compulsive disorders, that professionals cannot always help them beyond a certain point, and do not always even recognize their particular needs.[1] In this chapter

we examine some of the special sources of aid provided to participants in self-help groups, forms of aid not ordinarily available in settings staffed by professionals alone.

Types of Self-Help Groups

Self-help groups can be differentiated by type along two dimensions. One dimension concerns the goals of the group--whether they are fundamentally therapeutic or fundamentally political goals. The other dimension encompasses the dual variables of the intensity of participation demanded of members, and the degree of external controls imposed on them. Intensity of participation demanded ranges from the full-time participation demanded of the members of therapeutic communities, to the hour or two a week demanded of participants in such groups as women's consciousness-raising groups, or support groups for cancer patients. Similarly, the degree of external control imposed ranges from the high levels of the self-help therapeutic community to the low levels of the groups which meet for an hour or two each week.

The goals of self-help groups fall into two major categories. Groups are formed so that members may mutually attempt to reduce their deviant behavior, or so they may work to resolve some shared difficulty, and groups are formed so that members may collectively seek greater acceptance in the society at large for their deviant behavior, or for their mutual political aims.[2] Groups like A.A. and Parents' Anonymous[3] fall into the first category of therapeutic groups, and militant homosexual organizations and women's groups fall into the second category of social-reform oriented groups.

The second dimension which distinguishes self-help groups from one another applies mainly to the groups oriented toward changing their

members, rather than to those oriented toward creating social change. This dimension concerns the degree to which the group provides external controls over members' behavior, as a substitute for inadequate self-controls. As I have suggested, in a rough way the extent of the external controls provided by the group varies directly with the levels of involvement demanded of members. Along these dual dimensions, of extent of external controls provided by the group and level of involvement demanded of members, groups loosely cluster themselves into three general types. I call these "high involvement self-help groups," "flexible involvement self-help groups," and "low involvement self-help groups."

High involvement self-help groups are structured in such a way as to create a high degree of external control over members' behavior, although in most such groups, external controls are most important for newcomers, and somewhat less so for veteran members, who develop improved self-controls during their participation in such groups. Improving members' self-controls, however, is not necessarily a primary goal of most such groups. Flexible involvement self-help groups provide some degree of external control over members' behavior, but because members' involvement in such groups is somewhat time-limited, such groups rely on processes to develop or enhance members' self-controls, so that they may be able to regulate their own conduct when not actually physically present in the group. Low-involvement self-help groups do not provide external controls over members' behavior. It is assumed that members will have adequate self-controls, or it will be a goal of the group to help them develop adequate levels of self-control.

High involvement self-help groups include such organizations as Synanon[4] and the Delancy Street Foundation. Such groups demand the full-time

participation of their members. For this reason they fall into the category of "total institutions," social organizations which exercise an enormous degree of external control over their members. Of course, as Goffman (1961a) in particular has pointed out, such organizations cannot exercise absolute control over members, and areas of flourishing individual enterprise abound in them. The same is true for high-involvement self-help groups. Yet external controls focus on more than the specific areas where self-controls have failed. This is because a major goal of such high involvement groups is to get and keep members out of social contexts in which their problematic behavior is condoned or encouraged. High involvement self-help groups offer entire social milieus for their members. Thus in groups like Synanon and the Delancy Street Foundation, members live in group-owned housing with other group members, eat with other members and work with them in group-owned enterprises. Both of these organizations utilize intense group therapy experiences as well as other techniques to cement commitment to the group and promote individual change. But in neither of the groups are members expected to develop levels of self-control that would enable them to return to their native environments without reverting to deviant behavior. This is partially because of the character of such environments, which tend to create and support deviant behavior.

The prototype of the flexible involvement self-help group is Alcoholics Anonymous, and other groups in this category include Overeaters Anonymous, Gamblers Anonymous, Parents' Anonymous and Recovery, Incorporated.[5] While such groups aim to promote significant changes in participants' behavior, identities and/or life styles, they do not

entirely remove them from their familiar environments in order to do so.

This type of self-help group makes more flexible demands on its members, and offers much less in the way of external controls than do the high-involvement groups. When resources are available such groups can function in some respects like therapeutic communities, in that members can spend considerable time in group activities if they wish. But these groups typically provide only a part-milieu for members. They do not provide meals, living accommodations or employment opportunities. The basic necessities of life must come from more conventional sources. Instead, these groups provide opportunities and locations for group members to gather together where they may participate in guided activities which focus on their shared problem. But members are expected to pursue activities and relationships outside the group at the same time as they participate in the group and share in the sub-culture which it creates. In this kind of group, the degree of each member's involvement in the group will be more or less intense depending upon his feelings of need for the group.

Because members spend only part of their time in the group, because they continue to live in familiar environments, and because the external controls provided by such groups cannot reach with full effectiveness into such environments, a great emphasis is placed in such groups on the development of self-control in their members. Basically what occurs here is a process of the internalization of external controls. We have seen how this works in Alcoholics Anonymous. The member is provided with external controls in the simplification stage of the recovery process. With continuing involvement of the member in the program, processes of conversion and identity change are promoted by the program in the

course of which the member internalizes the program's ideology, which includes tactics and strategies for self-control, i.e., remaining sober. Theoretically a "sober alcoholic" need not rely on such mechanisms of external control as attending daily meetings or "nickel-therapy," telephoning other members for help when he is tempted to drink. Instead, he himself becomes a source of external control for new members with poor self-controls.

Besides the extent to which self-controls are internalized, the other major variable affecting the extent of need for a member's involvement in the group is the degree to which structural variables external to the group support or undermine the member's efforts at self-control. For members for whom external conditions have an inhibiting effect on the development of self-controls, (1) more involvement in the group is necessary so that the member can get away from these external conditions, and/or (2) the group must provide more external controls so that the member can cope with whatever external conditions make self-control more difficult. For members for whom external conditions support improved levels of self-control, less involvement in the group and lesser degrees of external controls are necessary.

Low involvement groups demand the least of their members. This type is represented by such groups as cancer patient support groups, women's consciousness-raising groups, and stop-smoking support groups. Meetings occupy only a fraction of the participant's time, usually one or two hours a week. Such groups are also frequently time-limited in terms of the duration of the existence of the group.

Low involvement self-help groups may have the effect of changing members with respect to identity or life-style, but their explicit aims are often more modest. They are generally oriented toward providing emotional, social and psychological support for members and assistance in solving specific shared problems. Such groups rarely aim for the elimination of the seriously deviant behavior which is the focus of many of the groups of the two types demanding more intense involvement. These groups provide few if any external controls, and are not particularly useful in the alleviation of the kinds of problems which stem from chronic failures of self-control on the part of members. (This is why stop-smoking groups do not work very well!)

Self-Help Groups as Agents of Change

Self-help groups can be powerful agents of individual change. They enable their members to undergo change by providing them with resources not ordinarily available to them in other contexts. In particular, self-help groups offer their members three resources of special importance. First and foremost, they provide a context within which the mutual helping process which is the basis of such groups can occur. Secondly, depending upon the degree of intensity of participation they demand of their members, they create a culture in which certain experiences become possible, or are facilitated. And thirdly, they create a collective experience, which in itself is a powerful mechanism of change when harnessed for this purpose. The mutual helping process, the group subculture, and the collective experience which develops in the group, are all sources of external control which may be utilized by members struggling with problems related to inadequate self-controls. But in addition, these

resources can be utilized by members in their efforts at individual change in those groups I have termed the "therapeutic" groups.

The Mutual Helping Process One special creation of self-help groups (except the low involvement type) is a great quantity of available helping-time. Practically nowhere else outside of family are helping resources available to the extent they are in certain of the best-known self-help groups. Where but in A.A., for instance, could an alcoholic find someone to talk with for hours on the telephone as he fights his temptation to drink? Professionals in particular cannot provide the temporal resources of self-help groups. For them it is simply self-protection to limit the time spent with help-seeking clients. The professional normally has many clients, each of them in turn dependent upon him alone as a source of help. Self-help groups in contrast aim to have many members able to provide helping resources, so that multiple demands for help may be met with multiple resources.

Multiple, continuous sources of help are especially important in the chronic or compulsive disorders which have become increasingly conspicuous problems for medical, psychiatric and law-enforcement agencies. Chronic conditions require continual efforts to cope with their effects, and most professional care-providing agencies are not organized to handle continual care requirements. But for many of the problems for which mutual self-help groups have been formed, one-time or short-term treatment efforts are simply inadequate, and have little short-term effect. The effect of a brief period of hospitalization for the drying-out of an alcoholic or detoxification of an addict are examples of this problem. Most such patients return to substance abuse in time, and usually in a short time.

The opportunity for altruism is an important resource of self-help groups which is not available from professional help-providers.[6] Self-help groups offer members the opportunity to partially transcend their help-seeker role, to take on the added role of help-provider. This generates self-respect on the part of members, as they recognize that as they are receiving help, they are also increasingly able to extend it and over time to become responsible for and relied upon by others. This realization is one outcome of the recovery process, or whatever maturing process occurs in self-help groups other than A.A. In the self-help setting, the self-respect and social esteem usually reserved for the helping professional is available instead to the participant, who may have hitherto enjoyed only the passive-dependent rewards of the patient role.

Similarly the recovery or maturing processes which occur in self-help groups enable participants to become increasingly responsible for themselves as well as for others. Through their own help-seeking efforts as well as their efforts to help others, they develop a recognition of the limits of what one can get from others.[7] This experience promotes a degree of self-reliance and resourcefulness not often recognized as a product of the self-help group experience, but evident in various examples of A.A. members' experiences reported in Chapter Six.

Creating a Subculture "We, as sober alcoholics, have to maintain our own culture," one of my respondents told me. The subculture-formation function of the mutual self-help group is of varying importance depending upon the extent and type of deviance characterizing its members. Subculture formation is stimulated by the development of an "us against the world" attitude based on social experiences of stigmatization and rejection.[8]

As a consequence, the less the social stigma attached to the mutual problem which brings the members together, the less the need for an embracing subculture. The destructive effect of familiar milieus is another variable which affects the extent of members' need for a subculture. The greater the extent to which continued participation in familiar milieus undercuts members' efforts at recovery or adaptation, the greater the need for the mutual self-help group to create its own subculture. So, for example, if normal sociability or business requirements undercut the efforts of an alcoholic to remain sober, he has a greater need to replace those elements of his former culture with those of A.A. which support his efforts to remain sober.

The extent to which a self-help group can create and maintain a subculture determines the degree to which it can make a variety of resources available to its members. These resources include acceptance by others, integration into a social group, identification with and imitation of other members, and the instillation of hope for a better life. We have seen throughout this analysis how these mechanisms work. Newcomers to a self-help group develop a sense of hope that they can find a solution to their problem and a better life as they listen to the experiences of the veteran members who have accomplished these things with the help of the group. Newcomers identify with the veteran members on the basis of shared problems, and subsequently try to imitate them in terms of affiliating with the group, and in terms of making efforts at recovery or other forms of self-improvement. For the newcomer, identifying with others who appear to have surmounted the problem which seems to have defeated him, can be a powerful motivator in behalf of further efforts to defeat the

problem. Identifications with professionals such as psychiatrists, in contrast, are much less potent, because of the social and experiential distance between the helper and the sufferer. Not only does the psychiatrist not exemplify someone who has successfully surmounted the particular problem of the sufferer, but also he is typically regarded as dwelling at such lofty heights of human perfection that the sufferer cannot ordinarily imagine ever being like him in most respects. In the self-help group, the identification process occurs between social peers.

The promise of acceptance by others and integration into a social group are further motivating forces provided by self-help groups. For the members of many self-help groups, whether alcoholics or addicts, cancer patients or the overweight, the problem of the member has caused some interruption or inhibition of ordinary social relations. Moreover, in the case of some problems such as addictions, the individual has located himself in a network of social relations, sometimes a subculture in its own right, which supports the deviant activity. Recovery from the addiction ordinarily requires the renunciation of these particular social relations provided by the deviant subculture, with a consequent loneliness and isolation not acceptable or "worth it" to many individuals. The offer of sociability and group acceptance available in the self-help group provides a resolution of both of these problems. Where dependence on the sociability aspect of alcohol or drug use, for example, has been a major support for its continuance, the offer of acceptance into an alternative social group supports a solution to the problematic behavior, rather than its continuance. And to the extent that the individual's problem causes the breakdown of previous social relations, as occurs to an extent with the cancer patient, or over the course of an alcoholic career, the new

social relations offered by the self-help group have great appeal, as an antidote to loneliness and a sense of rejection.

The boost to the sense of self-worth of the newcomer which acceptance into the self-help group provides, promoted by such mechanisms as the turning of disqualifications into qualifications, is an additional motivating force for change. The group acceptance available in the self-help group may also serve mainly as an antidote to loneliness, as in the cases of such groups as Parents Without Partners, Little People of America (a society of dwarfs and midgets), or Schizophrenics Anonymous.

The Collective Experience While probably all self-help groups to some degree generate and make use of a collective experience, as we have described it in Chapter Three, they make use of it in different ways and in differing degrees. In groups such as Alcoholics Anonymous, it is of particular importance. In A.A. the result of the collective experience which develops at meetings is a feeling of euphoria on the part of members; a "high" in some ways gratifying in the same respects that an alcohol created "high" is gratifying. I have argued previously that this sensation of euphoria, which is experienced subjectively by the individual participant even though it is being generated by the group as a whole, has several effects. It is a source of energy or motivation which the participant can utilize to promote his individual recovery process. It binds him closer to the group providing the experience. It is also in and of itself a source of considerable immediate gratification, and as such seems to serve a substitute function in those self-help groups whose goal involves members' giving up the use of some hitherto gratifying substance, such as alcohol or drugs. Some critics of self-help groups have likened the attachment of participants to the group (and to the collective experience which develops within it) as a substitute "addiction."

The "addictive" elements of the collective experience, which lie in its intensity and the degree to which it is gratifying, are what make it such an effective substitute for substance addictions, and a potential substitute for repetitive compulsive behaviors, such as gambling.

The effect of the collective experience in raising the spirits of participants is an important resource of self-help groups for another reason: their struggles with the problems which have brought them to the group have ordinarily left participants feeling very discouraged and depressed. The effect of simply attending self-help group meetings, irrespective of the other contributions of the group, can in itself temporarily alleviate feelings of depression. This phenomenon is readily observable, for example, at the meetings of cancer patient support groups, or women's consciousness-raising groups. This anti-depressant effect is an important contribution of such groups.

It is interesting that the powerful collective experience is made use of in few professional settings except for a few forms of group therapy. In settings where it could be generated for therapeutic purposes, such as mental hospitals and prisons, it is actually prohibited, probably with the thought that the outcome of increased energy and optimism on the part of participants could be events such as the convict rebellion at Attica prison. The distinction between therapeutic and political self-help groups can quickly disappear at times.

Implications of this Research for the Treatment of Alcoholism

In the course of this research we discovered that recovery from alcoholism, at least in A.A., is a process consisting of a number of stages, and that recovering alcoholics make use of somewhat different resources

to assist them in their recoveries at the different stages. We learned also that as a self-help group, A.A. provides the alcoholic with recovery resources not often available from other sources. These include the mutual self-helping process itself, the availability of a subculture of recovering alcoholics with its group life and its many opportunities for identification and eventual identity change, and the collective experience, with its immediate gratifications and its powers of "conversion," or identity transformation. In addition, even more than most self-help groups, A.A. has an ideology, which the recovering alcoholic gradually internalizes, so that it becomes a new perspective on life for him, motivating him toward sobriety and providing him with tools and tactics for maintaining sobriety.

Conventional treatment programs on the whole do not provide these resources to alcoholics. Conventional treatment programs rely largely on (1) time-limited external controls (i.e., hospitalization), (2) education (but without effective means of ensuring that what is learned is actually internalized by the alcoholic), and (3) psychotherapy of all kinds; short and long-term, group and individual. In addition, there are more specialized programs which rely heavily on aversion therapy or drug therapy, of which many, many kinds have been attempted, ranging from LSD to Vitamin B therapies. Some programs offer combinations of the above approaches.

Conventional treatment programs utilize the recovery resources upon which A.A. relies only to a very limited extent. Residential treatment programs utilize the resources of subculture formation to a limited extent, but the group which is formed is dissolved as soon as the alcoholic

members are released to return to their "normal" lives outside the hospital. One rather successful attempt to extend the life of the group formed within the hospital context to the community outside to which patients were returned was reported by O'Briant and Lennard (1973). They felt that under these conditions their patients had a greatly increased chance of maintaining sobriety.

Group psychotherapy of all kinds makes limited use of the collective experience in instilling members with hope, in providing them with energy or a "lift," in helping relieve them of their sense of isolation in their own problem, and to an extent in alleviating depression. But I know of no treatment programs of any sort which utilize this enormously effective treatment resource nearly as effectively as does A.A. For the reasons discussed in Chapter Three, the routine use of the collective experience seems manageable, acceptable, understandable and safe to participants only in certain carefully structured contexts.

I know of no treatment programs or modalities aside from self-help groups which make systematic use of the self-help process. One question suggested by this research is whether conventional treatment programs could make use of some of the insights we have developed about the ways in which A.A. is successful, and its particular resources are useful. Needless to say, many professional helpers do make use of A.A. itself by referring their patients to A.A. as an adjunct to whatever modes of treatment they provide. But it is clear that many alcoholics are unable for a variety of reasons to utilize A.A. It is highly regrettable if this means that these alcoholics can derive no benefits from those recovery resources which in A.A. have proven so effective.

Finally, we have seen that one special strength of A.A. is that it provides resources for the alcoholic at all stages of recovery except the very first acute withdrawal phase in those cases where hospitalization is required. In contrast, most treatment programs err in focussing their resources on only one phase of the recovery process. They may be very helpful to the alcoholic at a particular stage of recovery, but have little to offer him at a different recovery stage.

Implications for Research

This study leaves unanswered or only partially answered three related questions which might be addressed in further research and analysis. The first concerns the question of structural conditions external to the group which support or retard the recovery process which occurs therein. The second, related question concerns the many alcoholics who attempt to use A.A. in support of recovery from alcoholism but fail, at least for a time, to do so. The third concerns other routes to recovery from alcoholism.

We have seen that recovery in A.A. involves the movement of an alcoholic through a number of stages during which the focus of his attention and effort shifts depending upon the stage of recovery in which he finds himself. Two different sets of structural conditions will affect him during his movement through the recovery process. We have examined in detail in this analysis the structural conditions or resources offered by the group, which change in availability or emphasis with a member's movement from phase to phase of the recovery process. There are also structural conditions external to the group which affect the member, either supporting or retarding the recovery process as it proceeds, or

sometimes undercutting it altogether. These conditions we have only touched on in this analysis, and they need to be analyzed more fully. More data is required. The interviews and observations upon which this analysis is based focussed particularly upon the experiences of members directly related to the issue of alcoholic recovery. To fully pick up this other source of variation, members should be interviewed more generally about their lives, in a search for other sources of progress or backsliding in recovery, besides the program of A.A. itself.

This approach would also give us some insight into the other major question conspicuously left unanswered in this research: what about A.A.'s failures? Under what condition do alcoholics fail to find help in A.A.? Who fails--what are the characteristics of A.A.'s failures as compared with its successes? Aspects of this question have been answered by other researchers: for example, we know that the sociopath, the traditional "con artist," who appears so often in the ranks of the alcoholic, is not a good candidate for A.A. therapy (Bales, 1944). We know a bit more than this, as outlined in footnotes to Chapters One and Two. But this question remains largely unanswered, and this may be the major remaining area for the further sociological investigation of A.A. At what points in the recovery process do failures occur, and under what conditions? One way of learning the answers to these and related questions would be to interview sponsors about their "babies" who have failed and are failing, and to follow some of these through the process of recovery, or out of it, as the case may be.

Beyond this, a third major question is suggested by this research: what are the varieties of alcoholic recovery processes, as recovery occurs in other contexts? What about "spontaneous" recovery or remission: is it, too, a process of some complexity? Alcoholic recovery may be a very different-looking phenomenon in other contexts, or it may be similar in important respects to recovery as it takes place in A.A. This, too, we do not really know. If we knew more about the varieties of recovery, perhaps we would know more about how to organize treatment, and more about alcoholism itself.

Notes: Chapter Seven

1. Glaser and Strauss in their book on Chronic Illness and the Quality of Life make this point with regard to such issues as whether patients will follow regimens which give little immediate relief, but require considerable time or effort.

2. Sagarin (1969) makes this therapeutic/political distinction to differentiate different types of groups formed around concerns with deviance.

3. Parents Anonymous is a small organization with groups in a few major cities, composed of parents abusive or potentially abusive of their children.

4. Book-length studies of Synanon Foundation include Yablonsky (1965), Casriel (1963) and Endore (1968).

5. Recovery, Inc. is a self-help organization for the mentally ill, founded by A.A. Low, a psychiatrist at the University of Illinois Medical School. He formed the first group in 1937, subsequently outlining his methods in a book, Mental Health Through Will Training. Individual groups use his book in much the same way as individual A.A. groups use the A.A. "Big Book," and the Twelve Steps, as a"guide to recovery."

6. I am indebted for this insight to Irvin Yalom (1976).

7. Similarly, Yalom made this point in an address on group therapy for cancer patients.

8. Feelings of stigmatization and rejection are not reserved exclusively for anti-social deviants. They are experienced by the handicapped, by the chronically ill, by the disfigured. The sense of stigma experienced by cancer patients, for example, is a common theme raised in their group meetings.

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