

VI: PROBLEMS IN AFFILIATION

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Nearly every article on the treatment of alcoholism mentions A.A. as either an adjunctive or a primary component of treatment. Hundreds of articles repeat the statement that "A.A. has a success rate as good or better than any other treatment," though rarely do they attempt formal substantiation of this claim. A.A. itself claims a success rate of 75 per cent, 50 per cent on the first approach to A.A. and half of the first-time failures on their later return to try again (24,45). Some studies corroborate A.A.'s claim of success with between 50 and 60 per cent of the alcoholics who use it (68,69).

A.A. defines people who fail as "not motivated." This places the onus for failure directly on the alcoholic and absolves the organization from trying to understand what might make A.A. difficult to use. Studies suggest that it works better for some people than for others. A.A. is not a unbiased population sample; it is a heavily selected group of middle-aged, middle-class, married white men (70). This could be explained if alcoholism were a disease of this group. But increasingly single people, women, young people, blacks, ethnic minorities, and lower-and upper-class people appear who are alcoholic and wish to use A.A. We have evidence that they do not always fare well there.

Only 5 to 10 per cent of

the alcoholics in this country use A.A. Who goes to A.A.? Which Alcoholics? Do any nonalcoholics go? Who stays away? Who goes but leaves? Who does well, and who has trouble? Who uses it extensively, and is this correlated with better success? Who becomes a leader? The answers to these questions would be of tremendous value in understanding alcoholism and its treatment. As they are not available, we are left with anecdotal information and insubstantial claims, but we can hazard some guesses.

**THE PROCESS OF
AFFILIATION**

From my own observations, it seems that for stable mutual attachment to take place there must be at least three interacting characteristics:

1. The approaching alcoholic must have certain psychological and social characteristics that permit him to use the group and obey its norms, such as interpersonal skill and ability to relate verbally in a group. These are also the quality that make him attractive to the group. For example, members see him as congenial to themselves, or they see him very much troubled and want to rescue him.

2. The group must have certain characteristics that permit it to accept incoming alcoholics such as the norm that the only requirement for membership is a desire to stop

drinking, and that makes it appealing to new members, such as an attractive social milieu and the offer of new relationships.

3. Both sides must perceive profit from a match. Alcoholics, while drinking, usually have enormous unmet dependency longings. A.A. has structures to fulfil these. The alcoholic comes, is gratified and relieved, is able to stop drinking, and becomes loyal to A.A. The alcoholic who needs rescuing is necessary to the ongoing viability of the organization. The organization seeks him; he recovers through its ministrations; he is grateful; and the Twelfth Step workers are validated as well as strengthened in their reaction formation against drinking. Both parties are reinforced in their commitment to each other, and are mutually congratulatory, which is further reinforcing.

Some people are going to fit better into such a system than are others. A.A. officially welcomes all who wish to use it, and participants are always free to leave. Anyone who feels that he is not being helped or is being harmed will probably not return. More to the point, anyone who feels that the company is not congenial or that the A.A. method is not to his liking will be unlikely to use it for long. IN view of the conventional, middle-class, religious tone, large segments of the alcoholic population may not feel at home in A.A.

No one is going to A.A. if he does not want to stop drinking. In order to go at all, a person must acknowledge his problem with drinking and want to stop; he must know of

A.A. and believe it can help; and he must have the information, intelligence, and general competence to get to A.A. In other words, A.A. will not reach the despairing, the ignorant, or the inept. It will not work for the feeble-minded, psychotic, senile deteriorated, or psychopathic (71). It will be rejected by some alcoholics who can and do use other types of assistance, such as psychotherapy, Antabuse, and multimodal programs. It will not be acceptable to people who do not want to be committed to an alcohol-centered existence for the rest of their lives, or to people who believe that they can change by themselves. It will not reach many people who have a great deal to lose by exposure of their drinking problem, even though they have more to lose from drinking.

PERSONAL CHARACTERISTICS AND A.A. MEMBERSHIP

Some personal and sociologic characteristics - such as marital status, religion, class, sex, ethnicity, age, and personality traits - are not randomly distributed in A.A.

Marital status. Most A.A. members are married men. This could result from the fact that most alcoholics are married men, but there are several additional possibilities. Recovery from alcoholism is probably more likely when the alcoholic has a life worth recovering for - say, with a job and family, or other commitments and rewards. Alcoholics frequently report that they decided to come to A.A. when their wives left or threatened to leave. A husband

is more likely to stay sober in A.A. if his wife uses Al-Anon (72).

This is an interesting contrast to my impression that women in A.A. are usually divorced or, if married, have remarried since they joined A.A. and became sober. This could result from the possibility that marriage between an alcoholic and a nonalcoholic is stabler when the alcoholic is the husband rather than the wife. One commonly hears of the masochistic alcoholic's wife, who seems unable or unwilling to leave her painful marriage. The husband of the alcoholic woman is a less familiar character. It also seems that Al-Anon is less welcoming to men married to alcoholics than to women, perhaps because men are in the minority at Al-Anon or because the idea of an alcoholic wife is threatening.

Region. The area of the country where an alcoholic lives influences his access to A.A. groups (73). More groups exist in the Northeast for the same area than, say in the Southwest. This may be because the Puritan tone of the organization is more acceptable there, or because the number of A.A. groups that are formed is a function of population density, greater in the Northeast. This is an intriguing possibility, because it would suggest that A.A. membership is not increasing to absorb more and more alcoholics, but that it increases to a certain percentage of alcoholics and then stops.

Social Class. A.A. is a middle-class organization with an inspirational tone and a rather rigid and dogmatic method. It

requires admission of failure, assumption of the sick role, and a permanent, regressive, dependent stance. It invokes the magic power of the A.A. way and does not tolerate insight unless this coincides with the A.A. point of view. It treats alcoholism as an illness occurring in only one form, a simple and straightforward problem. With the exception of sick role, these are congenial middle-or lower-middle-class, anti-intellectual values.

People who do not share these values may not be able to use A.A. Educated upper-middle-class members are intolerant of the inspirational qualities that discourage thinking. Demoralized lower-class members do not expect that any services will be helpful or treat them respectfully. Because of their experience in trapped lives, they disagree with the idea that they are not helpless and can change their lot.

T h i s m a y b e counterbalanced by client participation in self-help groups, and stress on the possibility of recovery. By providing peers with common goals, such groups oppose the member's tendency to isolate himself. They also create a locus for action, motivation for change, a problem-solving orientation that increases felt competence (74-77), a peer reference group, a participation model, and social re-education. These characteristics may make self-help groups appealing to lower-class members.

Each group tends to be homogeneous for class, but there is a wide diversity between groups. Lofland and Lejeune attempted to identify factors that lead to selection

of members of the same class. They assumed that selection pressure came from the group welcome or rejection, not from approaching-member-choice, which must also be operating. They did not find, however, that upper-class groups strongly welcomed upper-class members, but their results may have been confounded by the use of middle-class volunteers to impersonate different classes. Their findings that upper-class groups interact more with lower-class newcomers may reflect a need to do Twelfth Step work with the down and out, not the wish to have lower-class members in the group (78).

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Ethnicity. Members of ethnic outgroups experience great difficulty in attempting to use A.A., especially if they are hostile to the predominant class (79,80). Any organization that shares society's biases, and many A.A. members are racist. It is difficult to be a "token member" anywhere, perhaps even harder in a stigmatized situation. Blacks also experience incompatibility of style and values, and distrust (based on experience) of white establishment institutions. Perhaps, also, blacks do not wish to bring disapproval on their race by making their problem public. All these factors contribute to the rarity of black members.

It is also known that patterns of alcohol abuse vary among ethnic groups. The Irish,

for example, have a higher rate of alcoholism than do Jews (81). Whether the different patterns of abuse would indicate need for different therapeutic styles has to be determined. IN any case, in large cities there are some predominantly black A.A. groups, which should help deal with their special needs. Mexican Americans and American Indians, who are less numerous, have fewer such options.

Sex. There are fewer women than men in A.A. This is likely to reflect the sex distribution in the population of alcoholics; alcoholism rates in women, like those of smoking, are moving towards the rates for men, though there are still more male alcoholics. Another contributing factor may be the greater secrecy of women drinkers. In A.A. women may be put off by the public exposure of coming to meetings and acknowledging their drinking problem in public. They seem to be more sensitive about it, since alcoholism is considered to be worse for women.

I observed that women and men are treated differently in A.A. Most sponsor-"pigeon" relationships were same-sex, as was most casual conversation. Women are often recognized to have a different experience and urged to go to women's meetings. Some members seem to feel more distress at the idea of a woman being alcoholic than a man. But an effort was made to include a woman speaker at every speaker's meeting.

In general, the women I met seemed more gregarious, and less hostile and withdrawn, than the men. This may reflect a response to my sex rather than their character.

Age. The extent of problem

drinking among adolescents is frequently underestimated, for several reasons. First, drinking is the norm in our society, and a wide range of drinking behavior is tolerated (82). Second, adults may regard most teenage drinking as "good clean fun." Parents shocked and fearful of "drugs" may be relieved when their children drink alcohol, and may encourage it. Third, social drinking takes practice (83). The teenager who drinks to the point of making himself sick, passing out, or blacking out is usually seen as inexperienced, and often is. But sometimes he is not. Because it is seen as inexperience, an adolescent can camouflage his problem drinking more easily.

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Fourth, alcohol abuse is a stigmatized condition, even among teenagers. "When teenagers drink to excess... their peers to not report them to the elders. A conspiracy of silence develops. They remain silent. protecting insiders from outsiders. Amongst themselves, however, they censure drinking deviants..." (84). Both the peer group cover and the drinker's desire to escape opprobrium decrease the visibility of pathologic drinking. Rubington estimates that 70 to 85 per cent of adult alcoholics are "hidden"(85); probably even a higher percentage of adolescent alcoholics are hidden because they have not yet been exposed. Through delirium tremens can

develop in alcohol with-drawl after less than a year of use, this is unusual. Physical ills due to alcohol abuse are likely to occur only when the alcoholic is older. But even if it takes several years to develop addiction to alcohol, there are children of 12 to 15 who drink so much that they become addicted by the age of 17.

Recently more and more young people have approached A.A. They often come with multiple addictions and the usual adolescent conflicts about authority and dependence. A.A. has somewhat ambivalently accommodated them. Alcoholics and abusers of other drugs traditionally dislike and distrust each other, and often older alcoholics are as shocked and fearful of adolescents and multiple-drug use as are conventional adults. A.A. is currently struggling with the question of what attitude it should adopt toward mixed addictions. In some areas it has toned down the part of the program galling to touchy adolescents, and young people are beginning to set up their own A.A. meetings.

At least three large difficulties hinder the use of A.A. in helping young people with drinking problems. Many young people refuse to go; if they go, they refuse to stay; and there may be some negative effects if they attempt to use the program.

In order to go to A.A. for help, a person must believe that he has a drinking problem, know how to get to A.A., believe that the organization offers the hope of relief, and decide that the price of that relief is reasonable. A teenage alcoholic, even more than an

older one, will deny his problem to himself as long as possible. If he does admit his problem, he may not have the experience and knowledge to gain access for help. (The situation here is similar to the difficulties concerning help with contraception and abortion.) Teenagers are exceedingly wary of organized adult institutions and share society's prejudices against alcoholics, even if they themselves are alcoholic. They are likely to disparage any organization founded and run by acknowledged drunks. And they are not likely to know anyone who has used A.A. successfully and is also close enough to them in age for productive identification.

But the greatest obstacle for an adolescent is the emotional cost of accepting help. If he joins A.A., he accepts a role including both stigma and illness. Teenagers are reluctant to do this, because it acknowledges and conforms their devalued, degraded status. The adolescent affiliates whenever he can with peer cultural ideals (86). In this case his identification with nonalcoholics may be the result of a healthy wish to be normal, but it keeps him out of A.A.

In addition to stigma, there are the problems of the sick role and its implied dependency. A.A. is constituted partly to satisfy dependency needs. The members begin with three steps that establish this:

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.

To an adolescent all this, including the religious cast, is repellent. It sounds suspiciously childish and threatens his precarious autonomy. "Those alcoholics who believe that eating 'humble pie' is a necessary condition of their recovery often prefer to go hungry" (87).

"The greatest obstacle for an adolescent is the emotional cost of accepting help"

A.A. literature for young people tries to play down this aspect with such sayings as "If you're old enough to be an alcoholic you are old enough to do something about it" (88). However, the testimonial stories repeatedly describe apostasy and conversion, including confession of wrong. The young man who starts out saying, "I was an intellectual rebel, an emotional individualist," actually sees the light when he finds "willingness to dim my own fiercely burning little blub, and ask for help" (89). The stories are filled with moralizing and there-but-for-the-grace-of-God-go-Imaterial. "They stopped in time." "They nearly lost all." "The prisoner freed." "Do you want to live or die?...I said humbly, I suppose I want to live"(3). "I listened and -thank God-I obeyed"(90). Some of this is hard to stomach even if one is not an adolescent.

Closely related is the problem of rebellion. Many adolescents drink as a gesture

of defiance, and "a drinking alcoholic acts like an adolescent rebel" (91). Rebellion is normal in this age group. If going to A.A. means renouncing rebellion, the adolescent, when he feels impelled to rebel, may leave A.A. and return to self-destructive drinking.

What are the effects if he stays? If he uses the group with its support, reaction formation, and catharsis to control his powerful symptom, that may be worth all the disadvantages mentioned. But this may present another problem for teenagers. They are acutely sensitive to peer group pressures, and if they accept A.A. as a peer group, they are likely to absorb its norms. These include the dogmas of "Once an alcoholic, always an alcoholic"; "People don't change"; The alcoholic needs A.A., the only road to recovery, daily and indefinitely." Non-A.A. social connections are to be shunned. At a time when a person is trying to work out who he is and what he can be, these act to confirm an identity as stigmatized, defective, degraded, weak, dependent, alcoholic, and without hope of change.

The normal adolescent may participate in deviant behavior without being, or seeing himself as, a "deviant" with an inflexible character structure. During this formative time many behavior patterns are temporary. It is true that, because of addiction and withdrawal, alcohol use may generate its own momentum and develop a life of its own; but the young person has more hope of change than an older one. Again, for this group the

strength of A.A. is its flexibility. As soon as there are many members with a defining characteristic, they can form a subgroup - a young people's A.A., a woman's group, or a black group - where they feel less outcast and where their special needs are recognized within the context of their alcohol problem.

Personality traits. Evidence suggests that A.A. may work particularly well for a person with certain characteristics attributed to alcoholics. This is a controversial area, since several studies failed to find personality differences between alcoholics and nonalcoholics (92,93). Others do find differences.

One study determined that alcoholics show "marked perceptual field dependence" (94). Field dependence is an index of the extent to which a person relies on feedback from the environment more than from his own body. If placed in an experimental room that is tilted, the field-dependent person will report that he is standing straight when he is aligned with the walls of the room. A field independent person will feel straight when he is aligned with gravity but tilted in respect to the room. The study found that alcoholics are more field-dependent than controls and that this was not decreased to control levels in sober alcoholics attending A.A.

Whether field dependence and emotional dependence are associated is not clear. A.A. specifically appeals to, and may perpetuate, emotional dependence.

Trice did a series of studies concerning the question of affiliation from the

viewpoint of what traits in the applicant permit him to affiliate, not what in the organization attracts or repels a new member. He found that some people cannot affiliate, though A.A. does not acknowledge the existence of these (95). In a group of 370 male alcoholics in a state hospital, affiliation with A.A. at 18 months from admission was positively correlated with physical characteristics (stable health) and psychological ones (group dependency needs, guilt proneness, and experiences with social processes labelled as deviant, such as arrest). It did not correlate with sociological characteristics, such as social stability and membership in the middle class. It did not correlate with ego strength, either - not a surprising finding, since A.A. assumes low capacity and attempts to provide external strength rather than develop autonomy (96).

"A.A. specifically appeals to, and may perpetuate, emotional dependence"

In another study people who joined had the habit of sharing feelings, concern with friendship, acceptance, and more anxiety about separation and rejection than nonaffiliated (97).

Machover found that people did better in A.A. if they were well integrated, tended to sublimate rather than act out homosexual concerns, and dealt in positive ways with authority figures (98).

Any consideration of personality traits must deal with the fact that A.A. was developed on a model that uses

specifically religious tone and numerous concepts borrowed from religion. Members whose personalities tend to respond to such an orientation are more likely to function well in A.A. than those who reject it. This emphasis on religion has been equated with dependency, but the question is more complex than that, involving response to ritual, hierarchy, affiliation with a group felt to possess power or knowledge, and evangelization. In particular, the effectiveness of the religious aspect depends on the person's outlook, whether he tends to see experience in terms of absolutes or as gradations of relative values. These questions deserve a section of their own.

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