

### The Self-Help Process of Alcoholics Anonymous

The past 20 years have seen a rapid increase in the number of self-help groups and organizations which now constitute a significant feature of contemporary life. Often referred to as the self-help movement, some of us have seen us moving toward a self-help society. There have been several attempts, recently, to analyse the nature of self-help, its history and its significance (Katz and Bender 1976, Caplan and Killilea, 1976, Robinson and Henry, 1977), while increasing attention has been given to self-help by government departments and professionals, by laymen and the media.

Alcoholics Anonymous occupies an important place in the self-help movement, not only because of its rapid growth into a worldwide organization (Norris, 1974) but because it is unashamedly used as a model by many of the newer self-help groups and regularly praised in the most fulsome terms (Robinson, 1976). Despite this praise, Alcoholics Anonymous has been remarkably little studied (Bean, 1975). Although there are now over 1,000 groups in the United Kingdom there have been very few attempts even to find out who goes to A.A, when and why? Apart from Edwards' (1967) survey of London groups, a small unpublished survey by the A.A. General Service Office (1972) and a recent national survey (Robinson and Henry, 1978) we have very little basic descriptive material on this widely regarded organization. We have even less evidence on the extent of A.A.'s success, either in its own terms or in comparison with other systems of help. Leach, however, under the heading 'Does Alcoholics Anonymous Really Work', draws on the small number of evaluative studies in existence and concludes that

'...A.A. merits more understanding than the current state of knowledge about it affords...(and that)...the answer to the heading to this chapter is, yes, Alcoholics Anonymous really does work' (Leach, 1973).

The question now arises of who does A.A. 'really' work for, and how? Like most other self-help groups Alcoholics Anonymous claims to be available, accessible and suitable for anyone regardless of age, sex, creed or social position. In fact, in comparison with the alcoholic population, its members are predominantly middle class and middle aged. Although the proportion of women members has increased rapidly over the past ten years there is no evidence that A.A. is attracting any of the increasing number of young people for whom drink is causing a problem. There is no evidence either that A.A. is now picking up members earlier in the course of their alcoholism (Robinson and Henry, 1977). For most people it is still a 'last hope' organization.

It is often said of Alcoholics Anonymous that it works well for those people it works well for. This is not as fatuous a statement as it seems. It means, merely, that the self-help method of 'talking oneself out of alcoholism' (Henry and Robinson, 1977)

does not work for everybody. It is not a magic formula. It has to be learnt. But what is it?

The self-help process of Alcoholics Anonymous begins when the potential member learns about the fellowship and, for whatever reasons, comes into contact with a member. At this 'twelfth stepping' meeting the newcomer is encouraged to listen to the member's personal drinking story but not to relate his own. As the General Secretary of A.A. in Great Britain put it 'one can only hope that whatever...(the newcomer) may be thinking, whatever doubts they may have, they may be able to identify with you.' Identification is a core theme which runs through the self-help process, particularly at the affiliation stage (Trice, 1959).

It is this identification and understanding, based on common experience, which produces the necessary common bond of mutual interest among self-help group members and common desire to do something about their shared problem. And the basic ingredient of this 'doing something' is collectively helping oneself. Sharing is particularly important in self-help groups. It is translated into action in terms of two intimately interrelated themes: deconstruction and reconstruction. Deconstruction emphasises how specific aspects of the members problems are settled on, dispersed and generally coped with. Reconstruction emphasises those activities which are geared to the production of a new way of everyday life.

Paradoxically, perhaps, the deconstruction of the problem initially involves concentration on it. For a familiar part of self-help group work is to help people to settle, from among a whole complex of everyday problems of living, upon one clearly defined set of problems and agree to their centrality; admitting that one is 'an alcoholic.'

Once the problem is settled on, admitted, acknowledged or brought out into the open, a second stage of deconstruction can begin: the sharing of information about practical solutions to technical difficulties. This may be at the level of physical aids, dietary advice, information about official agencies and rights, in short anything which makes it more possible to handle the technicalities of the shared problem.

The third level of deconstruction, the most difficult, aims at destigmatisation: dispersing the perceived social discredibility of the members and their shared problem. One way of destigmatising the problem is by changing members' self-perception, a feat partly achieved by meeting others in the same situation and, therefore, feeling less odd. In addition, however, it is common for nearly all groups to direct their distigmatising efforts towards changing those who are seen as the cause of the stigma; the general public, or society, or just all those who 'do not understand.'

As well as the deconstruction and relief of stigmatised problems, self-help groups provide recipes for an altered or reconstructed life. At the same time they constitute a forum of putting those recipes into action. The 're-structuring of life' may be more or less explicit and more or less detailed, but the enabling and encouraging of a new way of living and a new way of seeing one's self and one's place in the world, is a core aspect of

self-help activity. In most cases this re-structuring is accomplished through project work.

It is difficult to generalize about projects, but basically they can be defined as 'co-operative activity, planned and organized by the members to achieve certain predetermined goals.' Indeed, Alcoholics Anonymous' whole programme can be seen as a collection of projects designed to help fellow members. From merely telling his own story at a group meeting, to twelfth stepping and sponsoring newcomers, the A.A. member is actively helping fellow alcoholics.

In learning to tell his story appropriately, for example, the newcomer in A.A. is transforming past experience into experience of value to be put to constructive use. His story provides another story for the group to draw on and identify with, a means of distancing the storyteller from the experience, and a personal example to use in the individual work of 'twelfth-stepping' and sponsorship. But it is not enough for project work to be restricted to formal group meetings; it has to carry over into everyday life, and life outside the group.

This is where self-help groups, like A.A., really come into their own. They are misunderstood if they are seen, merely, as meetings. Their distinctiveness, in comparison with conventional help, is that they provide a continuity of help, a willingness to be available, and a forum for the construction of a new way of life based on a new set of relationships. In the good self-help groups formal meetings decline in importance for the established member. Some are honest enough to say that they hope that people will grow away from the formal organization, while retaining the complex of relationships and friendships which were built up in the groups, through group activities, and which enable the member to maintain the self-help method in his everyday life. For, when it comes down to it, self-help is a way of life.

Self-help groups such as Alcoholics Anonymous, then, are much more than meetings of fellow sufferers. They provide a focus for people with similar problems to meet and share their experiences and problems, and their ways of coping. They can be centres of social regeneration where individuals who feel isolated and stigmatized can gain strength together to deconstruct their shared problems and reconstruct their lives.

They are of interest today, not because the DHSS is short of cash or because the groups are symbols of anti-professionalism but because some of them actually work. And the sooner professionals, laymen and governments appreciate that they do work, and why, the better it will be for all of us.

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