

Characteristics of Affiliates of Alcoholics Anonymous
A Review of the Literature

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Alcoholics Anonymous is regarded by many professionals and laymen as the most useful treatment resource for problem drinkers. Referral to A.A. is routine in some programs, and regular attendance at A.A. meetings is required in others. A number of important treatment programs are based entirely on the A.A. philosophy, and many others have incorporated elements of it in their operations (59).

This hegemony of A.A. cannot be justified by reference to the scientific literature. Questions of the over-all efficacy of A.A.'s approach and of specific indications and contraindications for its use remain largely unanswered (5). The failure of research to support unequivocally the conclusions of A.A. advocates does not, however, mean that claims for its success are unfounded. The studies conducted to date have had many methodological problems that limit their conclusions. It has been cogently argued (24) that, because of its informal and voluntary nature, A.A. cannot be studied experimentally and that, therefore, a definitive evaluation is impossible. Without going quite so far, we can at least agree that a precise evaluation of A.A. poses enormous difficulties for the researcher.

A principal reason for the apparent discrepancy between the widespread use of A.A. and the at best inconclusive results of evaluative studies is the lack of recognition that A.A. may be appropriate for only a minority of problem drinkers. This being so, studies that seek to demonstrate the effectiveness of A.A. across a wide range of problem drinkers are necessarily inconclusive. The reason is simply that any positive effects on the minority for whom A.A. is particularly appropriate are masked by the absence of positive effects, and possibly by the presence of negative effects, on others.

The appeal of A.A. to only a minority of problem drinkers is amply supported by clinical impressions and by studies such as those of Brandsma et al. (7), McCance and McCance (40) and Tomsovic (58), which indicate that fewer than 20% of problem drinkers referred to A.A. ever attend meetings regularly. Data presented by Polich et al. (51) are generally consistent with these conclusions. Thus, whereas most patients interviewed 4 years after treatment reported going to A.A. at some time during this period, only 27% of those who ever went to A.A. reported going to meetings during the month before they were interviewed. Even among those who claimed to have attended meetings "regularly" at some time during the 4-year period, only 39% reported going to meetings during the month before the interview (51, p. 128). Future studies of A.A. should, therefore, identify the characteristics of those to whom affiliation is most appealing and assess the impact of affiliation on these persons. The need to take a similar approach in the evaluation of other programs for problem drinkers is now widely accepted (47). Matching patients to specific treatments has also been advocated for many years as a desirable approach in psychotherapy (37), and has been a fundamental principle of medical practice.

The present review of literature was undertaken to generate ideas about the kinds of persons for whom A.A. might be particularly appropriate. Empirical studies of A.A. groups and speculative accounts of the kinds of persons who tend to participate and do well are included. Our hopes are that such a review will stimulate further research on the efficacy of matching problem drinkers to A.A. and also generate some guidelines for clinicians and others who wish to make referrals to A.A. Needless to say, our task was rendered difficult by the absence of scientific evidence that any persons referred to A.A. were optimally helped. We assumed, however, that those for whom A.A. might be most appropriate are to be found among those most actively involved and that a review of the characteristics of such persons would be a starting place for delineating the characteristics of those best suited to A.A. The validity of these assumptions may need to be revised if further research shows that A.A. affiliation produces undesirable "side effects," e.g., contributing to binge drinking (24, 54), or that problem drinkers who do not become active members of A.A. are nonetheless helped by their contact with the fellowship.

Personality Characteristics

Both the lay notion that "birds of a feather flock together" and the social-psychological literature on group formation (56) support speculation that A.A. attracts problem drinkers with particular personality characteristics. The "social" nature of A.A., its acceptance of the disease concept of alcoholism and its emphasis on personal "powerlessness" over alcohol and on a "power greater than ourselves" suggest that A.A. might be particularly attractive to problem drinkers with strong affiliative needs and with an external locus of control. Processes of social influence at the core of the A.A. modus operandi, together with its strong ideology and the enthusiasm with which it is embraced by many members, suggest that A.A. appeals to persons who need structure and are somewhat conformist by nature (13). Others (e.g., 6, 60, 61) have indulged in similar speculations. Empirical studies have supported some of these conjectures and have suggested other characteristics associated with attraction to A.A.

Canter (10) examined the personality characteristics of 50 hospitalized male alcoholics who were free to attend A.A. meetings or group therapy, to take disulfiram or to receive conditioned-reflex treatment. He found that those who went to A.A. meetings scored higher on the California F-Scale, a measure of authoritarianism, than those who chose other forms of treatment. No other studies have been directly concerned with authoritarianism and alcoholism although cognitive simplicity, a highly correlate of authoritarianism, has been shown to correlate with A.A. membership (8, 52). Authoritarianism is also often listed as an attribute of likely A.A. candidates (2).

A study by Mindlin (45) lends support to the expected relationship between the appeal of A.A. and the capacity to function in group settings. She administered a questionnaire on attitudes to impatient alcoholics who had at various times been in psychotherapy or attended A.A. meetings and inpatient alcoholics who had never had contact with A.A. and had never been in psychotherapy. Patients who had attended A.A. meetings were less likely than other patients to describe themselves as isolated, lonely or socially ill at ease.

Trice and Roman (61) have reported a study suggesting links between A.A. members' affiliation needs and other personality traits. In this study 378 White men problem drinkers were followed up after they had left an A.A. based hospital.

program in Maryland. Before discharge, all subjects had a electroencephalogram (EEG), been given a variety of psychological tests and been questioned about their social history. Stepwise regression analysis was used to determine which of these tests best predicted affiliation with A.A. subsequent to discharge. Patients who had attended A.A. meetings at least twice a week during the year since discharge were considered to have affiliated "successfully" with A.A.

Trice and Roman do not state what proportion of their sample became successful A.A. affiliates. Twenty-four variables found to discriminate between A.A. affiliates and nonaffiliates were used in their regression analysis. Fourteen of these were scores on two personality tests - the Sixteen Personality Factor Questionnaire and the Minnesota Multiphasic Personality Inventory (MMPI) - or ratings of mood on the Clyde Mood Scale. These fourteen variables accounted for 25% of the variance in the dependent variable - successful affiliation with A.A. The remaining 10 variables accounted for an additional 11%.

Trice and Roman interpreted their results as indicating the importance of personality factors in determining A.A. affiliation. They suggested that such affiliation is associated with high "affiliative and group dependency needs, a proneness to guilt, (and) considerable experience with social processes which have labeled him as deviant," i.e., hospitalizations, scale Am on the MMPI and years of alcoholism (61, p.58). They did not find that ego strength predicted affiliation with A.A. In contrast, Seiden (55), using the Bender Gestalt error score as a measure of ego strength, found that A.A. members scored higher than did nonmembers. A number of other studies (e.g., 26, 45) also suggested a relationship between affiliation needs and membership in A.A.

Machover and Puzzo (41) administered 3 projective tests (the Thematic Apperception Test, the Blacky Pictures and the Rorschach) to 46 men problem drinkers and attempted to discriminate those who subsequently became A.A. affiliates from those who did not. The results suggested that A.A. affiliates tend to identify with their mothers, be prone to rationalizations, lack of social inhibition and use the defense mechanisms of reaction formation, obsession - compulsion or overcontrol. These results are not, however, particularly convincing since the measures are exceedingly difficult to quantify and hence lack acceptable validity and reliability.

Only one published study (25) has failed to find evidence of personality differences between A.A. affiliates and nonaffiliates. In this study by Haertzen et al., problem drinkers in various hospital settings were scored on a wide range of scales from the Addiction Research Center Inventory. Problem drinkers who were A.A. members did not differ from nonmembers. The A.A. members tested, however, had apparently "failed" in A.A. since they required hospitalization for their drinking problem.

Perceptual Style and Related Matters

"Field dependence" is a term used to describe one end of a continuum of perceptual style. Persons who are field dependent tend to see each element in a perceptual field as inseparable from the context of the ground. In contrast, persons who are field independent see each element in a perceptual field as a distinct entity separate from other elements and from the general context. Methods of assessing field dependence and field independence include the Rod-and-Frame Test and the Embedded Figures Test.

Problem drinkers have been among the groups most extensively studied with such measures of perceptual style. Over time there has been an evolution of the conclusions drawn from these studies. Early investigations (4, 22, 35, 53, 66) were interpreted as showing that problem drinkers were strongly (and very likely irrevocably) field dependent. It has become clear, however, that problem drinkers vary considerably, and field-independent samples of problem drinkers have been identified (9, 28), while evidence has also developed that field dependence is not necessarily a fixed attribute but varies over time and may be decreased by abstinence, therapy or other means (23, 32, 44).

Many correlates of field dependence, including possible interactions with various forms of intervention, have been explored. A summary statement from a comprehensive review is instructive: "The evidence suggests that therapists more often assign their field-dependent patients to supportive therapy, in which a well-defined structure is provided for them; in contrast, field-independent patients are more often assigned to modifying therapy, in which the patient's role is less highly structured...Field-dependent persons show a strong interest in people, prefer to be physically close to others, are emotionally open, and favor real-life situations that will bring them into contact with people; in

contrast, field independent persons are less interested in people, show both physical and psychological distancing from others, and favor impersonal situations...Field-independent people are relatively immune to the effects of a group context" (65, pp.667, 672, 675).

Because A.A. provides structure and social interaction, encourages emotional expression and relies on group processes, one would predict that field-dependent individuals would be more likely to affiliate than would others. In a direct study of this relationship (8, 52), a group of problem drinkers that had affiliated with A.A. and one that had not were examined. Of 30 successful affiliates, 29 were field dependent. Of 15 field-independent subjects, 14 had not affiliated with A.A.

In contrast, another study (36) concluded that A.A. members were less field dependent than other alcoholics. This result, however, may have been due to selection factors. The A.A. members in the study were all volunteers whereas the nonmembers were not volunteers. No attempt was made to control for other possible differences between the members and nonmembers (e.g., severity of drinking problems). Clearly, a great deal remains to be learned about the relationship between A.A. membership and perceptual style. There is, however, presumptive evidence of a link between field dependence and A.A. affiliation. Moreover, there are intriguing leads that link research on perceptual style with several other areas of research.

For example, the Brook study (8) linked cognitive simplicity with field dependence. Given the supposed need of field-dependent persons for structure, one may ask whether field dependence and cognitive simplicity are not also linked with a need for authoritarianism. If so, then Brook's results would support those of Canter (10), McLachlan (41, 43), in similar fashion, has provided evidence of a match between clients with "low conceptual level" and highly structured therapy. This has a familiar ring because the dimensions of low and high conceptual level and cognitive simplicity and complexity are measured by similar sentence-completion tests. In the same vein is Fontana et al.'s (18) suggestion that alcoholics with a preference for "formalistic thinking" would be more accepting of A.A. Formalistic thinking is an unusual concept that seems to be related to both field dependence and authoritarianism. Finally, autokinesis, a perceptual phenomenon in which a stationary pinpoint of light in a darkened room

appears to move about, is closely related to field dependence and is also thought to predict successful affiliation with A.A. (62). Thus, there may be a close relationship between this group of perceptual and cognitive variables and affiliation with A.A.

The potential appeal of A.A. to persons with an external locus of control has been noted above and elsewhere (6, 29). The conceptual similarity between locus of control and psychological differentiation (39) also suggests that therapeutic programs that are effective with field-dependent persons would benefit persons having an external locus of control. No studies directly addressing the relationship between A.A. membership and locus of control were found. However, research in psychotherapy (e.g., 1) suggests that externally oriented individuals are more responsive to directive than to nondirective treatment.

Social Characteristics and Social Functioning of A.A. Members

Originally A.A. members tended to be middle-aged men. Changes in the age and sex composition of A.A. groups have been noted (38), and recently groups for young people and for women have been started. The appropriateness of A.A. for women has, however, been questioned (14).

Several studies (3, 10, 38) suggest that A.A. appeals more to the socially stable and to middle- and upper-class problem drinkers than to lower-class problem drinkers. Pattison et al. (49) see A.A. members as persons whose lives are not too bad if they do not drink but whose drinking has significantly threatened or disrupted a valued life style. Such persons can be contrasted with those whose drinking is but one of a host of mutually compounding problems that are not readily resolved by abstinence.

This is not, of course, to imply that the A.A. concept of hitting rock bottom before change can take place is invalid. It may be, however, that rock bottom is somewhat higher for most A.A. members than the social and physical "lows" to which alcohol consumption reduces some persons - an observation made by Jellinek (33).

Drinking History and Drinking Problems

The A.A. model of alcoholism emphasizes loss of control over drinking and physical dependence, which along with tolerance and adaptive cell metabolism, were said by Jellinek (33) to characterize "gamma" alcoholics. Gamma alcoholism "is what members of Alcoholics Anonymous recognize as alcoholism to the exclusion of all other species" (p. 38). This being so, A.A. might be more likely to attract gamma alcoholics than other types. Jellinek's research tended to support this. He found, for example, that most A.A. members reported loss of control. He considered those who did not to be "alpha" alcoholics "who conform their language to A.A. standards." Instruments are now available for the psychometric measurement of physical dependence (30) and loss of control (63), both of which could be used to test Jellinek's hypotheses in a prospective manner.

In a sample of 192 consecutive admissions to the Addiction Research Foundation's assessment unit, 88 (46%) claimed that at one time they had attended A.A. meetings regularly. These A.A. attenders scored higher (p .001) than did nonattenders on the loss-of-control scale of the Alcohol Use Inventory (63) when age, sex and social class were statistically controlled. Although several other writers have considered the possibility that A.A. specializes in helping alcoholics who experience loss of control, there are no other empirical data directly relevant to this suggestion. The high incidence of negative social reactions to drinking by A.A. members (a characteristic shared by gamma alcoholics) has, however, been documented (16, 61).

Values, Attitudes and Beliefs

A.A. members endorse a range of values, attitudes and beliefs about living that extend beyond abstinence. These values, attitudes and beliefs are both implicit and explicit in the A.A. Twelve Steps and Twelve Traditions and in the writings and statements of A.A. members.

A.A. members believe that alcoholism is a progressive disease for which there is no cure. Those who suffer from the disease must accept that they are powerless over alcohol and assume responsibility (with the help of God or a Higher Power) for adjusting their lives accordingly. Because there is no cure,

the only alternative to problem drinking is abstinence. Although A.A. is not a religious organization, many of its basic tenets have a religious tenor (34). Central to the A.A. prescriptions for the treatment of alcoholism is the assumption that the sufferer must accept that only "a Power greater than ourselves could restore us to sanity." Early in recovery, therefore, A.A. members decide to turn their will and lives over to the care of God as they understand Him. Five of the Twelve Steps make a specific reference to God. No particular God is mentioned and the phrase "as we understood Him" occurs twice. In addition, one step mentions "a Power greater than ourselves" and the final step talks of a "spiritual awakening." Whether A.A. appeals to persons who have a basic sympathy to religion or a belief in some form of God is unknown. Of interest, however, is the fact that the movement, at least in the early days, was greatly influenced by the Oxford Group Movement - an evangelical Christian movement that emphasized self-survey, public confessions, restitution and service to others (21). Relevant to this point are Ogborne et al.'s data from a study of halfway-house staff who were A.A. members and who encouraged residents to attend A.A. meetings also encouraged church attendance and felt that one goal of their program was to bring residents closer to God.

Among the values commonly stressed by speakers at A.A. meetings are friendship, honesty, humility, faith, courage, helping others, spirituality, personal responsibility and "getting on" in the world (46). Others (e.g., 34, 49) have noted A.A.'s concern with "respectability," and data from Ogborne et al.'s study (48) show that affiliation with A.A. is associated with positive views of the family and church attendance, and disapproval of sexual liberation and halfway houses for men and women together. If not frankly religious, such a complex of values can be viewed as reflecting existential concerns (19). Examined from this perspective, A.A. appears attuned to, and highly effective in handling, the existential concerns of its members (31).

From this material, several conclusions may be drawn about suitable candidates for A.A. The simplest is that persons with ties to organized religious beliefs may be most likely to join A.A. At a more abstract level, measures of existential concerns (11, 12) may predict successful A.A. affiliation. Finally, some of the values stressed by A.A. are likely to appeal to those with an external locus of control.

Conclusions

In general, the empirical evidence reviewed supports clinical impressions and deductions from psychological theory, and suggests that problem drinkers who affiliate with A.A. are in many significant ways different from those who do not. The affiliates appear to be distinctive in personality, perceptual style, cognitive style, social functioning, values, attitudes, beliefs, drinking history and drinking problems, and demographic characteristics. Researchers have found that affiliates of A.A. are more likely to be men, over 40 years of age, White, Middle-or-upper-class and socially stable. A.A. association has been affiliated with binge drinking, physical dependence on alcohol, loss-of-control drinking and the loss or threatened loss of a valued life style because of drinking. It has also been associated with an authoritarian personality, strong affiliative needs, proneness to guilt, an external locus of control, field dependence, cognitive simplicity, formistic thinking, a low conceptual level, high autokinesis scores, a religious orientation, existential anxiety and a tendency to conform.

Given the present state of our knowledge, this list of characteristics should be viewed only as a set of working hypotheses. Evidence that some of the listed characteristics are associated with A.A. affiliation is inconclusive; conversely, some highly relevant characteristics may have been overlooked because research on this question has not been systematic. Moreover, specific characteristics are not likely to be independent. For example, recent research has linked beliefs by alcoholics about the disease concept of alcoholism and loss of control over drinking to a perceived external locus of control (57), which in turn has been linked to both depression and the presence of serious existential concerns (50).

These linkages give rise to the speculation that there may be a more general factor underlying specific differences between affiliates and nonaffiliates of A.A. At a descriptive and commonsense level, the differences may relate to the "structuredness" of individuals. Persons who have lost touch with the meaning or purpose of their lives - who have lost control over their drinking and believe that it is due to a severe illness, who believe that they are powerless and not the captains of their own fate, who look at the world in a global manner and who feel the need to affiliate with an authoritarian group having clear-cut precepts-may fairly be said to be unstructured. Such persons are likely to find a

highly structured, well organized, supportive and long-term group approach such as that of A.A. quite congenial. The converse is also true. That is, persons who are relatively well-structured despite the existence of drinking problems are unlikely to find an approach such as that of A.A. congenial, and may do better in relatively less structured treatment such as nondirective individual psychotherapy.

Two additional speculations may follow. First, similar considerations may have relevance for patients who misuse drugs. A.A. is related to the concept of a drug-free therapeutic community, and the practices of the two kinds of organizations are similar (21). Variables that predict the affiliation of **problem** drinkers with A.A. may also predict the affiliation of drug misusers with drug-free therapeutic communities. Second, variables that predict affiliation and variables that predict nonaffiliation may reflect the dominance of opposite cerebral hemispheres (20, 64). Briefly, the "unstructured" group of variables may be related to right cerebral hemispheric dominance and the "structured" group to left cerebral hemispheric dominance. The implications of such a relationship are complex and cannot be dealt with herein.

None of the more empirical studies reviewed has provided satisfactory evidence that affiliation with A.A. is necessarily associated with optimal improvement in drinking behavior and related problems. It thus remains uncertain whether problem drinkers who affiliate with A.A. will abstain, or achieve a generally satisfactory level of psychosocial functioning or both. The possibility that there are "side effects" to affiliation with A.A., together with evidence (17, 27) that changes in drinking behavior following treatment are not always perfectly correlated with satisfactory performance in other areas of life, certainly suggests caution in assuming that abstinence in A.A. necessarily means that "all is well." As A.A. members frequently point out, there is a major difference between "sobriety" and "contented sobriety." Further research, therefore, is needed on the variety of effects that A.A. may have on its members.

It is possible, however, that continuing affiliation with A.A. is a necessary precondition of full therapeutic benefit, albeit not sufficient to guarantee such benefit. That is, those who achieve such benefits are likely to be a subgroup of all affiliates. Not all persons with alcohol-related problems affiliate with A.A., and not all who affiliate benefit. The same, of course, can

be said of any intervention.

Thus in designing research on the efficacy of A.A. and of other interventions required for progress in treatment, it is important to take into account the characteristics that predict affiliation (and, to a considerable extent, outcome). It is not a fair test of A.A. to ask that it take on all comers and then chide it for the inevitable failures. The target population is simply too heterogenous for any single intervention to be universally effective.

The appropriate measure of the effectiveness of a program is the proportion of persons well matched to it who affiliate closely and who subsequently achieve a positive result. Persons not matched to a specific program will not do well, and, when sufficient confidence can be placed in our knowledge of the critical selection variables, should be excluded from treatment in that program as well as from research studies. There has been no research on the efficacy of A.A. that incorporates these principles and, indeed, the only two controlled studies to date (7, 15) have examined only persons highly unlikely to achieve good results. We are confident that, when the appropriate studies are done, A.A. will be found to be highly effective for a specific subpopulation of persons with alcohol-related problems.

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