

HELLO, MY NAME IS _____, AND I'M AN ALCOHOLIC:
A STUDY OF ORGANIZATIONAL IDENTIFICATION AND COMMITMENT
TO ALCOHOLICS ANONYMOUS

BY

©2008

Dana Ferguson Hall
B.A., Texas Tech University, 1975
M.B.A., University of Louisville, 1980

Submitted to the Department of Communication Studies and the Graduate Faculty of
The University of Kansas in partial fulfillment of the requirements for the degree of
Doctor of Philosophy

Chairperson _____ Tracy Russo _____

Committee member _____ Amy Schmisser _____

Committee member _____ Mary Banwart _____

Committee member _____ Donn W. Parson _____

Committee member _____ Donald D. Stull _____

Date defended _____ April 25, 2008 _____

The Doctoral Dissertation Committee for Dana Ferguson Hall certifies
that this the approved version of the following dissertation:

Hello, my name is _____, and I'm an alcoholic: A study of organizational
identification and commitment to Alcoholics Anonymous

Chairperson _____ Tracy Russo _____

Committee member _____ Amy Schmisser _____

Committee member _____ Mary Banwart _____

Committee member _____ Donn W. Parson _____

Committee member _____ Donald D. Stull _____

Date defended _____ April 25, 2008 _____

ABSTRACT

Dana Ferguson Hall, April, 2008

University of Kansas

This study's purpose was to investigate the communicative processes involved in organizational identification and commitment in a nonwork setting. Specifically, it considers how organizational identification, organizational commitment, and social identity processes inform how individuals attach to Alcoholics Anonymous and how this attachment relates to their experience of and achievement of sobriety.

A qualitative methodological approach was used to identify messages that participants reported encouraged or inhibited their identification to A.A. and messages they said influenced their behavior. In-depth interviews and observation of A.A. meetings were the data collection instruments used.

Five key findings emerged from this investigation; these describe individual paths to organizational identification and to sobriety through communicative processes. Three relate to the messages reported by participants. First, there was strong evidence from participant reports of messages encouraging identification; these were consistent with traditional perspectives on identification in workplace organizations (Patchen, 1970). The second reflects an argument by participants that personal identity change is necessary to the process of attaining sobriety, and that social identification processes at work were with the problems associated with drinking and the desire for a solution to those problems. The third finding arises from participant reports of messages heard in the organization that facilitated individual

behavioral change by accepting human limitation and acknowledging limited control. The fourth finding was that successful participants connected values espoused by the organization with a change in decision premises—changed personal decision-making and life choices—as a result of working the 12 steps. Where this was successful, individual attainment of sobriety was a result. The fifth finding was that participants reported organizational identification and commitment behaviors only after they had attained sobriety by working the 12 Steps.

This study suggests the need for a more expansive organizational identification and commitment perspective that addresses nonwork organizational contexts. It also suggests that further research to understand why those who left A.A. did not identify would generate practical information to draw on in serving those individuals. In addition, this study of how organizational identification informs A.A. suggests that similar studies of other 12-step programs that have spun off A.A.'s formula could have practical value for those organizations.

DEDICATION

Dedicated to

The Friends of Bill W.

And to the memory of

Ed, Bonnie, and Mike Ferguson

ACKNOWLEDGMENTS

I am grateful for the help and support of my husband, Richard, my family, and my friends for their love and support through my entire doctoral program. My husband's enthusiasm, encouragement, and unconditional love and support were instrumental in motivating me to complete this project.

I am also grateful for the support of my doctoral committee, Dr. Tracy Russo, Dr. Donn Parson, Dr. Amy Schmisser, Dr. Mary Banwart, and Dr. Don Stull. Their insights and expertise guided my progress. I particularly want to thank my advisor, Dr. Tracy Russo, for her encouragement, enthusiasm, knowledge, and guidance through my entire doctoral program. She served not only as my advisor, but also as my source of inspiration, mentor, counselor, and cheerleader.

Most importantly, I was guided by the unconditional love and encouragement of my parents, Ed and Bonnie Ferguson, who nurtured my curiosity and desire to continue my education.

TABLE OF CONTENTS

Acceptance	ii
Abstract	iii
Dedication	v
Acknowledgments	vi
Table of Contents	vii
List of Tables	ix
Chapter 1 Background and Rationale	1
Chapter 2 Literature Review	22
Interrelationship of identification, commitment, and social identity constructs	24
Organizational identification	25
Organizational commitment	29
Social identification	34
Summary	39
Chapter 3 Research Method	41
The sample	41
Data collection method	44
Data collection instruments	49
Data analysis	51
Chapter 4 Research Findings	54
RQ 1: What messages and symbols did participants report encouraged or inhibited identification with A.A.?	55
RQ2: What messages did participants report that influenced their behavior?	103
Summary	155

Chapter 5	Discussion	158
	Summary of findings	159
	Organizational Identification and Alcoholics Anonymous	165
	Strengths and limitations of the study	182
	Future research directions	185
Appendix A:	The 12 Steps of Alcoholics Anonymous	187
Appendix B:	The 12 Traditions of Alcoholics Anonymous	189
Appendix C:	The Research Instrument: Interview Protocol	191
Appendix D:	HSCL Consent	195
Appendix E:	HSCL Information Statement	196
References		198

LIST OF TABLES

Table 3.1	Research study participants	45
Table 3.2	Observed meetings and topics	47

Hello, my name is _____, and I'm an alcoholic:

A Study of Organizational Identification and Commitment
to Alcoholics Anonymous

CHAPTER 1

Background and rationale

Organizational identification and commitment have been examined primarily as workplace phenomena from which both employees and employers can benefit. Employers reap economic benefit from employees who have identified with organizational goals and who exhibit commitment behaviors and attitudes. Employees gain economically, as well, from recognition and promotion, but they also gain intrinsically from feelings of connection (Randall, 1987). The question this study raises is how perspectives on organizational identification and organizational commitment inform a different kind of organization, one that operates outside the workplace.

Claiming and accepting a stigmatized identity is an unusual phenomenon in today's society, yet the self-described label of alcoholic is universally claimed in Alcoholics Anonymous (A.A.) meetings around the world. That individuals accept and claim this label is no small accomplishment in their road toward sobriety through A.A. This study investigates the communication heard and shared in A.A. and how it works to contribute to identification with the organization and commitment to a program of recovery. The specific areas this study explores are the messages

individuals hear in A.A. that encourage or inhibit identification and messages that influenced their behavior.

The organization selected for study must first meet criteria that confirms its identity as an organization. Scott (1964) defined organizations as collectivities, “established for the pursuit of relatively specific objectives on a more or less continuous basis” (p. 164). Five critical features possessed by all organizations (Miller, 1995) provide a more specific framework for defining an organization: (1) a social collectivity of two or more people; (2) goals that direct the activities of its members; (3) processes that coordinate the activity; (4) structure through patterns of relationships; and (5) environmental embeddedness, influenced by outside entities.

Alcoholics Anonymous has characteristics that define it as an organization for this study’s investigation using the lens of identification and commitment, which collectively can be referred to as organizational attachment. A.A. fits Scott’s (1964) definition as a group of people organized for some end, which is to help individuals attain and maintain abstinence from alcohol. It is also well-known worldwide, has a large membership, and has many local groups that make it accessible for study. A.A. also meets Miller’s (1995) five criteria defining an organization. First, it is a social collectivity of two or more people. Second, it is organized around a goal, which is to help individuals attain abstinence from alcohol. Third, member activity is coordinated in group meetings. Fourth, patterns of relationships exist in A.A. that provide its structure. Finally, it is environmentally embedded in society, and

influences and is influenced by a range of outside entities, including law enforcement, government, the medical community, the workplace, and members' families.

Alcoholics Anonymous as an organization also offers distinct characteristics that differentiate itself from organizations in the workplace. It has a different organizational goal from both for-profit and non-profit organizations in that it is not focused on profit making or fund raising. Its goal is to help individuals find a solution for their drinking problems through sobriety. Their activities in the organization do not generate financial consequences or extrinsic rewards from the organization, nor do they receive the esteem rewards typically derived from social identification with workplace organizations (Ashforth & Mael, 1989).

Two questions relevant to organizational identification and commitment are investigated in this study. The first question posed investigates messages heard in A.A. that encourage or inhibit an individual to identify. The second question posed investigates messages heard in A.A. that influence behavioral outcomes.

To provide context for this study, it is useful to briefly review what is currently known about alcoholism, the societal issues it generates, and Alcoholics Anonymous as an organization that was formed specifically to help alcoholics.

Background on Alcoholism and Alcoholics Anonymous

Alcoholics Anonymous, established in 1935, is a worldwide organization of men and women who have suffered from alcoholism and have sought help through the organization. A.A. claims that once the ability to control drinking has been lost,

the person can never drink again safely, and they never claim “former alcoholic” or “cured,” only “recovered.”

According to A.A., characteristics of alcoholism are both physical and mental, and abstinence is only part of the solution for those with the illness. “Alcohol, aside from its addictive qualities, also has a psychological effect that modifies thinking and reasoning” (A.A., 1998, forward). Without a method to deal with whatever led the person to seek to solve problems through alcohol, the person is only dry, not sober, according to A.A. Abstinence alone does not effectively eliminate the desire, the emotional compulsion to drink. A.A.’s perspective is that the mental compulsion must also be addressed as well for the individual to have a chance at recovery.

The alcoholic is a sick person suffering from a disease for which there is no known cure, that is, no cure in the sense that he or she will ever be able to drink moderately, like a nonalcoholic, for any sustained period. Because it is an illness — a physical compulsion combined with a mental obsession to drink — the alcoholic must learn to stay away from alcohol completely in order to lead a normal life.

Fundamentally, alcoholism is a health problem — a physical and emotional disease — rather than a question of too little willpower or of moral weakness. Just as there is no point blaming the victim of diabetes for a lack of willpower in becoming ill, it is useless to charge the problem drinker with responsibility for the illness or to regard such drinking as a vice (www.alcoholics-anonymous.org/ The alcoholic can recover, n.d.).

This description of the dual components of alcoholism provides a glimpse into the difficulties alcoholics face, once they realize they have a drinking problem. A lifetime of complete abstinence may be perceived as an impossible achievement to those suffering from alcohol addiction, yet A.A. has enabled millions of alcoholics to live productive lives free from alcohol. The constructs of organizational

identification and commitment will be used to explore how members of A.A. use organizational messages to facilitate sobriety and maintain a changed lifestyle.

Alcoholism Defined

Alcoholics Anonymous (1972) defines alcoholism as a progressive illness in both the bodies and minds of individuals who cannot control their drinking. The Centers for Disease Control (CDC) provides more specific definitions to alcoholism, identifying two classifications, alcohol abuse and alcohol dependence. Long-term abuse of alcohol can lead to alcohol dependence, recognized by the CDC as a disease. While abuse is identified as a long-term pattern of destructive drinking that can cause health problems and interferes with interpersonal relationships and/or ability to work, alcohol dependence has even more serious consequences, as it has become an addiction.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) defines the two classifications (American Psychiatric Association, 1994). The DSM-IV defines both as a pattern of drinking that leads to clinical impairment (Grant et al., 2004). There are four symptoms of DSM-IV alcohol abuse involving recurrent drinking: inability to fulfill major role obligations, drinking in dangerous situations, drinking-related legal problems, and social or interpersonal problems as a result of drinking. There are seven diagnostic criteria associated with DSM-IV alcohol dependence: (1) tolerance, (2) withdrawal, (3) drinking large quantities for a longer period of time than intended, (4) unsuccessful attempts to reduce amount of drinking, (5) spending significant amounts of time to get the alcohol, drinking, and/or recovering from the

aftereffects, (6) giving up other activities in order to drink, (7) continued drinking despite physical and psychological health risks that have been caused by drinking (Grant, Dawson, Stinson, Chou, Dufour, & Pickering, 2004).

Prevalence of Alcoholism

The Centers for Disease Control has tracked the incidence of chronic drinking in the United States since 1990, and data through 2002 show that the incidence has almost doubled, increasing from 3.2% to 5.9% (CDC, Behavioral Risk Factor Surveillance System, 2005). Chronic drinking is defined as an average of two or more drinks daily for males over the age of 18, and more than one drink daily for females over 18. The same study shows that binge drinking, defined as having five or more drinks or more on one occasion, has increased slightly over the same period of time from 15.3% of U.S. adults to 16.1%. (CDC, BRFSS, 2005).

Grant, Dawson, Stinson, Chou, Dufour, and Pickering (2004) analyzed prevalence and trends among the two classifications of alcoholism, alcohol abuse and alcohol dependence, using data from the National Institute on Alcohol Abuse and Alcoholism's (NIAAA) 1991-1992 National Longitudinal Alcohol Epidemiologic Survey and the NIAAA's 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (<http://niaaa.census.gov>). The study reported an overall prevalence of alcohol abuse of 4.65%, or 9.7 million adult Americans. The prevalence was significantly higher for men (6.93%) than women (2.55%), and significantly higher among whites compared to blacks, Asians, and Hispanics.

The same study found a decline in prevalence of alcohol dependence from 4.38% to 3.81%. There was a significant decline for males, with rates dropping from 6.33% in 1991-1992 to 5.42% in 2001-2002, but rates were relatively flat for females, at 2.32% in 2001-2002. Combining the two levels of alcohol disorder, the total prevalence in 1991-1992 was 7.41% (13.8 million adults) and 8.46% in 2001-2001, representing 17.6 million adults. With respect to gender, 12.34% of the adult male population and 4.8% of the female adult population are afflicted with an alcohol disorder.

The data indicate that the prevalence of chronic alcohol use, particularly alcohol abuse and alcohol dependence, is a serious issue in the United States, a subject that has garnered much scholarly attention, and because of its life-threatening consequences, deserves and will receive continued investigation from multiple perspectives.

Severity of Consequences of Alcoholism

Alcohol has been found to be the third leading cause of preventable death in the United States in two important studies. Mokdad, Marks, Strop and Gerberding (2004) found alcohol consumption to be the third leading cause of death in 2000, accounting for 85,000 deaths, or 3.5% of total deaths. Tobacco use (435,000 deaths) and poor diet/physical inactivity (400,000 deaths) were ranked one and two.

The CDC also ranked alcohol consumption as the third leading cause of preventable death in 2001, with 75,766 deaths attributed to the illness (CDC/MMWR 2004). The specific causes of death attributed to alcohol included both chronic and

acute causes, accounting for 40,933 deaths (54%). The CDC reports 34 chronic causes accounting for 34,833 deaths, which include alcoholic liver disease, liver cirrhosis, pancreatitis, breast cancer, hypertension, fetal alcohol syndrome, and stroke. Alcoholic liver disease and liver cirrhosis alone account for 54% of chronic alcohol-attributable deaths. The CDC counts 19 acute causes, of which the most prevalent causes are deaths due to alcohol poisoning, fall injuries, firearm injuries, homicide, motor-vehicle traffic crashes, and suicide. Motor-vehicle traffic crashes alone accounted for nearly 20% of alcohol-attributed deaths. Homicide ranks second, accounting for 7,655 deaths, followed by suicide, accounting for 6,969 deaths.

Using Alcohol-Related Disease Impact (ARDI) software, the CDC calculated that these 75,766 deaths resulted in 2.3 million years of potential life lost, or 30 years per individual death. The death toll is even more staggering when viewed from the perspective that an alcohol-attributable death occurs every 6 ½ minutes in the United States.

Approximately 40% of all traffic crash fatalities are alcohol-related (NHTSA, 2005), accounting for 16,694 fatalities in 2004. Of these, approximately half were drivers who had consumed alcohol, and an additional 17% were passengers riding with a driver who had alcohol, 8% were motorcycle operators who had consumed alcohol, 12% were nonoccupants of the vehicle who had consumed alcohol, and 13% were innocent victims of alcoholic drivers. In these deaths, 86% had blood-alcohol contents of .08 or higher (NHTSA, 2005).

Far more individuals are at risk to those who drink and drive. Chou, Dawson, Stinson, Huang, Pickering, Zhou and Grant (2006) found that in 2001-2002, 23.4 million, or 11.3% of U.S. adults reported drinking and driving, or riding as a passenger with a driver who had been drinking.

Treatment Programs

A relatively small percentage of those suffering from alcohol disorders seek treatment. In 1997, only three in ten persons with alcohol problems (age 12+) reported receiving treatment for that use (Substance Abuse and Mental Health Services Administration, 1997). The percentage is likely to be much smaller than reported, given that the study depended on self-reports of both alcohol abuse and treatment. With respect to gender, 2.1% of all males and .8% of all females in the U.S. sought some form of treatment for alcohol abuse in that year. Interestingly, the same study reported that many who received treatment did not perceive a need for it. Only one-third of the males perceived a need, and half of the females perceived a need. This suggests that the treatment received was not entirely voluntary or well-received by the person. DiCenso and Paull (1999) found that court orders mandating treatment were the most significant factor in individuals completing treatment for DWI offenses, and Alcoholics Anonymous attendance was a component of the court-ordered mandate.

Teesson, Baillie, Lynskey, Monor and Degenhardt (2006) found that among those U.S. adults with DSM-IV alcohol dependence, only 7.1% of males and 12.9% of females sought any kind of treatment. The same study reported that while men

outnumbered women three to one in alcohol dependence, women were nearly twice as likely to seek help. Treatment options included general practitioners, psychiatrists, psychologists, other professional help, and hospital admittance. With both men and women, half of those seeking treatment sought help from “other professionals.”

There are two basic types of treatment available for those suffering from alcoholism, conventional treatment and drugs (Kurtzweil, 2006). Conventional treatment includes a range of options, depending on the severity of the need.

Detoxification, or medical management of withdrawal, can take up to seven days and require drugs to help ease the withdrawal effects. Other forms of conventional treatment include rehabilitation, either in hospital or with alcoholism treatment centers. While in rehab, persons learn about alcoholism and how to live without alcohol, and often times are introduced to groups such as Alcoholics Anonymous. Drugs such as Antabuse and Re Via, are also available to discourage alcohol use, but are not effective in changing motivation. If the person wishes to drink, he/she simply stops taking the drug.

Treatment does not guarantee sobriety. Approximately 90% of alcoholics who have treatment are likely to suffer at least one relapse within the first four years (Polich, Armor & Braiker, 1981, in NIAAA, 1989). This statistic lends credence to the concept that alcoholism is at the very least, not easy to overcome, and long-term abstinence for those who suffer may seem an elusive, impossible achievement. It also raises the question as to whether abstinence is the best treatment for everyone who might have a problem with alcohol (Fingarette, 1989).

According to the National Institute on Alcohol Abuse and Alcoholism (1989), two factors contribute to the immense difficulty alcoholics deal with in achieving and maintaining long-term sobriety. The first is the inability to refrain from the first drink, and the second is the inability to stop drinking, once begun. The combination of the physiological and psychological cravings must be addressed in a manner that helps the alcoholic stop drinking long enough so that the physiological addiction is attenuated, allowing the alcoholic to address the psychological addiction. The alcoholic cannot assume the role of passive patient, but must be an active, willing participant in changing drinking behavior to attain sobriety.

Alcoholics Anonymous

One of the best known treatment options available is Alcoholics Anonymous. Alcoholics Anonymous, a worldwide organization of both men and women who claim to be alcoholics, offers a program of recovery for those who suffer from the disease. While some (Gilbert, 1991) have referred to A.A. as a self-help group, the organization labels itself a fellowship whose purpose is to “stay sober and help other alcoholics achieve sobriety.” (A.A, 1972). Gilbert (1991) referred to A.A. as the “grandparent of all self-help groups,” alluding to the other 12-step based recovery programs it has spawned. It should be noted that A.A. does not refer to abstinence from alcohol in its literature, rather, it uses the term sobriety to describe its objective.

The method of recovery provided through the 12-step program in the fellowship of Alcoholics Anonymous has been recognized by many professionals in helping their clients attain sobriety (Kurtz, 1984). Alcoholics Anonymous has been

found to be compatible with medical and psychiatric treatment and has been recognized as a major contributing factor to helping patients attain sobriety. Combining medical treatment with A.A., known as the Minnesota model of treatment, has resulted in improved treatment efficacy (Chappel, 1992). One study of a 30-year follow-up of 110 alcoholics (Vaillant, 1977, in Chappel, 1992) found that A.A. visits accounted for 28% of the clinical outcome, while medical and psychiatric treatment explained none of the clinical outcome.

History of Alcoholics Anonymous. Alcoholics Anonymous was formed in 1935 by William Griffith Wilson., a New York stockbroker, and Dr. Robert Holbrook Smith of Akron, Ohio. Wilson, who has come to be known as “Bill W.,” had been hospitalized multiple times and finally attained sobriety through the help of a member of the Oxford Group, a Christian-based fellowship of alcoholics. He wrote that he was so inspired by his experience that he sought out other alcoholics to share his new-found knowledge. In a trip to Akron in 1935, he was overwhelmed by a craving for alcohol, but instead, sought out another alcoholic – to help save himself more so than to save the other alcoholic. This person was Robert Smith (Dr. Bob), who after attaining sobriety, worked with Wilson to found Alcoholics Anonymous. Borrowing from the Oxford Group, they identified and wrote down 12 steps they took that helped them to sobriety. The group separated from the Oxford Group and any association with organized religion in the process, believing that the need to help alcoholics attain sobriety was the sole purpose for the group. From their success, they

sought out other alcoholics and shared the program, not only helping others to sobriety, but in the process, helping themselves remain sober.

There are now 1.9 million people around the world who claim membership, with an estimated 1.1 million in the U.S. (AA, 2006). Of the 106,202 fellowship groups worldwide, 52,050 are located in the United States. The membership is 65% male and 35% female (A.A., 2004). The A.A. Web site, www.alcoholics-anonymous.org, is a resource available for finding a meeting on any day of the week anywhere in the world.

Alcoholics Anonymous Structure. Consistent with its organizational philosophy (A.A., 2001), Alcoholics Anonymous has no more structure and organization than is absolutely necessary. Within that context, there are three main components of A.A. that work together to help members attain sobriety (Chappel, 1992). Chappel (1992) defines these as: (1) the meetings; (2) the fellowship; and (3) step-work, working the 12 steps suggested as a program of recovery.

There is wide latitude and flexibility for conducting the meetings. Both open and closed meetings are held. Closed meetings are specifically for those who wish to stop drinking and open meetings also permit people who are interested in learning about A.A. to attend. Meetings can be designated specifically for men, women, or both, and there are even meetings specifically designated for gay/lesbian members. The meetings are chaired by an A.A. member, who selects a topic for the meeting, within the context of the A.A. program.

Chappel (1992) characterized fellowship as a “sense of communion” with other alcoholics in the group, including a feeling of acceptance, belief that they are among others who understand the unique problems facing alcoholics. The fellowship provides a support system (Chappel, 1992) for the alcoholic. At the end of each meeting, those who are willing to serve as sponsors identify themselves to the group and will remain after the meeting to answer questions, continue the discussion, and listen to those who might need help.

The 12 Steps suggested as a program of recovery have not changed in wording or content since Bill W and Dr. Bob first wrote them. Following these steps, known as “working the program,” is the foundation for recovery and maintaining long-term sobriety. The 12 steps of Alcoholics Anonymous are (A.A., 2001):

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 whenever possible, except when 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 these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Alcoholics Anonymous and Organizational Identification and Commitment

The three main components of Alcoholics Anonymous identified by Chappel (1992) provide the foundation for examining Alcoholics Anonymous through the perspectives of organizational attachment, specifically drawing on theoretical perspectives on organizational identification and organizational commitment, and how both may contribute to successful long-term abstinence. This study examines how the communication that occurs in the meetings and interaction among members contributes to organizational identification, as well as how communication works in all three components: the fellowship or support system, meeting attendance, and working the 12 steps to increase organizational commitment.

This study also examines how attachment to A.A. facilitates a shift in accepting and embracing an alcoholic identity, how identity is claimed and communicated in the A.A. group, and the role that communication plays in reaffirming the commitment to long-term abstinence. Harwood (2006) provides an explanation of the differences between personal and social identity: in personal identity, the focus is on differences with other individuals, and in social identity, the focus is on the group's differences from other groups. This study investigates both the social and personal aspects of the emergent identity.

Organizational Identification

The phenomenon of organizational membership and employee identification in the workplace was first investigated by Cheney (1983) at a time when people and organizations were moving away from lifelong employment to the same firm. Furthering the knowledge of organizational identification phenomenon offered organizations a better understanding of work attitudes and motivations in a more mobile workforce environment. Organizational identification was defined as the process by which individuals develop and maintain sameness within a group (Cheney, 1983). Identification is relevant to groups beyond the workplace, and it is of particular interest to this research how feelings of sameness can contribute to attaining abstinence (or sobriety) within the context of the organization Alcoholics Anonymous.

Organizational Commitment

The attitudinal embracement of Alcoholics Anonymous through the fellowship provided is only one component of successful abstinence. Alcoholics must also assume an active role in their recovery, a commitment to working the program for the rest of their lives. Gabhainn (2003) identified components of successful membership in A.A., success defined by members as attaining abstinence. These included longevity of membership, meeting attendance and commitment to working the 12-step program.

Organizational commitment was defined by Porter, Steers, Mowday, and Boulian (1974) as the relative strength of an individual's identification and involvement in a particular organization. This definition provides both an attitudinal and behavioral component to the commitment construct. Attitudinal components of commitment include a strong belief in the goals and values of the organization and a strong desire to maintain membership, and the behavioral component is willingness to exert considerable effort on behalf of the organization. The behavioral component of commitment to A.A. appears to be more complex, in that it is an individual commitment to working the 12-step program to attain personal sobriety, and as a result of working the program, a willingness to extend a hand to help other alcoholics find sobriety. The individual behavioral commitment components of working the program are found in steps four through ten, and the commitment to extend help to others in A.A. is found in Step 12.

Organizational Identification and Identity

Organizational identification is considered a special form of social identification (Ashforth & Mael, 1989), where individuals identify with a group, often for the prestige associated with it. With no apparent prestige associated with identification, and most likely a social stigma associated, this study investigates the identity component of organizational identification and commitment to A.A. The twelfth step of the program suggests a reshaped identity in alluding to an individual change, “having a spiritual experience as a result of working the program” (A.A., 2001, p. 60).

This study also investigates the role of other A.A. members in the individual’s identification and commitment to attaining abstinence and to the organization itself. The basic text used in A.A. is referred to simply as the *Big Book*, of which the first 164 pages contain instructional information on alcoholism and the 12-step program, and pages 165-561 contain stories of alcoholics who found recovery in A.A. A.A. co-founder Bill Wilson revealed the purpose of these stories are to “disclose in a general way what we used to be like, what happened, and what we are like now” (A.A., 2001, p. 58). A.A. members also tell their stories in meetings, referring to their stories as their “experience, strength and hope.” This study also examines how these stories contribute to fostering both identification and commitment to the organization, and how they support an individual’s path to abstinence from alcohol.

The Importance of Communication in A.A.

All three components identified by Chappel (1992), the fellowship or support system, meeting attendance, and 12-step work, are rooted in communication. The meetings are share meetings, where topics relating to alcoholism are discussed and analyzed, and where members share their “experience, strength and hope.” Every person who speaks first identifies himself or herself by first name, followed by “I’m an alcoholic,” simultaneously an admission and a claim of both personal and social identity. Bill W. referred to this communication as “the language of the heart” (A.A., 1967, p. 195). Bill W. attributed the importance of communication as “no ordinary transmission of helpful ideas and attitudes...There has been a life-saving communication among ourselves, the world around us, and with God” (A.A., 1967, p. 195). He referenced the critical twelfth step in carrying the messages to others as “our common means of deliverance,” acknowledging that by helping others attain sobriety, the alcoholic maintains his/her own sobriety.

There are several factors important to the understanding of how communication works in the Alcoholics Anonymous organizational structure. Witmer (1997) examined the organizational culture of a successful A.A. group, using structuration theory (Giddens, 1979) to understand how the communication from the founders is transformed and recreated at the local group meeting level. She found that A.A. members and the organization are charged with the goal of transformation, and the members are both agents and outcomes as they evolve through group practices and individual actions. Giddens (1979) defined structuration as the moment

of production of action by a structure is also the reproduction of that structure that is shaped by the action taken.

The stories shared by members in meetings can further the understanding of organizational identification. A.A. encourages these stories as useful for members in both telling and listening as members relate their own experiences of suffering and recovery. Kitchell, Hannan and Kempton (2000) found that individuals affirm and reaffirm their changed identity through sharing their stories, which in turn, reaffirms identification with the group and commitment to the organizational goals.

Summary

Scholars have examined Alcoholics Anonymous as an organization from multiple perspectives, including identifying organizational components (Chappel, 1992), components of successful membership (Gabhainn, 2003), group meeting structure (Arminen, 1998), organizational structure (Room, 1993), and how the theoretical perspective of structuration explains transformation of the members (Witmer, 1997). However, none has approached understanding the attainment of abstinence through the lens of organizational identification and commitment. In addition, while identity has been examined through the stories of alcoholic members of A.A., the shaping of the emergent identity has not been examined through the context of organizational attachment. This study furthers the understanding of communication's role in organizational identification and commitment in a setting that does not offer visible rewards. It examines how the two constructs relate to each other, yet function differently in a nonwork-related organizational setting.

This study also contributes to the current body of knowledge on the organization, Alcoholics Anonymous, and furthers an understanding of what allows the program to work for some individuals, why many suffer relapses before attaining abstinence, and why some members of Alcoholics Anonymous still suffer from alcoholism despite numerous attempts to attain long-term abstinence. Finally, this study furthers the knowledge about the role of organizational identification and commitment in nonwork organizations.

CHAPTER 2

Literature Review

This study examines the role of communication in identification with and commitment to a unique organization, Alcoholics Anonymous. It examines the roles of talk within group meetings, stories recounted by members, and member accounts of the process of executing the 12-step program in contributing to attachment and to the attainment and maintenance of abstinence.

Organizational attachment is a multidimensional construct that includes identification, commitment, and connection of social identity to organizations and/or other targets and sources. Organizational attachment as a change mechanism for an individual's attitudes and behaviors has been studied (Allen & Meyer, 1990; Ashforth & Mael, 1989; Bullis & Bach, 1989; 2004; Chattopadhyay, Tluchowska, & George, Cheney, 1983; Hogg & Terry, 2000; Larson & Pepper, 2003; Tompkins & Cheney, 1985; Weick, 1993; Wiesenfeld, Raghuram, & Garud, 2001), but its role as a change agent in a nontraditional organization has not been investigated. This study focuses on communication's role in building organizational identification and commitment to A.A., how it influences identity, and how it contributes to abstinence. It is appropriate to review the body of literature that provides the theoretical framework for this research extending the investigation of organizational attachment into a nonwork environment.

The first attachment dimension important to the context of this study is organizational identification. According to A.A. philosophy, individuals conclude

that they cannot maintain abstinence by themselves, and that A.A. offers a solution. If the individual does not begin to identify with A.A. members, the 12-step recovery program will not work. Identification constructs important to this study include components and determinants of identification (Patchen, 1970); development of identification strategies and tactics (Cheney, 1983; Larson & Pepper, 2003); and sources of identification (Morgan, Reynolds, Nelson, Johanningmeier, Griffin, & Andrade, 2004; Tompkins & Cheney, 1985).

The second attachment dimension important to this communication study is the commitment component. The reason individuals come to A.A. is to seek help with their drinking problems, which suggests a desire or need to change their behavior. A.A.'s program is based on helping individuals commit to changed behavior. This study is informed by drawing upon a conceptualization of organizational commitment (Mowday, Porter, & Steers, 1982); processes of attitude change (Kelman, 1958); consequences of commitment behaviors (Randall, 1987); Allen and Meyer's (1990) analysis of attitudinal commitment components; and the influence of shared ideology on commitment (Thompson & Bunderson, 2003, Russo, 1998).

The third attachment dimension relevant to this study is the social identity process that encourages individuals attending A.A. to embrace the alcoholic identity. Of particular interest is how social identification to the A.A. group contributes to attaining the individual goal of abstinence, and to what degree that influences identification with the organization. This study is informed by social identity theory

(Tajfel, 1972, Tajfel & Turner, 1986), self-categorization theory (Turner, 1982, 1985, Turner, Hogg, Oakes, Reicher, & Wetherill, 1987; Turner, Oakes, Haslam, & McGarty, 1994); ingroup prototypes (Lord, Lepper, & Mackie, 1984; Postmes, Spears, Lee, & Novak, 2005); and socialization turning points (Baxter & Bullis, 1986; Bullis & Bach, 1989). Each of these components will be discussed in the following sections.

*Interrelationship of Organizational Identification, Commitment,
and Social Identity Constructs*

There are strong interrelationships among the organizational identification, organizational commitment, and social identity constructs that should be acknowledged, and scholarship has interwoven these constructs in investigating employee-employer relationships. Ashforth and Mael (1989) defined organizational identification as a special form of social identification. Sass and Canary (1991) examined the conceptual and operational convergence of organizational identification and commitment and found a positive correlation between identification, characterized as an appropriation of an identity, and attitudinal commitment, characterized as a pledge to action. They concluded that future reference to organizational identification and commitment should include the distinction that identification is a process and commitment is the outcome of that process.

The redundancy noted above between identification and attitudinal commitment also has been found in work commitment concepts. Morrow (1983) analyzed five forms of workplace commitment (Protestant work ethic, career,

salience, job involvement, organizational commitment, and union commitment) and found partial redundancy. She counted over 25 commitment-related concepts and measures in the literature.

The central theme informing the interrelationship of these constructs is the individual's psychological attachment to an organization (Russo, 1998), rooted in a basic human need to belong (Burke, 1950). O'Reilly and Chatman (1986) wrote, "A central theme that continues to appear is the individual's psychological attachment to an organization—the psychological bond linking the individual and the organization" (p. 492).

Organizational Identification

Organizational identification is defined as a special form of social identification, a process by which individuals develop and maintain a sense of "sameness" with a group, a process that helps individuals partially answer the question, "who am I" (Ashforth & Mael, 1989). Kenneth Burke (1950) described identification as a process necessary to compensate for the natural divisions among individuals, this process motivating a person to identify with targets and groups, fulfilling a sense of belonging. Burke (1950, p. 20-21) explained it this way, "A is not identical with his colleague, B. But insofar as their interests are joined, A is identified with B. Or he may identify himself with B even when their interests are not joined, if he assumes that they are, or is persuaded to believe so....In being identified with B, A is 'substantially one' with a person other than himself."

Though there are definite interrelationships between identification and commitment, there are distinctions as well. Identification is an attitude and does not necessarily result in commitment behaviors. A popular phrase in the workplace, “talking the talk, but not walking the walk” is illustrative of the distinction and also indicates that workplace individuals recognize the difference. Though graduates can and do display their affective attachment to their alma maters, that affective attachment often does not transfer to making financial contributions to that same alma mater.

A concern with job involvement at the Tennessee Valley Authority (TVA) was impetus for Patchen’s (1970) foundational study of employees and their organizational affiliation. As a result of this study, he identified multiple components and determinants of organizational identification.

The three components of organizational identification described by Patchen (1970) are areas of investigation for this study. They include: (1) feelings of solidarity or membership; (2) support from the organization; and (3) perceptions of shared characteristics and similarity. He characterized feelings of solidarity as feelings of belonging to a group, a sense of sameness with other individuals in the group. Support of the organization refers to the attitudes and behaviors that support the group and its members, which reinforces an individual’s association with the group, creating loyalty to the group. The source of this support can come from workgroups as well as superiors. Perceived similarity with other group members is the third component Patchen identified: this is one that has often been found to be

crucial for the other components to occur. He wrote, “The extent to which organization members see themselves as similar and ‘in the same boat’ may also depend in part on how they are treated by those outside the organization” (Patchen, 1970, p. 165).

Several determinants of organizational identification affect member perceptions of how much they have in common with each other and the satisfaction they receive from the organizational relationship (Patchen, 1970). Key determinants found in his workplace study included congruence of individual and organizational goals, participation in decisions, the reward system, promotion chances, opportunities for achievement, the nature of interpersonal relationships, the relative status of members, demographic similarities, and the possibility of leaving the organization.

Organizations and individuals choose multiple discursive strategies and tactics to create and promote identification within the group. The concept that identification as a process to compensate for the natural divisions among individuals (Burke, 1950) was the foundation for Cheney’s (1983) description of three rhetorical strategies used by individuals in the identification process: (1) the common ground technique; (2) recognition of a common enemy; and (3) the assumed “we.” The common ground technique involves several pertinent message tactics, including expression of concern for the individual, recognition of the individual, communication of shared values, advocating benefits and activities of the group, praise by outsiders, and employee testimonials.

The second rhetorical strategy Cheney (1983) identified, a common enemy, is typically found when there is some threat to the organizational group from the environment. In the workplace, the common enemy might be a competitor, which could potentially threaten the organization's financial success. The third rhetorical strategy, the assumed "we," alludes to the division between the organizational group and others outside the group, the unspoken "they." Cheney found this rhetorical strategy was often used in executive appeals directed to employees promoting the shared organizational values and goals.

Larson and Pepper (2003) found three discursive strategies used by employees to manage identification in an organizational setting that underwent extensive cultural change as a response to competitive market pressures: (1) comparison; (2) logic; and (3) support of others who shared the same perspective. Employees used comparison between the old and new cultures to express the problems and benefits of each and then to reconcile their identification to the new corporate culture. Logic was used to provide a rational justification for the cultural shift. Three support tactics included direct support, implied support, and the assumed "we" identified by Cheney (1983). This study's findings offer implications for organizational identification, arguing that identities are constructed through this dynamic and situated process.

Another aspect of organizational identification is the target(s) or source(s) to which individuals attach. Previous research has identified organizational identification targets as the organization itself, the work group, the supervisor, clients, the profession, such as journalism (Russo, 1998, Scott, 1996), and even service goals,

such as the Hippocratic Oath for medical professionals. Morgan, et al. (2004) reconceptualized targets as sources, arguing that this label was more appropriate than target because it indicated a multi-directional identification, both inwardly toward self-identity and outwardly toward the organization and social group. They argued that people draw on multiple identity sources in making certain identifications, whereas target suggests a deliberate, focused choice. Individuals may have varying levels of identification with several sources simultaneously.

Sources of identification are both intraorganizational and extraorganizational (Morgan et al., 2004). Extraorganizational sources of identification in the workplace included factors such as the company's prestige, which extended to the individual's social identification with the organization. Intraorganizational sources of identification were found in the workgroups, including role models, who influenced how employees come to internalize company values, and where coworkers were viewed as the extended family. Another intraorganizational source of identification is the inclusive language used by the group (Tompkins & Cheney, 1985).

Organizational Commitment

Organizational commitment has been examined primarily as a phenomenon of the workplace. The interest in organizational commitment has intensified as employee and employer loyalty to each other has decreased. The employee who has worked a lifetime with a single employer is increasingly rare in the current environment of corporate downsizings, mergers, and acquisitions, and constant pressure to deliver quarterly profits. In fact, the U.S. Bureau of Labor Statistics

reported that in 2006 the median number of years an employee stays with his/her current employer is 4.0. Nevertheless, the commitment construct has been and continues to be particularly important to organizations because it also represents interest in motivating employees to maximize work effort. From an individual employee perspective, greater feelings of self-efficacy, increased job satisfaction and involvement, and opportunity for professional advancement are associated with commitment (Allen & Meyer, 1990; Becker, 1992; Mowday, Porter & Steers, 1982; Randall, 1987). From the organizational perspective, commitment is correlated with higher motivation and morale, less absenteeism, and less turnover (Mowday, et al., 1982; Randall, 1987, Tanis & Postmes, 2001).

Organizational commitment is most commonly defined as the relative strength of an individual's identification with and involvement in a particular organization (Mowday, et al., 1982) and includes both attitudinal and behavioral components. Where the attitudinal component shares similarities with organizational identification in that it links the organization and individual values and goals, it also is evidenced in the employee's desire to maintain membership in the organization. The behavioral component of commitment is operationalized in the employee's willingness to exert effort on behalf of organizational goals and values and to stay with the organization.

The behavioral component of organizational commitment reflects a distinction from the organizational identification construct. Mowday, Steers and Porter's (1979) factors of commitment include both the attitudinal and behavioral components: (1)

strong belief and acceptance of organizational goals and values; (2) willingness to exert effort; and (3) desire to maintain membership in the organization.

The nature of change in an individual's attitude that leads to commitment was identified by Kelman (1958) as a process that included three stages: compliance, identification, and internalization. The first stage is compliance, which occurs when an individual exhibits a behavior because of receiving some form of reward in return. The second stage influencing behavior is identification, which occurs when an individual wishes to establish a relationship with another person or group. The final stage is internalization, occurring when individuals have internalized the organization's values their own and act in accordance.

There are potentially positive and negative consequences for high and low commitment behaviors for both individuals and organizations (Randall, 1987). For the individual, high commitment consequences include career advancement, self-efficacy, job satisfaction, and a feeling of belongingness. For the organization, positive consequences of high commitment behaviors include reduced absenteeism, extra-role behaviors, low turnover, and reduced risk of whistleblowing on the part of an employee. At the same time, there are negative consequences to high commitment behaviors. For the individual, those can include increased stress and tension in personal relationships and a reduced tendency to think critically and independently. Suppression of critical, independent thinking by employees can also be a negative consequence for the organization. Positive low commitment behavioral consequences for individuals can include increased autonomy and reduced time and effort

committed to the organization, which allows more time for other interests. It can also generate negative consequences in the form of slowed advancement and less job security. For the organization, low commitment behaviors can negatively affect the organization with increased turnover and reduced productivity. Interestingly, it can also have positive consequences in identifying and shedding unproductive employees. Organizations can also ultimately benefit from employees who display more independent, critical thinking (Randall, 1987).

Job embeddedness is also a consequence of high behavioral commitment. Organizations benefit from reduced turnover as individuals consider what they would have to sacrifice by leaving the organization. Becker's (1960) "side-bet" theory of commitment argues that employees are more likely to remain with an organization because of benefits accrued. Tangible organizational benefits such as insurance and vesting can function as "golden handcuffs," binding the individual to the organization. There are other powerful influences on embeddedness, including affective attachments to workgroups, and the emotional cost that might be paid for leaving.

Components that influence an individual's attitudinal organizational commitment were proposed by Allen and Meyer (1990). They identified three elements: affective, normative, and continuance. The affective commitment references the individual's emotional attachment, identification, and involvement with the organization. Essentially, the affective commitment is reflective of the individual's desire to be an organizational member and is consistent with

organizational identification. The continuance component reflects commitment grounded in assessment of the costs of leaving the organization or lack of alternatives, and the normative component refers to the individual's feelings of obligation to remain with the organization. Other scholars have described the normative commitment as internalized personal norms that include a sense of moral obligation (Wiener, 1982; Prestholdt, Lane, & Matthews, 1987; Schwartz, 1973; Schwartz & Tessler, 1972).

Another area of investigation for this study is the role of shared ideology as a source of identification and commitment and how it is communicated. One definition of ideology is "a body of doctrine that guides an individual, social movement, institution, class, or large body of work" (www.dictionary.com). Shared ideology has been identified as a potentially important component in the psychological contracts that exist between an individual and the employer (Thompson & Bunderson, 2003). These authors argued that the ideological reward enriches the employee-employer relationship because the rewards are not based solely on personal gain, and they define ideology as "credible commitments to pursue a valued cause or principle" (Thompson & Bunderson, 2003, p. 574). Russo (1998) found a strong ideological identification between journalists and their profession, and in fact, identification was stronger with the professional ideology than it was with the employing newspaper or with the others in the profession of journalism.

The ideology of Alcoholics Anonymous can be found in its two guiding doctrines, the Twelve Steps and the Twelve Traditions. In the Alcoholics Anonymous

Big Book, the Twelve Steps provide the ideological framework for how the A.A. program of recovery works and guide the action of those in recovery (Kurtz, 1990). In the same text, the Twelve Traditions developed by A.A.'s founders focus on the organizational structure and are presented as an explanation of why A.A. works (Alcoholics Anonymous, 2001).

Kassel and Wagner (1993) contended that shared ideology plays a major role in the change process in A.A., serving as the point of unification for providing members with common grounds to not only understanding their problems, but also as common grounds for a path of recovery. Wright (1997) found support for this argument in his research, defining the context specific shared ideology as the “specialized and liberating system of teachings used by A.A. members disseminated through group interaction” (p. 83).

The organizational commitment construct has implications for Alcoholics Anonymous. Operationalized as the desire to stop drinking, the only requirement for membership in A.A. involves both attitudinal and behavioral components suggested in A.A. literature. Bill W.'s words provide a more specific definition of commitment to AA.: “If you have decided you want what we have and are willing to go to any length to get it—then you are ready to take certain steps” (A.A., 2001, p. 58). His words provide an operational definition of commitment to abstinence that revolves around the individual's attitude, willingness, and demonstrated commitment to working the program.

Social Identification

As indicated previously, organizational identification has been characterized in scholarship as a special form of social identity (Ashforth & Mael, 1989). In workplace situations, the corporation often undergoes changes through mergers, acquisitions, or new management, and these changes can result in identity shifts for employees as they adjust to the changed situation within their existing organization or as a new employee in another organization.

Social identity is an individual's knowledge that he or she belongs to certain social groups and the emotional and value significance associated with that membership (Tajfel & Turner, 1986). Social identity theory (Tajfel, 1972) is founded on motivational assumptions (Haslam, 2001), which include a desire for uncertainty reduction and needs to benefit from the prestige of membership and to enhance self-esteem.

Depersonalization lies at the heart of the social identity process as individuals move toward identification with a group and start to see themselves as interchangeable with other group members, with increased salience of distinctions from those outside the group. Individuals evaluate themselves through comparison with similar others. Self-categorization theory (Turner, 1982, 1985; Turner et al., 1987, 1994) was developed to further explain how individuals move along Tajfel's (1978) social identity salience continuum from interpersonal to intergroup identification. Self-categorization theory focuses on the process of depersonalization and self-stereotyping by individuals to place themselves within a group.

In-group prototypes facilitate the social identification process for individuals by maximizing similarities within the group. These prototypical figures can function as role models for new members by displaying both attitudes and behaviors that define the central group characteristics (Lord et al., 1984). Postmes et al. (2005) noted, “in groups where interpersonal relations are central, a group identity may also be induced from individual group members’ contributions, making individuality and individual distinctiveness a defining feature of the group” (p. 747)

Turning points indicate milestones in shifts toward a new identification and way of thinking. Baxter and Bullis (1986) defined a turning point in a romantic relationship as “any event or occurrence that is associated with a change in a relationship” (p. 470). Bullis and Bach (1989) found that there are “turning points” in the identification process for employees, as employees begin to replace previous identification sources with a new set of ideologies.

The social identification literature, especially studies on prototypes and turning points, contributes to this study’s understanding of the role social identification plays in membership to Alcoholics Anonymous. One unique aspect of the A.A. organization is the story-telling manner in which newcomers can learn about the program (Kitchell, Hannan, & Kempton, 2000). The meeting structure of “sharing” invites A.A. members to tell their stories, which dominate the meeting hour. Kitchell et al. (2000) identified three functions that the stories serve. Group members can: (1) recognize themselves in the story; (2) establish belongingness; and (3) contribute information that may be helpful to others who wish to stop drinking.

The roots of storytelling as shaping new identity are found in the co-founders' own experiences (A.A., 2001). Bill W. was on a business trip to Akron, Ohio, when he found himself tempted to drink. He sought out another alcoholic to share his own story of alcoholism, and that person was Dr. Bob, the other co-founder of A.A. The *Big Book of Alcoholics Anonymous* is filled with personal accounts of alcoholics, including those of Bill W. and Dr. Bob. The first edition contained 29 personal stories of A.A.'s earliest members, and the current edition contains 42 stories, grouped by subject.

A.A. is different from typical organizations in that it brings together people from literally all walks of life sharing a common problem and seeking a common solution. The founders, Bill W. and Dr. Bob, were stockbroker and physician, and the original A.A. groups were more homogenous demographically. The first 100 members of A.A. were 99 men and one woman. The *Big Book* was written by educated, middle-aged white men in the 1930s who could not have envisioned a time where women and teens would be as needful of the program as themselves. That has changed, as indicated by A.A.'s 2004 membership survey (A.A., 2004). Today's A.A. meetings include men and women with dramatically different backgrounds and life experiences, from corporate executives to ex-cons, from housewives and mothers to former prostitutes and strippers, from teens to senior citizens. The statistics reveal U.S. membership comprised of 65% men and 35% women. While still predominantly white (89.1%), other ethnic groups are represented: Blacks (3.2%), Hispanics (4.4%), Native Americans (1.8%), and Asian/other (1.5%). The average

age of an A.A. member is 48 years, still indicating a middle-aged membership, but it is noteworthy that 1.5% of the membership is under age 21, and 8% are under age 30. A broad range of occupations is reported: 20% professional/managerial, 11% self-employed, 15% skilled trade or laborer, 6% health professionals, 5% in sales, 3% service worker, 3% educator, 3% clerical worker, 3% student, 2% homemaker, 6% disabled and not working, 6% unemployed, and 14% retired.

A passage from the 4th edition of the *Big Book* references the breadth of membership and alludes to the strength of the ideological currency of A.A. in addressing that breadth:

We are average Americans. All sections of this country and many of its occupations are represented, as well as many political, economic, social, and religious backgrounds. We are a people who normally would not mix. But there exists a fellowship, a friendliness, and an understanding which is indescribably wonderful. We are like passengers of a great liner the moment after rescue from shipwreck when camaraderie, joyousness and democracy pervade the vessel from steerage to Captain's table. Unlike the feelings of the ship's passengers, however, our joy in escape from disaster does not subside as we go our individual ways. The feeling of having shared in a common peril is one element in the powerful cement which binds us....we have discovered a common solution. We have a way out on which we can absolutely agree, and upon which we can join in brotherly and harmonious action. (AA, 2001, p. 17)

This study investigates if and to what degree A.A. members report social identification through the processes of organizational identification and commitment, and what messages contributed to that shift. It further examines the messages that influence how a diverse mixture of people with different backgrounds and life experiences identify with each other and with an organization with a singular message and program, regardless of these differences.

Summary

This literature review has investigated the organizational attachment constructs that inform this study, including organizational identification, organizational commitment, and the social identity processes that accompany and underpin them. Pertinent organizational identification constructs reviewed in this chapter include components and determinants of identification (Patchen, 1970), identification strategies and tactics (Cheney, 1983; Larson & Pepper, 2003); and sources of identification (Morgan et al., 2004; Tompkins & Cheney, 1985). Organizational commitment constructs informing this study include a conceptualization of organizational commitment (Mowday et al., 1992); processes of attitude change (Kelman, 1958); consequences of commitment behaviors (Randall, 1987); attitudinal commitment components (Allen & Meyers, 1990) and shared ideology (Thompson & Bunderson, 2003; Russo, 1998). Finally, social identification constructs reviewed include social identity theory (Tajfel, 1972, Tajfel & Turner, 1986), self-categorization theory (Turner, 1982, 1985, Turner et al., 1987, 1994), ingroup prototypes (Lord et al., 1984, Postmes et al., 2005), and socialization turning points (Baxter & Bullis, 1986, Bullis & Bach, 1989).

This study focuses its investigation of organizational identification and organizational commitment to A.A. by posing the following questions:

RQ1: What messages do A.A. members report that encouraged or inhibited identification?

RQ2: What messages do A.A. members report that contributed to a change in their behavior?

The next chapter describes the methods used to answer these questions.

CHAPTER 3

Method

The research questions are focused on gaining greater understanding of communication's role in the phenomenon of attachment to Alcoholics Anonymous. Qualitative methodology using a grounded theory approach was used, with interviews and observation as principal data collection instruments, to study the role communication plays in how A.A. members identify and commit to sobriety, to A.A., and to its ideological framework.

The ontological assumption for the qualitative, naturalist paradigm is that realities are multiple and socially constructed (Lincoln & Guba, 1985; Putman, 1983). Relevant to this particular study, each alcoholic experiences alcoholism and A.A. differently through their individual world views. This social reality is created from the shared words, symbols, and observed actions.

The objective of this qualitative research was to explore and explain socially constructed phenomena, and this method was particularly suited to this investigation of the role of organizational attachment to A.A.

The Sample

This study used purposive and snowball sampling to recruit participants. Purposive sampling is a characteristic of qualitative research (Lincoln & Guba, 1985) that broadens the sample base to capture multiple perspectives regarding the phenomenon studied. In addition, the purposive sample emerges from the setting selected and the phenomenon to be studied. This study's use of purposive sampling

is an appropriate technique, as it centers on alcoholics and their attachment to Alcoholics Anonymous.

A combination of convenience and snowball techniques to locate participants willing to be interviewed was used. Participants were recruited from an A.A. clubhouse located in the Atlanta metropolitan area, and a key informant at the particular clubhouse was used to facilitate introductions. The key informant was also helpful in identifying individuals who are accepted as members by their peers in A.A. Study participants also suggested other A.A. members as potential participants, supporting the snowball sampling technique.

This study investigated the experiences of both men and women of varying ages and ethnicities as well as varying lengths of time in sobriety and attendance in A.A. (See Table 3.1). A total of 26 individuals, 13 men and 13 women, participated in the study. Only one individual approached during recruiting declined to participate in the study.

The A.A. clubhouse from which participants were recruited was the HOW Place, located in Cherokee County, Georgia, part of the greater metropolitan Atlanta area. The name HOW is used by the clubhouse as an acronym for honesty, openness and willingness (A .A., 2001, p. 568). Cherokee County has a population of 200,000 and has been growing steadily as part of the entire area's population growth. The HOW Place is a 501(c)3 corporation governed by a board of directors, all members of A.A. which provides meeting space for Alcoholics Anonymous and meetings for other 12-step recovery programs, including Narcotics Anonymous, Cocaine

Anonymous and Overeaters Anonymous. The 39 A.A. meetings weekly held at the HOW Place account for 55% of the total number of A.A. meetings held in the county, with approximately 6,000 monthly attendances. Since meeting attendees do not sign in, there is no official record of individual attendee attendances.

The purposive sampling technique facilitated finding study participants with varying lengths of sobriety in A.A. A total of 11 participants had 10 years or more of abstinence at the time of the interview, nine participants had between one and nine years, and six participants had less than one year (Range: 22 days to 25 years). The memorable message technique was used to facilitate recall. This technique will be discussed in the data collection section.

Since the participants granted permission for their first names to be used in the study, it is useful to provide some preliminary information about these individuals. Table 3.1 provides pertinent information for each participant, including first name, sex, age, ethnicity, length of sobriety at time of the interview, and years since first attending an A.A. meeting. Participant ages ranged from 27 to 70 years of age. The study included ethnic representation with four African American participants and one Native American.

University of Kansas Human Subjects Committee Lawrence (HSCL) granted approval to conduct the study using an information statement as a safeguard to protect participant anonymity (Appendix D). Participant confidentiality and anonymity have been respected throughout the recruitment, data collection, and reporting stages of this study. An approved HSCL information statement consent procedure was utilized

(Appendix E), describing study procedures for the participant's review and understanding. Participants were offered the option of using a pseudonym. Only one participant elected to use a pseudonym. The rest gave permission to use their first names.

This study followed Lincoln and Guba's (1985) suggested criteria to guide the study in determining when to stop collecting data and begin the analytic process. These criteria included: 1) exhaustion of sources; 2) saturation of categories, or reaching a point where continuing to collect new data yields little new information; 3) emergence of regularities, and 4) overextension, or reaching a point that new information moves the investigation from the core of the inquiry and did not provide for substantive, viable new categories of information.

Data Collection

Methods

Two primary methods of data collection were used: individual in-depth interviews and follow-up observation of those individuals participating and sharing in open A.A. meetings.

Individual interviews. The purpose of the individual interview was to gain first-hand knowledge of the participant's experience with A.A. The interview allowed the participant to reconstruct his/her experiences and messages heard that encouraged or inhibited identification and messages that encouraged behavioral change, moving back and forth in time if the participant wanted to add a thought on a

Table 3.1 Research Study Participants

First Name	Sex	Age	Length of Sobriety	Time in A.A. (1 st attended)	Ethnicity	Admitted Cross-Addiction with Drugs
Matt	M	43	25 years	25 years	White	Yes
Michael	M	48	17 years	17 years	African-American	
Warren	M	52	16 years	24 years	White	Yes
Charlie	M	70	24 years	28 years	White	Marijuana
Gary	M	58	15 years	23 years	White	Yes
JJ	M	57	13 years	15 years	White	Crack cocaine
Robert	M	46	12 years	17 years	Native American	Heroin
Dick	M	61	3 ½ years	3 ½ years	White	
Mike	M	39	3 years	18 years	White	Crack cocaine
Sid	M	49	2 years	19 years	White	
Mark	M	53	3 yr	8 years	White	
Hank	M	46	1 month	5 years	White	
John	M	27	10 months	11 years	White	Yes
Sally Jo	F	64	19 years	25 years	White	
Pat K	F	52	13 years	13 years	White	
Pat W	F	53	25 years	30 years	African-American	
Flo	F	68	13 ½ yrs	13 ½ yr	African-American	
Rita	F	50	8 years	10 years	White	
Maureen	F	36	7 years	7 years	White	
Vicki	F	48	5 ½ years	5 ½ yrs	White	Yes
Lori	F	40-50	3 years	3 years	White	
Cher	F	35	1 year	1 year	White	Crystal meth
Andreia	F	37	22 days	6 years	White	Yes
Julie	F	55+	6 months	6 months	African-American	
Melissa	F	29	6 months	2 years	White	Yes
Lisa	F	30	78 days	78 days	White	Yes

previously asked question. Interviews lasted from 40 to 105 minutes, depending on how long the participant wished to talk. The average length of the interview was approximately 70 minutes.

The interview protocol used in this study was semi-structured. The initial part of the interview was structured to capture specific data such as age, length of

abstinence and other pertinent demographic information. The principal part of the interview was semi-structured to allow the participant to tell of experience with A.A., using a moderator's guide to ensure consistency in questions. The interview structure allowed the researcher to probe for clarification, explanation, and understanding of the participant's story, using an interview guide to ensure consistency of questions among all the interviews.

As indicated previously, participants were asked to recall memorable messages that either encouraged or inhibited their initial identification to A.A. Memorable messages are recalled messages that individuals perceive as having a significant positive influence on their lives and most often prescribe rules of conduct for solving a personal problem (Knapp, Stohl, & Reardon, 1981). According to Smith and Ellis (2001), memorable messages are also helpful in self-assessing personal behavior.

Interviews were conducted on a one-on-one basis in a neutral setting to protect confidentiality and anonymity of the participant, and the participants selected the place of the interview. Interviews were audio-taped and transcribed word for word by the investigator and generated 593 pages of transcripts. Transcripts are stored in both hard copy format as well as on disc.

Meeting observation. Observation of the participants in open A.A. meetings was useful to this study. Direct observation provided a window to the experience of the participants in meetings in how they chose to share their thoughts and document the mutuality of the observed shared experience and identification in an ongoing A.A.

environment. Observation also provided the ability to observe other aspects of the phenomenon not shared in the interview, including unconscious behaviors, meeting rituals, and interaction with other A.A. members (Lincoln & Guba, 1985). The type of A.A. meeting available to this researcher was the “open” meeting, which allows anyone interested in A.A. to attend.

A total of 26 meetings were observed of two A.A. groups as part of this study over a seven-month period between August 2007 and February 2008. Observation also facilitated the researcher’s ability to conduct member checks with the participants to clarify and confirm observations and insights, as well as follow up with additional questions as needed. Table 3.2 provides a list of meetings observed, the topic discussed, and participants who shared their thoughts in the meeting.

Table 3.2 Observed Meetings and Topics

Meeting Date	Time	Group	Topic	Participants Who Shared
Aug 10, 2007	1pm	Brown Baggers	Insanity of alcoholism (2 nd step)	Dick, Gary
Aug 19, 2007	11am	Sunday Serenity and Spirituality	Higher power (3 rd step)	Andreia, Dick
Aug 21, 2007	1pm	Brown Baggers	The ABC’s – the basics	Mark*
Aug 26, 2007	1pm	Brown Baggers	Sharing experience strength and hope, not advice	Mark, Vicki, Dick*
Sept 4 , 2007	1pm	Brown Baggers	Concepts of experience, strength and hope are universal truths	Dick, Lori
Sep 11, 2007	1pm	Brown Baggers	What was the moment of surrender for you? (1 st step)	Michael
Sept 18, 2007	1pm	Brown Baggers	Have to lose to win	Dick*, Pat K, Nancy, Mark
Sept 30, 2007	11am	Sunday Serenity and Spirituality	Acceptance and gratitude	Robert, Dick
Oct 11, 2007	1pm	Brown Baggers	How the hell do I stay sober? Activity not related to AA meetings that help with sobriety	Nancy, Mark, Dick
Oct 14. 2007	1pm	Brown Baggers	Living and let live	Dick

Meeting Date	Time	Group	Topic	Participants Who Shared
Oct 21, 2007	11am	Sunday Serenity and Spirituality	Spiritual life is not a theory: have to live it (12 th step)	Dick, Andreia, Melissa
Oct 30, 2007	1pm	Brown Baggers	Don't have to be alone and engage in old behaviors with old friends so you're not alone.	Dick*, Nancy, Mark, Vicki
Nov 18, 2007	11am	Sunday Serenity and Spirituality	Hard to admit alcoholism (1 st step)	Nancy, Dick, Pat K
Nov 22, 2007	1pm	Brown Baggers	Gratitude	Dick*
Nov 26, 2007	11am	Sunday Serenity and Spirituality	Giving without expectations (12 th step)	Dick, Charlie
Dec 2, 2007	11am	Sunday Serenity and Spirituality	Need to change ideas and beliefs	Andreia, Lisa, Dick
Dec 9, 2007	11am	Sunday Serenity and Spirituality	Seeking balance	Lisa, Dick, Nancy
Dec 16, 2007	11am	Sunday Serenity and Spirituality	Miracles do happen in these rooms	Nancy, Dick
Dec 25, 2007	1pm	Brown Baggers	Gifts we've received in 2007	Julie, Charlie, Dick*
Dec 30, 2007	11am	Sunday Serenity and Spirituality	How do we posture ourselves to newcomers?	Dick*, Pat K
Jan 1, 2008	1pm	Brown Baggers	Living "one day at a time"	Dick*, Nancy
Jan 6, 2008	11am	Sunday Serenity and Spirituality	Being powerless and what it means: what does the first step mean?	Dick, Andreia
Jan 13, 2008	11am	Sunday Serenity and Spirituality	How we get to gratitude	Dick
Feb 10, 2008	11am	Sunday Serenity and Spirituality	The 3 rd step:	Dick, Charlie
Feb 11, 2008	1pm	Brown Baggers	To thine own self be true	Dick, Nancy
Feb 24, 2008	11am	Sunday Serenity and Spirituality	The 10 th step	Pat K, Dick

* Indicates group meeting chairman

Data Collection Instruments

The investigator

The investigator was the primary research instrument used in this study. Given that the nature of qualitative research is value-laden, it was important to be able to gather data as objectively as possible without leading participants in a particular direction, but to encourage the participants to share their perspectives on the phenomenon of attachment to Alcoholics Anonymous and probe for clarification and understanding. An important component of grounded theory is theoretical sensitivity, which refers to the personal qualities of the researcher and his/her awareness of the subtleties of meaning from the data, the ability to gain insight and assign meaning, the capacity to understand the phenomenon and the data, and distinguishing the pertinent data that contributes to the study objectives (Strauss & Corbin, 1990). They suggest sources of theoretical sensitivity relevant to the investigator for this study.

The first source is professional experience. Previous professional experience in conducting qualitative research for marketing clients helped the investigator approach this project. The second source is personal experience. While this investigator is not a member of A.A., she gained knowledge of the organization through meeting observation and interviews. Strauss and Corbin (1990) caution that while personal experience is a source of theoretical sensitivity, participants' personal experiences would not be the same.

A third source of theoretical sensitivity for this study was the analytic process itself. Increased insight and understanding through data collection and comparison fueled the development of theoretical frameworks about the concepts (Strauss & Corbin, 1990). The analytic process utilized the questions posed by Strauss and Corbin (1990) to help ensure theoretical sensitivity. The first is to periodically step back and ask: “What is going on here? Does what I think I see fit the reality of the data?” (Strauss & Corbin, 1990, p. 44). The second suggestion followed was to maintain an attitude of skepticism regarding all categories, explanations and concepts arising from the data as provisional, and the third suggestion followed was to use research procedures for data analysis. This will be discussed in the data analysis section.

Capturing Data

Data were captured using two primary devices, audio recordings and fieldnotes. Lincoln and Guba (1985) argue that fidelity and structure are both critical to capturing data. Fidelity refers to the ability to reproduce the data as given, and audio and/or video recording allows the investigator to do so accurately. Audio recordings were used to capture data from the one-on-one interviews. Field notes also served an integral part of data recording in observation in A.A. meetings. They posed less of a threat to the group and were helpful in noting the thoughts participants shared as well as insights into what had been observed.

Data Analysis

This study used a grounded theory approach (Glaser & Strauss, 1967) to analyze the data for this study. Strauss and Corbin (1990) define the grounded theory approach as a “qualitative research method that uses a systematic set of procedures to develop an inductively derived grounded theory about a phenomenon” (p. 24). This study used a systematic, inductive, iterative process of comparison and categorization to develop theory from the data collected.

Establishing Trustworthiness

Techniques recommended by Lincoln and Guba (1985) were used to help establish and ensure trustworthiness. Lincoln and Guba (1985) identified four areas of criteria that parallel conventional scientific inquiry: credibility (internal validity), transferability (external validity), dependability (reliability) and confirmability (neutrality) and suggested techniques to help establish each.

Establishing credibility. This study used recommended tactics to establish credibility. The first tactic used was prolonged engagement, both in the interview process and observation, which helped ensure reaching a data saturation point in both observation and interviews. The second tactic used was triangulation of different methods to explore and explain the identification and commitment phenomenon in A.A., using both interviews and observations to collect data. A third tactic used was member checks, a process of going back to the participants to confirm what was observed or heard.

Establishing transferability. Lincoln and Guba (1985) parallel external validity in scientific methodology with transferability in qualitative methodology, accomplished in this study through the use thick description (Geertz, 1976) to accomplish this. The more vivid the mental picture drawn by thick description, the more able the reader is to transfer that imagery and understanding to other similar situations. While the purpose of this inquiry was not to generalize the findings beyond the scope of inquiry, thick description should enable interested readers to conclude whether the findings can be transferred to their particular areas of communication inquiry.

Establishing dependability. Data collection for this study was conducted in a systematic fashion, documented in a timely manner and transcribed accurately, as recommended by Lincoln and Guba (1985) to ensure dependability. In qualitative research, dependability is a parallel for scientific reliability. The nature of this qualitative research was not designed to reproduce the same results as it dealt with socially constructed phenomena of the participants.

Establishing confirmability. Lincoln and Guba's (1985) qualitative parallel of neutrality in conventional inquiry is confirmability. The techniques suggested by the authors were employed in this study including triangulation of methods and maintenance of a reflexive journal, a diary of this investigator's thoughts and reactions to the interviews and observations. The reflexive journal used in this study included: 1) a daily schedule and logistics; 2) a personal diary for reflection; and 3) a

methodological log to document methodological decisions and rationales for those decisions.

Detailed research findings are discussed in the next chapter.

CHAPTER 4

Research Findings

This study explored organizational identification in Alcoholics Anonymous (A.A.). The objective of the study was to apply organizational identification theory to an organization where, in contrast to workplace organizations, membership is anonymous to the outside world and offers no extrinsic rewards to the individual.

As noted in a previous chapter, organizational identification draws on social identity theory (SIT). SIT posits that individuals identify with or attach themselves to groups with whom they feel similarity and especially in situations where this attachment offers prestige. According to participants in this study, however, prestige was not a factor encouraging identification. In fact, many participants in this study commented on the negative perceptions they held of what the term alcoholic meant when they came to A.A. Rather, identification with A.A. was found to be centered on feelings of similarity with the group with respect to common experiences of drinking problems.

This study drew on the communication heard and shared in Alcoholics Anonymous meetings and how study participants reported it influenced their identification with the organization. Two research questions informed this study: 1) What messages and symbols did participants report that encouraged or inhibited identification with A.A.; and 2) In what ways did the participants report that the messages influenced their behavior? Findings are reported by research question.

Themes of identification were drawn from the information gathered both in individual interviews and in observations made at A.A. group meetings. In addition to themes of messages supporting identification, themes emerged of messages that inhibited initial identification for some of the participants. Finally, themes emerged of messages that participants reported changed their behaviors.

The first research question addresses the verbal and written messages that participants reported encouraged or inhibited their identification with A.A., the nonverbal messages the participants observed, and the rituals, symbols and A.A. literature they were exposed to in the A.A. meetings. Participants were asked to recall their initial impressions as they participated in A.A., and the messages they found salient.

RQ 1: What messages and symbols did participants report encouraged or inhibited identification with A.A.?

Initial Experiences: Types of Messages

Messages Conveying Welcome: Members Reaching Out

Participants were asked to recall messages they heard or read when they first started attending A.A. meetings and what impressions those messages created. Since the length of time attending A.A. ranged from a few months to 30 years, some could only offer vague recollections of their very first experiences. Some participants reported being in a “fog,” which was partially attributed to their still being under the

influence of alcohol or drugs at the time, and partially to their sensation that the meeting activities

and discussion topics were overwhelming.

Encouraging messages. One of the three components of organizational identification described by Patchen (1970) is a sense of support from the organization. This study found substantial evidence of this component in participant reports of feeling and hearing messages of welcome and support during their initial experiences at A.A. meetings. This sense of support was reported by most of the participants, regardless of whether initially they were certain they were alcoholic or whether they believed that A.A. could help them with their problems. The few participants who reported not feeling welcomed initially attributed it to initial distrust and suspicion, and in one instance, to age difference between the participant and the A.A. members present.

“Trying to take a sip of water through a fire hose” was a phrase used by Dick to describe his first experience in A.A. Dick, a 61-year-old alcoholic with three-and-one-half years of sobriety at the time of the interview, is a small business owner, retired from an Air Force career as an officer and fighter pilot. He came to A.A. because he had received a D.U.I. and knew that he had to stop drinking. He reported that at his first meeting, so much was going on that it was overwhelming and hard to sort things out. He was somewhat confused by his initial observations, which included people praying in unison, ritual readings, and people sharing very personal, revealing aspects of their lives. He could hardly believe they were sharing in such an

open forum. In addition, he talked about being frightened, partly from the weekend DUI experience that brought him to A.A., and partly being in a situation where he knew no one and felt completely out of his element. He did not recall specifics from his first meetings and described himself as totally distraught and still in shock from the experience of being handcuffed by police. Despite his distress, he felt welcome in the group.

Other participants also described themselves at their first meeting as being in a fog and not remembering specifics. What most participants reported was an atmosphere of caring, warmth, welcome, and support. They talked of people coming up to welcome them and introduce themselves. Lori, a mother of two children in her 40s who started coming to A.A. shortly after Dick, said that she does not really remember her first meeting. "All I remember is getting there, sitting down, and then I couldn't say what the meeting was about. None of it made sense to me. After the meeting, I talked with Mark and with Dick, and I really don't know what they said to me either, but I just remember they were friendly, and I felt like I would go back."

The participants reported hearing support messages as newcomers that their confusion and fear was normal. Lisa, a 30-year-old who was 90 days sober at the time of the interview, reported that the message that things would get better was a very important one that she heard, as was the affirmation that what she was feeling as a newcomer was normal. She said, "Your being scared, being very emotional, being confused, it's all normal. And I felt like I had a room full of family members that I never met before, but now were part of the family that I hadn't yet met."

A few participants offered very specific recollections of an A.A. member reaching out to welcome them at their first A.A. experience. Pat K, a 52-year-old married professional woman with 13 years of sobriety, recalled a black gentleman who she reported was obviously not of high economic status, but whose kindness toward her was touching. She described him as a slightly younger than she, but he looked older because of his life experiences. He called her an endearment like “dear,” but not in a patronizing manner, and asked her if she would like to share anything. She said, “It was a small group, and I wasn’t singled out in any way, which is something I feel very strongly about. If a newcomer comes in, I think it’s horrible when people single them out. But instead it was more like a gentle, ‘you’re here, we welcome you, you’re part of the group, do you have anything to say?’ So it was very tender, caring, loving.”

Vicki, a 48-year-old divorcee with five and one-half years of sobriety, remembered being uncertain of the meeting location, which was in a church building. She described an attractive blond lady walking into the building who sensed that Vicki might need some help, and she welcomed her in. Vicki reported that she almost immediately felt comfortable there and felt welcomed, and members conveyed messages of welcome and support. Her initial impression of the messages was, “You’re in the right place. Keep coming back. It wasn’t specifically said in those first few days, but you felt the love. You felt that those people really care, and you just felt that those people had suffered pain and understood.”

Mike, a 39-year-old landscape designer with three years of sobriety, did not remember much of anything from his first meeting at the HOW place, but he did remember very specifically how he got to the meeting. He described his situation as a homeless crack addict in trouble for stealing from his boss when he called the A.A. number listed in the phone book. Since he had no car, someone came to pick him up.

It was raining, the guy was sick, and he pulled up at the house. He was coughing and wheezing, and was sick as a dog, and he had come to pick me up to bring me to an A.A. meeting. Didn't know me, never met me, nothing. He had just picked me up and brought me to the HOW place that night.. When he first picked me up, I was very scared. I didn't know the fellow. I had a little of my image defenses, being cool and such. The more I drove with him, seeing how he was, coughing and wheezing, and his wife had problems too. The weather was horrible, and the fact that he was doing that for me; reflecting upon it later that evening, I was touched. Pretty much every day from that point, every day I showed up, and I showed up everyday, more people reached out to me.

The majority of participant accounts of their initial experiences at A.A. meetings were largely positive, and while many could not recollect specific messages, they reported a welcoming and warm atmosphere. Not all participants reported positive messages about their initial experiences, though. Some were suspicious and distrustful and assumed ulterior motives behind the welcome message.

Inhibiting messages. Two informants reported feelings of distrust and suspicion to the A.A. welcome reception. Cher, a 35-year-old former teacher who is in a court-ordered program because of drug-related charges stemming from methamphetamine addiction, had one year of sobriety at the time of the interview. She reported feelings of suspicion at the beginning and even wondered if there was a conspiracy. She said she just could not understand how people could actually be nice

to her and not want something in return, which was what she had experienced living on the streets. “That freaked me out, and I guess when people so openly wanted to hug and say ‘I love you,’ –no, you don’t love me, you don’t even know me! I was very suspicious and had lots of skepticism about the fact that it just seemed too good to be true.”

Michael, a 48-year-old African-American with 17 years of sobriety through A.A., also reported his initial suspicions about the welcoming atmosphere. His initial thoughts were that the A.A. members were going to be really surprised when they found out he had no money, and that would change their attitude toward him. He also assumed that everyone was lying about their sobriety and feelings of contentment. He reported that it took him some time to reach an understanding about the welcome he came to feel was genuine.

A couple of participants experienced their first A.A. meetings as teenagers or young adults and reported that an inhibiting message for them was the age difference between them and the other A.A. members. John, a 27-year-old alcoholic and drug addict with ten months of sobriety, first attended an A.A. meeting when he was 16, and Maureen, a 36-year-old wife and mother, was 29 when she first attended. While several other study participants reported attending their first A.A. meetings as teens or young adults, John and Maureen were the only ones who reported age difference as an inhibiting factor.

John did not remain in A.A. as a teen, but came back to it 11 years later, and at the time of the interview had ten months of sobriety. Initially court-ordered to

A.A. because of a DUI, John reported that he was the only 16-year-old in the room and did not feel welcome. Because of the court order, he was required to get a sheet signed as proof of attendance. He reported that this made him feel shunned. He said, "They knew I was just doing it to deal with the probation. I actually went drunk one time. The thought of being sober hadn't even crossed my mind, so I turned everybody off there. I didn't even pay attention, really." His second experience attending A.A. was a year later when he got his second DUI. He reported being sent to an adolescent treatment center to avoid having the DUI on his permanent record, where he reported not feeling so alone, as he was with other teens with similar experiences. At this point, he still had no desire to stop drinking and did not return to A.A. for ten years.

Maureen struggled at first with the perception that she was younger than anyone else in the A.A. group, though she was 29 when she first started attending and by her own admission probably was not that much younger than some other A.A. group members. Her older sister was in A.A., and she had established social connections in the group. Maureen described herself as being immature and thinking like an 18-year-old, and in her mind, thought that she should be associating with people who were in their early twenties. The turning point for her was the content of the conversations. She found herself less drawn to the conversations of friends her own age and more drawn to the conversations she felt comfortable having with her A.A. acquaintances. She reported how her initial perspective about age started to shift:

Finally, I tried to hang out with those who were more career oriented, my age, not alcoholic, and it became boring. Their conversations, and whatever they were talking about going to do just weren't that interesting. Looking like me and acting like me, I became bored with that. It was more like the exterior stuff we had in common that I realized wasn't really interesting me anymore. Sort of like the spiritual adventure, like 'finding yourself' kind of adventure was more interesting. I just wanted to talk about that. That's when I finally started saying, 'It doesn't matter how old these people are, because we all want to be in the same place. I can talk about my crazy head, or my latest spiritual experience or whatever and not feel like people are looking at me like I had three heads.

Messages Conveying Commonality and Shared Experience

In addition to support from the organization, a critical organizational identification component (Patchen, 1970) is the perception of shared characteristics and similarity. Patchen proposed that perceived similarities between the individual and other organization members was often necessary before other identification components of solidarity, perceptions of solidarity, and loyalty could form.

Participants in this study reported hearing and reading messages that both provided a sense of commonality with other A.A. members and conveyed perceptions of shared characteristics and similarities in stories of how people drank, how much they drank, their behavior as a result of drinking, and the resulting emotions. The result of a sense of similarity was described by participants as a nonjudgmental environment stemming from the shared experiences.

Because participants consistently had feelings of being alone, and being alone in the way they drank, they reported how comforted they were by hearing that they were not alone. They recounted that stories of other A.A. members were particularly encouraging in creating perceptions of shared characteristics and similarity for the

newcomers to the A.A. group. One interesting element that almost all participants reported was an interpretation of a message of hope based on the happiness and serenity they perceived in members of the groups. They said that they did not share that joy and serenity as newcomers but were attracted to it.

The determinant of organizational identification identified by Patchen (1970) as a congruence of individual and organizational goals was instantiated by this serenity and happiness and became an individual goal to attain beyond the abstinence from drinking. Several participants used the same phrase, "I wanted what they have," to describe this desire.

Shared experience was the basis of an important emotional connection the participants reported from their first meetings at A.A. The stories of the members provided a clear message that they were not alone in their drinking behaviors and no longer had to feel alone. This fostered an important message of identification for them, providing feelings of belief that others shared the same characteristics. The sense of shared characteristics also suggested to the participants that at A.A. they would not be judged for their past. Andreia, a 37-year-old woman who had attended A.A. for six years, reported the sense of shared experience she felt. She had lost custody of her children due to her drinking and drug use and struggled to deal with that loss in sobriety. She said, "I was having issues and having to deal with my life sober. And all those feelings that I was stuffing down came back, and I would share in the meetings. The women would come up to me afterwards and hug me, and give

me their phone number and say, 'I understand,' or after I shared, somebody would share and relate to the topic that I shared."

Burke's (1950) description of identification as a necessary process that compensates for the natural divisions among individuals by motivating people to satisfy a need to belong by identifying with a group informs this study's findings. Also helpful is Tajfel's (1972) work in minimal group studies and definition of social identity as "an individual's knowledge that he (or she) belongs to certain groups together with some emotional and value significance to him (or her) of the group membership" (Tajfel, 1972, p. 31, in Haslam, 2001, p. 31). The participants were not necessarily reporting identification with the A.A. group because they thought of themselves as alcoholic when they first started attending A.A. Rather, they reported a sense of belonging to a group that had shared their own experiences and had experienced similar consequences of using alcohol and drugs.

The shared experiences that provided a point of identification for the participants were both the physical and emotional consequences of drinking, as well as an antecedent affective sense of not fitting in with normal people. Participants reported a range of behaviors and consequences: wild, uninhibited behavior stemming from too much partying with alcohol; loss of children, marriages, work, and home; living on the streets, prostituting themselves; and going to jail or prison, as well as the emotional consequences of these behaviors. Some participants reported suffering from depression, and a few reported considering suicide as a solution to their problems.

Embarrassment and shame were reported by participants as major emotional consequences, regardless of their perceptions of how much loss they had suffered. They described the experiences of drinking shared by others in A.A. of their drinking as important support messages that suggested they would not be judged as they might by individuals who had not had those experiences.

Pat K and Michael were representative of those participants who identified themselves as weekend drinkers whose drinking resulted in embarrassing behaviors. Pat K reported feeling supported because she heard messages from A.A. group members who had similar drinking patterns and found their behavior embarrassing and shameful. She reported her impressions:

Oh, my God, they're telling my experience! They're telling what's happened to me. I thought I was the only one who felt this way. I thought I was the only one that this had happened to, and you're telling me there's a solution. And these same embarrassing, horrible situations happened to you, and yet you were able to overcome it..I thought what was wrong with me was a moral degeneration if you will, a moral problem. It was never for me about the actual drinking, because I never got to the point where I had to drink, drink in the morning. I was more of a weekend party girl, but when I did drink, my behavior was such that I did things that I didn't approve of, didn't feel good about, and that I know I wouldn't have done if I wasn't drinking..I could not understand, it was almost like I was leading two different lives. That's how I felt—kind of like career woman, church girl during the week, and party girl, go wild, do crazy things Friday night at happy hour.

Michael also described himself as a weekend drinker, and while he could not identify with stories of other men who would drink for weeks, he was able to identify with the shared experience of what he described as unmanageability and chaos associated with his weekend drinking. He said his initial perception of an alcoholic had been a person who lived on the sidewalk. He admitted he had a drinking problem

when he came to A.A., but it was the shared experiences and stories about unmanageability that allowed him to identify with the group and not feel alone. He reported that the shared experience was pivotal leading him to come to more meetings and to believe he could find help at A.A. Michael reported a specific identification to Bill Wilson's story, the first chapter in the *Big Book*. He said:

When I read Bill's story, there were a lot of similarities. I really made a connection. A lot of it was with the wife. I really made a connection, promising her a thousand times that things were going to be different this time. One part of Bill's story was when his wife came home, he was drunk, and it didn't even faze her. That made the connection for me, because I remember my wife, me being on the bench, she coming in, and it was just like I was invisible. I saw myself in his story, and I saw the answer in his story.

One story that he heard in an A.A. meeting particularly resonated with him was about leaving the house and wife to go to the store for something, and instead of going back home, going on an alcoholic binge. Michael thought he was unique, the only one who had ever left his wife for a three-day binge. He said, "I remember leaving my wife in the house and told her I was going to get some charcoal and lighter fluid, and I was gone for three days. And had the car. And there were those similarities. OK, we have a lot in common."

Another participant also reported identifying with a story in the *Big Book* that included adoption at an early age. Robert, a 46-year-old Ojibwa with 12 years of sobriety, recognized his own story in *Freedom from Bondage*, a woman's story about being adopted by strangers. Robert reported that he was taken from his parents at 6 months, adopted at age three, and first got drunk at age five. In the interview, he quoted a passage from memory that was particularly meaningful to him. The story

said, “I had to drink and I didn’t know there was anything in the world that could be done about it.”

Participants who described themselves as functioning alcoholics framed their drinking behaviors as problematic ones that threatened severe consequences. They still had their homes, their jobs, their families, but found those attachments being threatened because of alcohol or drugs, or in some instances, both. They recounted hearing messages of similarity and familiarity at A.A. and said they felt support from it.

Vicki admitted to being alcoholic since the age of 15, when her father and brother were killed in an accident. She also became addicted to drugs in her teens, but got off drugs with her husband’s help. She considered herself a functioning alcoholic at that point in her life because she had two children and a successful job, but would drink herself “into oblivion” every night. Her drinking progressed to the point that she knew she needed help, and at that point, checked herself into a detox treatment center for six days, and upon leaving was told that she needed to go to A.A. When she first came to A.A., she reported she felt they could sense her pain, and with this message, she said she felt a first glimmer of hope that she had found a group who understood her.

Even at 15, when I was hanging out with the bums in downtown Denver, and with the mixed up idea of Jesus, of where I would find Jesus, that he would be amidst the downtrodden, and it was almost a search. I felt I had to find people who would understand how badly I hurt, and walking into those rooms, those people knew how badly I hurt. They could see it in me, they could sense it in me, this scared, broken excuse for a human being. And they showed me kindness. You know, people refer to me as having come in, slithering under the door. If you talk to people who saw me in my first day, they were taking

bets, and this is A.A., that if I came back the next day it would be a miracle. I was in unimaginably bad shape, and these people took me in.

Sid is a 49-year-old father and husband with two years of sobriety and 19 years attending A.A. who described himself as a functioning alcoholic. His first experience with A.A. was at a treatment center in a group of medical industry professionals. He said he found hope because of the message that he was not alone or unique in his drinking. He described the A.A. program as a “we” program. After leaving the treatment center, he returned to his home town, a fairly small community where people knew each other, and was nervous about attending A.A. meetings there because of who might see him:

I went through a lot of that, but I did see people there, and they were like, ‘What are you doing here?’ Well, the same thing you’re doing here. People who were just acquaintances at the time, when they would share what they had been through and what the program of A.A. recovery had meant to them in their lives, was certainly encouragement to me.

Some participants reported that their sense of shame and embarrassment was overwhelming due to the consequences they suffered as a result of their addiction. They also reported hearing messages of understanding, commonality and shared experience that they were not alone in what happened to them and that they would not be judged in A.A.

Andreia talked about her first experience in A.A. six years ago:

It was wonderful. I always felt like I was alone. Only I drank like I did, and used because of the situation I was in. The biggest thing was that I found support with women who were in the same situation, as in losing children in drinking. In the beginning, when I told them who I was and that I was having a problem with my drinking, they listened to me; they were not judgmental of me. They listened to me, and they seemed to have a solution.

Like John, Matt was a teenager when he first started attending A.A. While he admitted concerns about the age difference, he reported a completely different experience from John, who did not feel welcome. Now 43 years old, married, and working as a university professor, he talked about how he never felt connected to anything as a child, that though he had been class president in his high school, he felt that he had no friends, and that he turned to drugs and alcohol to numb his feelings. “I felt that I didn’t belong, was an outsider, and yet my peers obviously saw something in me that I didn’t see, or if I saw it, I couldn’t trust.” Matt’s father was also alcoholic and had gotten sober through A.A. approximately one year before Matt started attending, and in fact, had encouraged him to go. One of the first things that made him feel part of the group was that he was treated like he was an adult. He said, “I was 18 years old, and I felt like a kid in my head, and here were these grownups who were treating me as equals.” He also began to hear messages that he was not unique and alone.

By age 18, Matt reported knowing that, while half of his friends were drinking and smoking pot, his drinking was abnormal. He had received a DUI, been arrested twice for burglaries while he was drunk, spent a month in the county jail, and believed his life was out of control. He described blackouts from drinking where he did not recall what happened. A turning point for Matt was attending a weekend A.A. conference where he met a group of 150 other alcoholics. He said, “There was this meeting on Friday night, and people were dumping these terrible, horrible, black

secrets they had done, and I was able to share my deep dark secrets. People loved me, and I wasn't shamed, I wasn't made fun of, I wasn't humiliated.”

Message Content

One of the components of organizational identification (Patchen, 1970) is that of support from the organization, which was consistently reported by participants recalling their initial exposure to A.A. Participants in this study also reported that numerous messages of support recalled by participants beyond the initial support of the welcome messages helped them identify with their drinking problem and attain relief from it. Three salient types of support messages were apparent in participant accounts; messages of encouragement and support, messages that offered instruction, and messages containing information about alcoholism. Each of these is discussed in the following section.

Messages Providing Encouragement and Support

The first of the three encouragement-related themes from participant reports is a sense of belonging to the A.A. group that grew out of feelings of commonality and shared experience. Wanting to be part of the group fellowship emerged as an important factor in encouraging some participants, and for some, it was the sense of fellowship that kept them coming back to A.A. initially. Some participants even commented that the A.A. group was the first experience of feeling a part of something. Charlie, a 70-year-old retired carpenter with 24 years of sobriety, even joked that he had been thrown out of so many places, he was amazed that A.A. actually asked him to keep coming back.

The second message theme of encouragement participants reported focused on *The Ninth Step Promises*, which the participants described simply as *The Promises*. *The Promises* were written by Bill W. and Dr. Bob in the *Big Book* (A.A., 2001, p. 83-84) and are often part of the ritual readings in the meetings. Participants recounted that *The Promises* served as encouragement in the way that the passage describes feelings of serenity and peace they can anticipate by working the 12-step program.

The third message theme of encouragement reported by participants in this study comes from the nonverbal message from A.A. group members who have attained sobriety. Participants recounted that they observed happiness and serenity in the countenance of the A.A. group members and that they saw this as nonverbal affirmation that *The Promises* actually could be attained by those who worked the 12-step program.

Encouraging messages of belonging. A message of encouragement for Flo was that she would never have to be alone again because the fellowship provided sincere, positive friends. Flo, a 68-year-old African American widow with 13 ½ years of sobriety, talked about the importance of fellowship she found in A.A. and how it provided encouragement for her. “They never let you down, no matter what. All over the world, I’ve been to a lot of places, and it’s the same story, the same message, and the same people.”

The fellowship she perceived was encouraging to Lori as well. She reported that she never dreamed that she could find the support she found in the A.A.

fellowship. She came to realize that she was not alone, that there were other people like her, and that she enjoyed being with them. This fellowship Lori found in A.A. as a newcomer kept her coming back initially, even as she struggled with and fought against other messages she heard, specifically the message of spirituality (see section on messages that generated resistance). With respect to the fellowship, she reported, “I realized that the program had filled a void in me that I didn’t even realize was there.”

Several participants also reported that A.A. was a place where they always felt they could go when they needed to be with other people. Pat W said A.A. was the one place where she felt like she belonged and that it filled an emptiness. She said, “Just the fun, the social aspect, on holidays, it’s a place to go if you’re lonely.”

This message was affirmed separately through observations of meetings on four holiday occasions, Halloween Eve, Thanksgiving, Christmas, and New Year’s Day. Dick was the group meeting chair on October 30, for which the meeting topic was discussing ways of not being alone on a holiday that previously had encouraged drinking. Dick introduced the meeting topic to the A.A. group, saying, “Tomorrow is the day that more drunks get thrown in jail. We think we can control our drinking. If we’re lonely, our inclination is to be with people, and we go where we’re comfortable. Holidays are a dangerous time. The great news is that if you’re lonely, there are meetings at 6, 8 and 10 pm. We don’t have to be alone and don’t have to engage in old behavior with old friends, so we’re not alone.”

On Thanksgiving, Christmas, and New Year's Day, the various A.A. groups that meet at the HOW place organized meetings continuously throughout the day and evening so that there was a place for people to come. In addition, potluck meals were organized, complete with turkey and dressing, with members contributing side dishes and desserts, free of charge to anyone attending a meeting.

Other messages conveying belonging came from A.A.'s *Twelve Traditions*, according to study participants. The *Twelve Traditions* form the guiding principles for the A.A. organization, including organizational structure, mission, membership, financial support, leadership, and acceptance of outside help. These are posted on the wall of the HOW place at the front of the meeting room and are published in the *Big Book* (A.A., 2001, p. 562). They also are explained in greater detail in *Twelve Steps and Twelve Traditions* (A.A., 1981). They are as follows:

1. Our common welfare should come first; personal recovery depends upon A.A. unity.
2. For our group purpose, there is but one ultimate authority—a loving God as that God may express Himself/Herself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for A.A. membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.
5. Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.
6. An A.A. group ought never endorse, finance or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.
7. Every A.A. group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.
9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.
12. Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.

While participants acknowledged that all twelve traditions were important and worked in concert with each other, there were a few traditions that participants mentioned as being particularly important in generating their sense of belonging, specifically traditions one, two, three, and seven.

The Third Tradition was reported by many participants as being crucial to them, as it provides a single simple requirement for A.A. membership, a desire to stop drinking. In fact, Hank reported that the message contained in the Third Tradition is one that gave him permission to keep returning to A.A. for help, even after several relapses. Hank, a 46-year old white male with one month of sobriety and five years attending A.A., reported that he really wanted to quit, and he found comfort in knowing that he could always come back to A.A. in the hopes of finally attaining sobriety. He said:

Even when I was drinking, at some point I realized that I may be drinking, but I don't want to be doing this. So I come back in, pick up a white chip: the only requirement for membership is a desire to stop drinking. I've even reminded old-timers who would ask, 'If you're drinking, what's the sense in coming?' And that's a desire to stop, and that's the only requirement for membership.

Other participants reported another interpretation of the membership requirement, which was that A.A. was inclusive and did not discriminate against sex, age, economic background, or social standing. One participant, Pat K, commented

that she had not experienced any other organization like A.A., saying, “When you’re in that room, everybody is the same. I have never experienced that anywhere else, not even in church.” Mike expanded on the nondiscriminatory environment, commenting that A.A. helped him overcome prejudices he learned as a child:

Where I grew up, we were extremely prejudiced against everybody. Homosexuals, blacks, Spanish, Chinese, my dad had names for everybody, and that’s how I was brought up. All those barriers were broken down because of one simple rule. And if that wasn’t the rule, then I would never have gotten to know these people and what they’re about. Their blood flows red, and they have insecurities and fears, just like everybody else does.

Participants also found messages that encouraged belonging in the first of these traditions, which stresses the importance of group unity. Flo reported the first tradition was the most important one, because without the group, there would be no A.A., and no place for her to get sober. Mark, a 53-year old white male with three years of sobriety, also reported believing that the first tradition is primary because it emphasizes the need to maintain unity in A.A. so that they can continue to meet together and work together to recover.

Tradition Two also contained an encouraging message about belonging to A.A. because there was no hierarchical structure to put controls on them and the others in the membership. This tradition is described as providing the guiding principle for leadership within A.A. Pat W reported this tradition was the most important because the specific message that leaders are trusted servants means no one could dominate the group. Matt recounted a message from the *Twelve Steps and Twelve Traditions* (A.A., 1981, p. 135) to illustrate tradition two’s importance, one called the bleeding deacon vs. the elder statesman. He said that the elder statesman is

someone who has been around the program awhile and puts the welfare of the group above his/her own desires, while the bleeding deacon is also someone who has been around the program awhile and is determined to get his own way. Matt said:

It's really the second tradition that lays it out, the difference between the bleeding deacon and the elder statesman. The bleeding deacons are the ones who are passionately controlling and running people's lives. We're not supposed to be dictating to anybody. We're supposed to have our own experiences and if people find it helpful, that's great, but I'm not supposed to tell you how to do it.

This argument is supported in scholarship as well. In a study A.A. history, Kurtz (1979) noted that Bill Wilson drew from his own experiences and pragmatism in writing the traditions and wanted to avoid rigid organizational structure and central authority, believing all alcoholics were basically rebellious. Kurtz (1982) describes this philosophy as alien to workplace professionals because of its "organizational anarchy."

The important message reported by the participants that is contained in the seventh tradition is that A.A. is a free program, with no dues or fees. Each group passes a basket at each meeting at the HOW place. Members generally donate a nominal sum, usually a dollar, which helps to pay rent, and coffee money is collected in a box by the coffee pots. J.J., a 57-year-old white male with 13 years of sobriety, reported finding the concept of the Seventh Tradition phenomenal because of the altruism of the founders and early members. He said, "It's unbelievable to me how two guys can start something like this, not profit from it, because they could have made a fortune selling this *Big Book*, franchising A.A., and the only thing they did was give it away." The important message Dick found in the Seventh Tradition is

that because A.A. is entirely self supporting, it is not subject to outside influences like sects or denominations. He said, “The essential independence of A.A. and the notion that we have to maintain that independence so we’re not driven by other people’s goals, aspirations and agendas is very important.”

Encouraging messages of hope: The Promises. *The Promises* were reported by participants as being particularly salient in providing encouragement for them to seek a solution to their drinking problem. The *Big Book* discusses a changed mindset for the alcoholic as a result of working the first nine steps of the program. The participants described the first three steps as the *surrender* steps, and steps five through nine as the *action* steps. The action steps require soul-searching on the part of the individual, self-analysis of the underlying emotions that led him or her to drink and/or use drugs and the resultant behaviors, an admittance of those emotions and behaviors, which are referred to by A.A. as *character defects*, and then a sincere attempt to make amends to those individuals harmed by the alcoholic, which is the Ninth Step. One key result reported by A.A. members on completing the Ninth Step is the removal of emotional burdens they were carrying, which in turn, is described by the participants and in the *Big Book*, as *The Promises*. *The Promises* are as follows:

If we are painstaking about this phase of our development, we will be amazed before we are half way through. We are going to know a new freedom and a new happiness. We will not regret the past nor wish to shut the door on it. We will comprehend the word serenity and we will know peace. No matter how far down the scale we have gone, we will see how our experience can benefit others. That feeling of uselessness and self-pity will disappear. We will lose interest in selfish things and gain interest in our fellows. Self-seeking will slip away. Our whole attitude and outlook upon life will change. Fear of people and of economic insecurity will leave us. We will intuitively

know how to handle situations which used to baffle us. We will suddenly realize that God is doing for us what we could not do for ourselves.

Are these extravagant promises? We think not. They are being fulfilled among us—sometimes quickly, sometimes slowly. They will always materialize if we work for them (A.A., 2001, p. 83-94).

Julie, a retired African American woman with six months of sobriety, talked about the meaning for her in *The Promises*: her life would get better if she would follow the 12 steps of the program. She even commented that if *The Promises* were not read aloud at a particular meeting, she missed it. She said, “I love hearing it over and over again, because it’s such a way of life that it promises me. It gives me hope. It gives me strength.”

The serenity component of *The Promises* was an important message for several participants. Vicki talked about the encouragement that the promise of serenity offered for her, and was a message that kept her coming back to the meetings in her initial weeks of sobriety. She reported, “In the first couple of weeks and everything, I started to get a glimmer of what serenity may be. Because while I was with those people, I felt that serenity, or a glimpse of it.”

Lori talked about the encouraging message that *The Promises* held for her. She recalled driving to a meeting and feeling free for the first time in a long time. When asked what she felt free from, she replied, “Free from I wasn’t hung over. I wasn’t worried about having to be pulled over. I used to be real jumpy, especially when driving a car. And I just felt relaxed.”

By his own admission, J.J. wanted *The Promises* without having to work the 12 steps. He said that over the years before he finally started working the 12 steps, he

relapsed and drank half a dozen times, but *The Promises* kept him coming back because they gave him hope and encouragement that his life would get better. He reported his struggles and the encouragement that *The Promises* held out for him:

What stuck out in my brain were the promises. I was going to work the promises and hope the steps would come true. Because I'd hear, especially this one, 'the fear of economic insecurity will leave you.' Wow, cool, man, someone's gonna pay my bills. And all this crap will be done. I won't have to be bankrupt. I won't have to have a credit score of minus five. And the finances, and the guilt and the shame, 'we will no longer regret the past. We will come to help other people with this. It will all come to make sense.' I hung on to those things. One of the best chapters in the book was "A vision for you," because it gave me hope. My problem was not hanging onto that vision, my problem was sucking up and doing the work. I just wanted it to happen. Make it go away, and it wouldn't happen. It wouldn't work for me because I didn't want to work it. But I think those promises, especially those two I just stated, really had an impact on me, and I came back because I wanted the promises. I wanted my life to be good.

Affirmation of The Promises: Happy people. Several study participants used the phrase, "I want what they have," to describe their attraction to the A.A. members who appeared to have attained a sense of serenity and peace of mind. Based on what they observed in the A.A. meetings, these participants believed that they, too, could achieve serenity and peace of mind by working the 12-step program of A.A. This first-hand, visible affirmation served as encouragement to the participants

Maureen, 36, married to Matt and nine months pregnant at the time of the interview, started attending A.A. when she was 29 and had seven years of sobriety at the time of the interview. She described herself at that point as feeling beaten down by life, and reported being moved by the openness of the sharing and the countenance of the other A.A. members. She said, "I remember more just the people, the way they were so foreign to me, like men talking about feelings. Just the whole experience was

so foreign—and hopeful. I just wanted to be happy, and these people seemed like they were.”

Pat W., Sally Jo, and Dick were among those who specifically commented on the happiness and laughter they observed at their first meeting, which provided a very distinct message that both surprised them and gave them hope. In fact, Sally Jo reported that her first impression was that they were a happy group of people. A 64-year-old grandmother with 19 years of sobriety, Sally Jo said, “Well, the first A.A. meeting I can remember, everybody was happy. It was a smoke-filled room, and everybody was laughing and talking, and drinking coffee. There were a couple of children in the room, and I thought, ‘my, what a happy bunch.’”

Pat W. reported that initially she did not understand the laughter. A 53-year-old African American divorcee working on a master’s degree in addiction counseling with 25 years of sobriety, Pat W. continued drinking for several years, even while attending A.A. meetings, and described herself as feeling a total emptiness, admitting that she did not care whether she lived or died, and that her life was over. She reported, “I didn’t understand the laughter so much. What were they laughing at? I was in so much pain, what are they laughing at? But I knew there was something there to be, to go for, to have in my life.” Pat believed that the people in A.A. were very loving, and even though she continued drinking for some years, she found herself in bars telling her drinking partners how wonderful A.A. was. “I’d tell them how cool A.A. was, how loving the people were, and how ‘for real’ they were, you know.. There’s no color, there’s no age, everybody loves you, no matter what. They

won't throw you out! We all have this emptiness, and we're trying to fill it with booze.”

Dick reported his observations of genuine happiness with the people at the A.A. meeting at his first meeting, regardless of their life circumstances. He commented:

They've got smiles on their faces. They seem to be very happy about how life is working for them at the moment, and they have not had a drink for three years, five years, 15 years, 20 years, whatever. There's just, from how I felt at the moment to what I was seeing, the difference was so dramatic that there was a real notion of hope that if you do, in fact do what they do, you can have what they have..There were other people too who had absolutely horrendous experiences, but you could tell they were in fact genuinely happy. They were not just putting on an act. They were happy with their lives, whether they had a lot of measurable things or not, they were happy. They were at peace with themselves. There was a sense of that, and that was very attractive, because I had never had that in my early childhood. I had always been somewhat ill at ease with myself.

A phrase from the *Big Book* was quoted by several of the participants. “We are sure God wants us to be happy, joyous and free” (A.A., 2001, p. 133). Charlie, a 70-year-old retired carpenter with 24 years of sobriety in A.A., was one of these. Although Charlie did not define himself as Christian and defined his God as “good, orderly direction,” he talked about the importance of such an encouraging message to alcoholics, as he said he believes they have not experienced happiness in their alcoholic condition. He referenced a *Big Book* passage that confirmed the importance of newcomers observing the affirmation of *The Promises*, “But we are not a glum lot. If newcomers could see no joy or fun in our existence, they wouldn't want it. We absolutely insist on enjoying life (A.A., 2001, p. 132).” He then quoted another passage from the *Big Book* and related it to a New Testament Bible passage:

It goes on to say, “we cannot subscribe to the belief that this life is a vale of tears, though it once was just that for many of us. But it is clear that we made our own misery. God didn’t do it....If trouble comes, cheerfully capitalize on it as an opportunity to show God’s omnipotence.” I relate that passage on page 133 to a passage in the Bible. In Thessalonians, St. Paul said three things, “In all things, be joyful, give thanks, and in all things pray continuously. On page 133, it doesn’t say anything about the prayer, but Paul says always be joyful. It’s a lot like Bill saying, “If trouble comes, cheerfully capitalize on it.” I would have changed his word, I would not have said “if,” I would have said “when.” I think it’s inevitable that trouble comes around for everybody in some form or another.

Messages Providing Instruction

Another important component of the support messages participants reporting hearing at A.A. meetings was a set of instructions for not drinking. This message was deemed by participants in this study as a critically important one in providing initial support because newcomers were wrestling with their compulsion to drink, and many had not yet accepted that they were alcoholics. As reported by the participants, the main point for the instructions was to focus on not drinking that day, and to come back to another meeting later that day or evening, or tomorrow. “Don’t drink today, and come back to a meeting,” is a message every participant reported hearing as a newcomer to A.A. Participants reported that hearing that message gave them permission to not worry about staying sober forever, but rather to focus on staying sober for a day, a task that many reported they thought they could accomplish.

Another instructive message heard by participants that works in conjunction with the first one is “One day at a time.” Both thoughts are often combined and framed as, “You don’t have to stay sober forever, just one day at a time.” Participants also reported a dual meaning for the message, “One day at a time.” The first meaning

focused on staying sober for 24 hours at a time, and the second meaning provided instruction for helping them avoid becoming aggravated about something that happened in the past or worried about what might happen in the future that might trigger a compulsion to drink.

Even though Dick described his first meetings at A.A. as trying to take a sip of water through a fire hose, he did hear one message very clearly that he thought he could accomplish. This was actually framed as a question, “Can you just not drink today and come back to a meeting?” He reported that this question is very common suggestion for newcomers. Dick described his understanding of the meaning of that message. “Just don’t drink today and come back to a meeting later, or don’t drink tonight and see you tomorrow at this meeting.’ If a person can do that for a while, I think we find that as the fog clears, then we’re better able to listen and see and hear the broader aspects of the program of Alcoholics Anonymous.”

He also talked about the dual meaning of the message “one day at a time.” The concept of focusing just on the day at hand was something he had never done before. “I had not lived that way. I was always aggravated about what had gone on, and worried about what might happen, rather than simply being able to be in the moment and enjoy the day and do just what was before me.”

J.J. reported that his sponsor had told him an amusing story that helped him grasp the concept of “don’t drink today.” He reported the story as helpful in dealing with cravings and getting through the night without a drink or drugs, and today, he uses this story as illustrative of the focus on staying sober for a day:

I wanted it bad one night. I was really geeking for a cold beer and said, “God, just one more time, just let me drink some cold beer. God replied, “If you don’t pick up a beer tonight, tomorrow your refrigerator is going to be stocked with the coldest beer you can ever imagine.” And I said, “Really, God?” And he said, “Yes, J.J., tomorrow. It’ll be like that, I promise you.” And I was happy because I knew it would happen tomorrow. I went to bed early and popped out of bed the next morning at dawn with a big smile on my face. I ran to that refrigerator, opened it up, and there was no beer. I said, “God, you said tomorrow I was going to have some cold beer.” He said, “That’s right, tomorrow. It’s today. Tomorrow, your refrigerator will be full of cold beer, J.J.” And every day, I’d get up, it’s not tomorrow anymore, it’s today. And I’m still waiting for that cold beer. So if I can stay in today, I can think whatever I want about tomorrow. But stay in today, and I don’t have to worry about tomorrow. It’s going to be just dandy.

Warren reported that this message made sense to him because he only drank one day at a time, so he thought he could stay sober one day at a time. Warren, a 52-year-old white male with 16 years of sobriety, said,

If you go and tell somebody ‘one day at a time’ versus ‘you can never drink again,’ they don’t hear ‘one day at a time.’ They hear that you can never drink again. And that can be like, wow, what am I going to do? So it’s a little overwhelming. And for me, that made it a little easier to know I just need to stay sober for a day.

Messages Providing Information

The American Medical Association’s labeling of alcoholism as a disease in 1956 was new information for most of the participants in this study, and they reported that news as information that not only provided a rational explanation of their alcoholic behavior, but also legitimized their experience and helped destigmatize the label of alcoholic for them.

Mishler (1981) argued that only after a diagnosis of an illness has been made can an effective range of treatments can be sought. Using the example of fibromyalgia syndrome, Madden and Sim (2006) argued that a diagnosis may be

received from a medical professional, but the meaning of that diagnosis is further created for an individual from lay knowledge, including support groups and social networks. The medical diagnosis helps legitimate a person's illness for what is considered a medically unexplained disorder (Madden & Sim, 2006), similar to how participants reported their perceptions of their drinking problems prior to coming to A.A. In similar fashion, this study found that the medical definition of alcoholism as a disease helped legitimate the participant's personal experience, and as with fibromyalgia, alcoholism was defined not only by the medical definition but also through social construction of the alcoholics' shared experiences.

Susan Sontag (1978) first explored the concept of illness as a metaphor after she was diagnosed with and battled cancer. She argued that the metaphor for cancer at that time as "death sentence" was potentially more debilitating than the disease itself, and its reputation as a death sentence added to the suffering. Sontag argued, "As long as a particular disease is treated as an evil, invincible predator, not just a disease, most people with cancer will indeed be demoralized by learning what disease they have (Sontag, 1978, p. 7). She later investigated AIDS and wrote about the effect of the social stigma associated with how it is typically contracted (Sontag, 1989).

Alcoholism presents an interesting twist on Sontag's (1978, 1989) metaphoric comparisons because although participants were generally not aware that the American Medical Association had classified it as a disease, but they were completely familiar with the stigmatizing metaphors associated with it. These metaphors included bum, drunk, sot, wino, homeless person, and a person with low

morals. The message that they heard in A.A. that alcoholism has been labeled a disease provided supportive information, and that with that diagnosis, they could conceptualize treatments as potentially successful, including the 12 steps of A.A.

Julie was the only participant to report that she had heard that alcoholism is a disease prior to coming to A.A., but she did not understand the implications it held for her, even though she admitted there was untreated alcoholism in her family, and some members who had even died from alcohol-related disorders. She gained greater understanding of the disease through messages heard at A.A., and from a forward to the *Big Book* written by Dr. William M. Silkworth, entitled *The Doctor's Opinion*, which provides a more clinical perspective on alcoholism. Julie reported that she identified with the disease message after reading it. Further, she heard from A.A. members that not only was alcoholism a disease, but that it was progressive, and that it would get worse if untreated. This was a message that Julie could identify with because of what she had observed in her own family. She said:

I've seen members of my family die, and I've seen members of my family go destitute, totally changed from a productive adult to the wino, and I was scared of that. When I read the *Doctor's Opinion*, I knew that I was an alcoholic, and I knew that I didn't have to go that far down. I could stop it now, or I could go that far. I didn't have to lose everything, my house, my home, you know, out on the streets. I related to all that." She said the most memorable message for her was very personal, "If I drink, I'll die, that if I continue to drink, I'll die.

The disease message provided new information and a new frame for action to participants who reported that they had originally viewed their drinking problems as a lack of self-control. Rita, a 50-year old attorney, at first rejected the idea that alcoholism is a disease when she first came to A.A. She reported, "When I first came

in, I thought it was a willpower issue, a moral failure on my part that I couldn't quit drinking. I believed what everybody else did, just cut down, or quit. But I know when I tried to quit on my own, I could quit for long periods of time, but eventually I'd go back to it and be worse off than I was to begin with. So it was progressing." She reported that she learned over time in A.A. that the things she did as an active alcoholic were because of the disease, not because of moral failure.

The definition of alcoholism as a disease brought relief and comfort to Pat K., who also attributed her behavior that stemmed from alcohol as a moral failing. The disease message removed the moral component and gave her permission to say, "This is a disease, and there's a treatment for it, and I can do the treatment." A message that characterized uncontrollable drinking as symptomatic of a disease but that baffled Pat at first, was "it's the first drink that gets you drunk." This message referred to how the first drink sets off a craving. She reported:

At first, I thought, no, it's usually the fifth or sixth drink, but I realized what they were trying to say is that when you take the first drink of alcohol, it sets off a craving in your body, and that helped me. Another thing I could never understand is how come other people could have ten beers or something and say they've had enough? It almost seemed like the more I had, the more I wanted. And that explained it to me, and it also explained if I don't take that first one, I won't need to take a second, a third, etc.

Pat likened drinking to eating M&M's, and that it was better for her not to take the first one because otherwise she would eat the entire package. The framing of alcoholism as a disease was a distinct contrast with what some participants envisioned as disease. Lisa had associated the term *disease* with illnesses such as cancer or diabetes, but she never thought about alcoholism from that perspective. For her, the

message was comforting. She said, “Part of the problem, when I don’t feel I have an answer to what’s wrong with me, I’m more concerned. I’m more anxious, and now that I know it’s a disease, I feel a little bit better about what I need to do to keep it under control, because it’s a life problem.”

Two participants, Maureen and Hank, reported that they struggled at first with the disease message. Hank, a professional and small business owner who has struggled with attaining long-term sobriety, had been attending A.A. for five years but had only one month of sobriety at the time of the interview. Rather than finding the disease message comforting initially, he found it confusing, and it took him a long time to admit to himself that he actually had a disease. He explained his confusion, “I was thinking that I was pretty much healthy in mind, body and spirit, but that I had a drinking problem. I came in for some help in getting over drinking, and in a very short period of time, I realized it was a much bigger issue than just that. That was the message I heard from the groups and from the meetings.”

Maureen reported the same skepticism about the disease message as Hank, but for different reasons. She did not think she was alcoholic at first and considered herself more a pothead because she used marijuana more than she drank. She had tried Narcotics Anonymous but did not feel that she was enough of an addict to go there, so she tried Alcoholics Anonymous, saying, “You can still go to A.A. if you’re a pothead or whatever.” She thought that the disease message was an excuse for weak people who could not take control of themselves. She attributed her attitude to her upbringing in what she termed a judgmental family, a family that encouraged a

“do it yourself” mentality. What helped her accept the disease message was accepting it as a mental illness, based on her own feelings:

I guess it came down to being a mental illness to me. I could accept that. When I wasn't going to meetings, it became just with my little experimenting, not going to meetings, going to meetings more. I could tell, you just come to a point that you can't deny that you do better when you go to meetings. So, I said, OK, I can accept the mental illness part of the disease. And the physical illness part, I could accept that once I started, I couldn't stop. I don't know how long it took, probably over a year or two. I was very slow at that.”

Messages That Created Stumbling Blocks

Two messages reported by participants evoked concern and resistance, despite their feelings of support, commonality, and shared experience. One message generated genuine concern for the participants that the program would work for them. The second message about the spiritual nature of the program generated two different reactions according to participant accounts. While several participants reported receiving encouragement from the message, several others resisted it.

Will This Program Work For Me?

Despite the positive reports from most participants about the messages they perceived when they came to A.A., many reported they also had initial concerns about whether the program would work for them. They recounted the root of this fear as resulting from seeing other people in A.A. who seemed to be doing well and staying sober, but who would relapse and “go back out.” Several participants reported stories of observing A.A. members relapse, and they told stories as well of messages they heard that helped alleviate the concern.

In the six months Julie had been attending A.A., she had known one person in A.A. who died from drugs, and another who attempted suicide, a person with whom she had developed a rapport. She said, “I cried, and I just didn’t know what to do, and I can’t do anything. But for the grace of God, that could be me.” “There but for the grace of God” is one of the affirmations she reported seeing posted on the walls of the A.A. clubhouse. She reported that the knowledge of friends for whom the program had not worked actually strengthened her desire to go to meetings.

“Stick with the winners” is a message that Vicki and Cher reported hearing when they raised their own fears based on seeing other people relapse. Vicki said in her first few months, she heard stories told by others about their relapses and how many white chips they had picked up. She wondered if relapse was an inevitable part of A.A. and thought perhaps she should just go ahead and relapse to get it over with. She talked about it with another member, questioning, “Why am I working so hard if I’m eventually going to relapse?” The person she asked made a point of introducing Vicki to a great number of people who had never relapsed. She talked about the phrase she heard, “stick with the winners,” which redirected her focus to listening to the people who had not relapsed and how they worked the program.

Cher reported hearing messages from people outside the program or just coming into the program about how life was like on the street and how good the drugs were. She said that some people in the court-ordered program with her were not serious about trying to get sober and were there because they were court-ordered or on probation, or even, she speculated, just bucking the system. “Stick with the

winners” is the message that helped her overcome her skepticism, and she reported that she still depends on that message to protect herself:

I have to still deal with that today. If I’m not constantly aware and on top of my surroundings, that could be like one of the biggest downfalls for me. Not just old people that I knew from before, but being around negative people who are, like I said, ones that are not doing the next right thing. I call it ‘cash register honesty’ –doing what you’re doing when people are not looking, and if I even for a minute feel that I’m surrounding myself with these other people, that can be very harmful to me.

“He wanted to drink and use more than he wanted to stay sober” was the blunt message Dick reported hearing when a young man he had gotten to know and like had returned to drinking. Dick, who had about four months of sobriety at the time, recounted being disturbed by the young man’s relapse. The meeting chairman, whom Dick described as a pony-tailed biker guy with 15 or 20 years of sobriety, asked if there was anything bothering anyone, and Dick brought the subject up. At the time, Dick reported his impressions of the blunt response as being a bit hard, but after the meeting, another biker A.A. member took him aside and told him to never let his own sobriety hinge on someone else. Dick described his conversation and his impressions:

This fellow had been a drug user, and I mean, a guy that just months prior I would have crossed the street to avoid meeting. That was a real eye-opener for me. It was a powerful thing, listening to that. This is a guy that only knew me from there. The difference between his life experience and mine was very obvious for both of us, but the message that his consideration for me was enough to take me aside and share that with me was his own experience. That sharing of experience from one human to another, regardless of our outward differences, made a real impression on me. And it made total sense to me. If I allow external things to get in my head and upset me and disturb my thinking, then I’m headed back from whence I come rather than forward toward a healthy life.

When John first arrived at The Extension, a suburban Atlanta men's homeless shelter and 12-step recovery program for alcoholics and addicts, he heard statistics that only 10 percent of the people in the program would actually make it. He reported that this made him skeptical, but it also challenged him to be included in that percentage. He said that the last time he had been in the court-ordered treatment center program, he was very skeptical, and there were many things he just did not want to do. He now believes he is more optimistic, and that his perspective has been shaped by his past experience. He said, "I'm going to do it this time, because if I don't, I'm going to die. Having gone to where I did and never ever wanting to go back there, and whatever the solution was, give it to me."

John reported that seeing one of his friends in the program relapse after two years of sobriety made him reassess his initial impressions that his friend was really working to stay sober. One helpful message John heard that was particularly memorable to him in reducing the fear of relapsing came from J.J., head counselor and director of recovery services at The Extension. The message was framed as a metaphor of a drinking glass: "If you're in recovery, you can't relapse. If you're in the glass, you're in recovery. If you're on the brim, you either fall one way or another. But if you're in the glass, you're in recovery." John said the illustration was a strong message that alleviated his skepticism and fear.

Several participants reported relapsing at least once since their first attendance at A.A., although they had since that time attained sobriety. Mark talked about his relapse and attributed it to the fact that he had not completely admitted he was

alcoholic, despite the fact that he had been encouraged to call someone in A.A. if he was tempted to drink. While housesitting for his sister, he found the liquor cabinet tempting. Mark reported, “I kept looking at it and thinking it over, and as my sponsor used to say, ‘So that I could think about something else, I decided to just go ahead and drink.’ I thought, I can’t get this out of my mind, just get it over with. There were numerous things I could have done instead of drinking. If I had talked to anybody in this program, I could have gotten past that.” After taking that drink, Mark reported that he changed sponsors immediately and got busy with working the steps of the program.

Despite the concern the participants reported feeling early in their attendance that the program would work for them, none reported that those concerns were still applicable. Even Hank and Andreia, who both reported recent relapses, expressed belief in the program for themselves.

The Spiritual Message

One message participants in this study reported hearing in A.A. generated very different reactions for the participants: the message of A.A. was a spiritual program. Those participants who found the spirituality of A.A. encouraging readily identified with the spiritual messages in the written literature and heard in meetings, and in the group prayers recited at the beginning and end of each meeting. They reported finding these messages comforting and connected them to messages from their own religious backgrounds. Participants reported one of the fundamental tenets

of A.A. is the dependence on a Higher Power as the answer to attaining long-term sobriety. However, this same tenet was a fundamental barrier for others.

Participants who reported that the spiritual message initially inhibited their identification fell into two groups, those who had rebelled against their religious background and those who were either atheist or agnostic. One interesting finding from this research was that, despite her aversion to the spirituality message, even the most adamant atheist reported identifying with the message contained in The Serenity Prayer, which is recited in unison at the beginning of every meeting. Participants who reported resistance also recounted messages that helped them to stop resisting, with one exception, Lisa.

Identification with the spiritual message. Several participants reported initial identification with the spirituality component of A.A. and said they drew comfort and support from being able to associate the message with their own spiritual beliefs.

Flo found great comfort in the spirituality aspect of A.A., and she recounted it as an important component of the atmosphere that she found so warm and welcoming when she first started attending. She identified with all the slogans such as “Let go, let God” and “there but for the grace of God” before she could identify with any of the stories she heard of members’ alcoholic experiences. She said, “All of these slogans helped me to stay there, and I was beginning to find my way back to the way I grew up. See, I had all those principles growing up, but I strayed from those principles, and A.A. brought them back to me.” She related “let go, let God” with a Bible verse she remembered, “If you make one step, I’ll make two.” She said, “I have

to make the first step, and once I make that first step and do my part, then He does the rest for me. My part is to stay sober, and if I try with all my heart to stay sober, He will keep me sober.”

Flo defined “by the grace of God” for herself as reframing a problem or unfortunate event to focus not on negative implications, but rather on the positive aspects. “You turn it around and look at it as it is, as opposed to what it could have been. It could have been worse, and 99% of the time, it is better than it would have been the other way around. Say for instance, you have a car accident, and you get your fender bent. Instead of ‘poor me,’ you say, ‘thank you God, I only got my fender bent.’ It could have been much worse than that.”

Andreia also reported finding comfort in the “Letting go” message and the whole concept of being able to turn things over to a ‘higher power, an A.A. term drawn from Step 2. She reported that her upbringing was a very strong Southern Baptist environment in which God was portrayed as a judgmental figure. She remembered a helpful and supportive message from other members providing a frame for a higher power as, “It’s your own higher power, it’s your own God. Whether it’s a doorknob or your actual vision of a God, female or male, whatever. Just something that’s greater than ourselves.” This message was very reassuring to Andreia in the meaning she assigned to it. She reported that she was always worried about what might happen and constantly revisiting the past. For a woman who had lost custody of her children, the message helped her understand that she could not change the past,

but the past did not have to control the present. She reported that The A.A. program's spiritual element provided relief and comfort to her.

Pat K. was already active in her church, she said, and she wanted God in her life when she first came to an A.A. meeting, so the spirituality message offered a point of connection for her. Though she said her upbringing was not very spiritual, it was something she desired. In fact, the last time she got drunk, she had gone to church that morning. She talked about the conflict she felt between her religious needs and her alcoholism. "I really wanted God in my life, and I could not understand, it was almost like I was leading two different lives."

Resistance to the spiritual message. Several participants reported resistance to the spiritual component of A.A., either because they rejected their previous religious experiences or because they did not believe in God. Several who resisted reported having very strong religious upbringings that defined God as vengeful and judgmental, a God they were not comfortable with on a personal level.

One of the messages heard in A.A. meetings comes from the Third Step, where God is framed "as we understood Him" (A.A., 2001, p. 59). This message was reported as giving permission for these participants to define their own God and determine a relationship that made sense for their needs.

Dick reported that, being reared in the Southern Baptist Church, he believed in God but did not believe that God could care for him on a personal level. Additionally, he struggled in identifying with the message contained in the Third Step, "Made a decision to turn our will and our lives over to the care of God as we

understood him” (A.A., 2001, p. 59). His sponsor suggested that Dick consider a relationship framework of senior partner and junior partner, which addressed Dick’s concern of surrendering all free will to God. This framework was important to Dick in reaching an understanding that the Third Step was not asking him to surrender his free will, but to align his own will with God’s.

Cher identified with the spirituality message she heard in A.A., but distinguished spirituality from religion. She was reared in a religious setting, attending the Catholic Church and Catholic schools, but reported finding hypocrisy in the way that people acted as soon as they left church on Sunday, and came to believe about religions that “this was just ridiculous.” Cher talked about the message she identified with in A.A. that provided a distinction between religion and spirituality:

I felt so deficient when I came in, and the message of spirituality, not religion, was driven in so much, and that message has been most memorable for me, to have that connection with my higher power, and to give up my will, and to use my higher power to control all my actions. There was this really great quote one time we met, ‘religion is for those who are afraid of going to Hell, and spirituality is for those who’ve been there.’ I know there’s no way I could have made it through what I’ve been through with my courts, the judges, all this stuff I had to go through, to get to where I am today, without some sort of faith and spirituality, and that’s the difference for me.

The messages about a higher power and God made Lori angry when she first started coming to A.A. She could not understand how a Higher Power was going to keep her sober initially, though she now claims that she relies on her Higher Power. The church she attended as a child focused on what she called the negative message, a vengeful and angry God who would condemn people to hell if they were not baptized. The message she heard in A.A. was that she could have a loving God, and sought

messages in different books that helped her determine what a God of her own understanding was.

Despite the anger Lori reported, she recalled her initial reaction to the ritual recitation of The Lord's Prayer at the end of the meeting as surprise, not least that she remembered the words, but she also remembered finding comfort in saying it. Other participants who resisted the spirituality message reported that they did not believe in God or hated God when they first entered A.A. and recalled their struggles with the message. Only one participant in this study still defined herself as atheist.

John admitted that he did not want to believe in God or the spiritual part of the program when he first came to A.A. His parents had made him go to church when he was a boy, but he estimated that he has not been to church in nine years, and thought no God would have let him suffer so much. He claimed he was so desperate, however, that he was willing to try anything, and as he worked through the steps of the program, he came to embrace the spirituality aspect of the program. He reported his initial feelings about God and how those feelings have shifted:

I despised the thought of God, and if there was a God, why has he put me through so much. I didn't want to think about it. Anybody would mention it, I would just cringe at it. I was faithless, totally. The only thing I ever remember praying for was to die. And that never happened, so of course I thought there was no God. But yeah, once I started coming in and that was the thing, I was willing to believe, because nothing else had ever worked. So I was like, you know what, tell me whatever, because if it works, I'll do it. Because I don't want to go back to it. I can't go back to it. I started to believe, and as I worked through my program, then that's when I started to accept it and believe it even more. It was hard at first, and that's what got me all grown up, because they were talking about God. And that's what bothered me, ever since I went in the first time at 16, all the way up to now, that's the one thing that I never ever wanted to think about.

J.J. reported that he also came into the A.A. program without a belief in God, and one of the memorable phrases for him was one that he hated, "Let go, Let God." The concept was completely foreign to him, and the explanation he heard was frustrating, that was that J.J. needed to do the action and not worry about the results. J.J. recounted that he wanted to know the results before he would take action, and because he could not grasp the concept and embrace it in his life, he drifted and went back out to drink.

J.J. gradually came to his own understanding of God as a positive spiritual energy outside of himself that was always available for him to tap into, which was a definition of God provided by Wayne Dwyer. J.J. discussed his understanding of God and how it has helped him stay sober:

Now, I can either tap into that source of positive energy or I can deny its very existence. And when I can deny its very existence, then I am the source of positive energy, and I'm not going to do that. By deflating the ego, and that's what I think the 12 steps are, 12 steps to deflate your ego, I can be empowered and tap into the source of energy that I think guides the entire universe. I think defining God by man's boundaries and Christianity or Buddhism, I don't give a crap what it is, I think when we define it in those rituals, we are limiting the omnipresence of God, of this energy that drives everything. And I don't want to limit that. I call it God out of convenience. I pray to God, but if his name was Bob, I'd pray to him too. It's a name, but it's a source of energy outside myself that appears to keep me sober and relatively happy, and I couldn't do that on my own.

Lisa was the only participant who claimed to be an atheist, and the messages she heard about God in A.A. meetings made her skeptical and made her wonder if the program was right for her. At first, she thought it might be a cult, and when she saw members holding hands and reciting the Lord's Prayer, she wondered why they were holding hands and chanting. She no longer believes that A.A. is a cult, but said that

she does not like to hear about the God aspect. “Because mine isn’t called God, mine’s a spiritual—I’m still trying to figure out his name, or her name, but the religious aspect, I don’t like. There’s a lot of Bible Thumpers in the program, and they really like to preach, and that can really turn me off.”

Lisa referenced her background in psychology, where she learned that there were psychological reasons for higher beings in helping humans to feel secure in themselves. She believed that power rested within the individual, and she reconciled the messages in the 12 steps about Higher Power and God as being herself:

I think it hard for a lot of people to believe they’re as powerful as they really are. I think, while a lot of people are very strong, it’s easy to look for a reason why something went wrong or well, as opposed to be – it’s hard to be your own God, it’s hard to set rules for yourself, and values and morals, and really follow through with them, because you can change them anytime you want if you’re your own God, and when there’s a bigger God, you can be mad at him. When you have a bigger God, it’s security that a lot of people have, and that’s fine. There’s nothing against that. But I try to see myself as my God. I try to basically set myself up for good things happening to me by doing things, and some things I can’t control. There are some things I can’t control, and I’ve got to understand that.

One interesting note is that Lisa also talked about the importance of the Serenity Prayer in her daily rituals and the comfort she received from the message it contains, as it is a short, memorable reminder for not allowing outside influences to negatively affect her. She claimed that she said the prayer to herself throughout the day when she found herself in a situation where events were beyond her control, and provided the example of bad traffic. She said, “It makes me feel pretty on the inside, it makes me feel whole. It fills me up with love, really.”

Some participants reported that the physical aspect of the reciting the Lord's Prayer at the meeting close was an important component of ritual that communicated commonality and shared experience, referencing that meeting attendees form a circle holding hands, and one individual is asked to lead the group in prayer. Sometimes, the individual will just start the prayer, but sometimes, they'll provide a short introduction framed as a question, such as "Who's large and in charge?" or "Whose Father?"

Dick and Warren talked about the physicality of people hugging one another and holding hands at the close of the meeting. Dick noted that this took place with some fairly rough men at times, but the openness and warmth he felt was something he had not experienced much in daily life, not even in church. Warren shared his perspective on the sense of unity the ritual generated:

Saying the Lord's Prayer at the end and holding hands and everything, to go ahead and have a sense of unity, where most of us, even though we might be involved with work or the community, whatever, we're pretty much alone and we're really not united. This is, I see, for the majority, not everyone, but for the majority, and to stand there and for a man to hold another man's hand, it lets that ego drop a little bit there.

Pat W commented on the hand-holding through the Lord's Prayer as well, and talked about people sharing as imperfect human beings, using a term she had heard, "perfect imperfection." She said, "My sisters and brothers are all holding hands and humbly praying to God. I heard somewhere, 'perfect imperfection.' That was a big thing to accept. It didn't make me a bad person because there were things I didn't do perfectly. We're all there, we're imperfect human beings, but we're good, and love is there."

While participants reported messages that raised concerns and resistance, they also reported finding answers that satisfied the concerns. Even the participant who described herself as atheist had rationalized the spirituality message by drawing from her educational background in psychology.

Summary of RQ 1 Findings

Individual interviews and examination of materials revealed several messages that encouraged identification with Alcoholics Anonymous. Consistent with Patchen's (1970) components of identification, message themes emerged from this research that indicate the presence of: feelings of support, feelings of commonality, and perceptions of shared characteristics with the organization and group. When participants were asked to recall their first experiences with A.A., especially reporting messages that encouraged or inhibited identification, they reported messages of welcome to the group that provided them with support when they first started attending A.A. This in turn encouraged them to come back. In addition, participants heard messages of commonality and perceived that they shared characteristics with other members of A.A. Messages of encouragement, instruction and information were reported by participants as helpful in identifying that a solution was available to them, which in turn encouraged further identification with the program.

The research also revealed messages that generated concern among the participants, both about whether the A.A. program would work for them and that alleviated these concerns. Participants reported that observing other A.A. members return to drinking generated concern that the program would not work for them, but

also reported hearing messages from other A.A. members that assuaged their concerns. The message that A.A. was a spiritually-based program generated resistance among several participants, who also reported messages that helped them deal with their resistance.

The identification themes found in participants' reports confirm that organizational identification theory informs membership in Alcoholics Anonymous. Beyond affective identification, however, is the question of behavior. It could be argued that identification with and membership in A.A. will lead members to stop drinking. This second research question explores this claim.

RQ2: What messages did participants report that influenced their behavior?

Participants were asked if the messages that encouraged their initial identification to A.A. were influential in changing their behavior and if there were additional messages that contributed to their ability to stop drinking.

Three main themes emerged from the data regarding messages that participants recounted influenced their behaviors. The first revolves around messages that influenced the participant to admit and accept the identity of being alcoholic. The second main theme focuses on messages that influenced the participants' needs to change their thinking, not only with respect to alcohol and drugs but also with respect to dealing with the underlying life issues that may have contributed to the obsession. The third theme focuses on messages reported that influenced their actions in working the 12 steps.

Acceptance of Alcoholic Personal Identity

An expression commonly heard in A.A. reported by Dick was, “I can say I’m an alcoholic, but I can’t say you’re an alcoholic,” which affirms a central tenet of A.A. philosophy that individuals must reach their own conclusions whether they are alcoholic. Participants reported that the messages of shared experience were influential in identification with the drinking problem and a potential solution, but that did not necessarily lead to immediate acceptance of an alcoholic identity. Many reported struggling with acceptance of this label.

A Stigmatized Identity

The label of alcoholic was reported to be deeply stigmatizing by many participants, and this made it difficult for them to initially accept or embrace it. The study found the concept of alcoholic is stigmatizing because of the generalized societal notion of what the term represents. Michael thought that an alcoholic was a person who was homeless, living on the sidewalk. Melissa’s conception of alcoholic was similar, that alcoholics were hardcore drunks who lived on the streets, were so alcoholic they were jaundiced, and that awful things happened to them as a result. Rita remembered her first reaction to people calling themselves alcoholic in an A.A. meeting as revulsion, as her characterization of an alcoholic was that of a person under the bridge, a “hopeless wino.”

Indeed, messages against alcoholism from many sources are more evident than ever before, in the media, in communities, and as evidenced in law enforcement approaches. For example, Mothers Against Drunk Driving (MADD) has been

increasingly successful in its efforts. One participant noted how much stricter laws have become over the years, lowering the blood alcohol content level for being considered legally intoxicated. According to him, the current blood alcohol content level in Georgia is .08, nearly half of where it was in the late 1960s at .15, when a person rarely was arrested for drunk driving unless a bad accident was involved. Today, part of the sentencing for a first time DUI offense in Georgia is to attend a MADD meeting and introduce themselves as having received a DUI.

The identity of alcoholic is stigmatized by the characteristics displayed by stereotypes of alcoholics, as described by some of the participants. The alcoholic in their descriptions has been reduced to a stereotyped portrait of a homeless beggar. Goffman (1963) defined the term stigma as referring to an attribute that is “deeply discrediting” (p.3). He also noted that such a person would be “reduced in our minds from a whole and usual person to a tainted, discounted one “(p. 3). Goffman also discussed the important difference between the already discredited and the discreditable, based on whether the differentness which creates the stigma is known or evident versus neither known about nor immediately perceivable. Goffman went on to note that, “by definition, of course, we believe the person with a stigma is not quite human “(Goffman, 1963, p. 5).

Thus, admitting and accepting an identity as alcoholic invites the individual to embrace an identity that has been stigmatized by broader society, yet A.A. member participants consistently reported that an alcoholic identity must be fully accepted by the individual to start to change the alcoholic behavior.

Only the first of A.A.'s twelve steps specifically addresses alcohol: "we admitted that we were powerless over alcohol—that our lives had become unmanageable (AA, 2001, p 59). Many participants reported that this is the only step that they "have to get 100%," and those who had relapses and did not stay sober from the first time in entering the program admitted that they had not fully embraced this step in its entirety, and they attributed their relapses to this. Participants cited a passage from *Twelve Steps and Twelve Traditions*), "Only Step One, where we made the 100 percent admission we were powerless over alcohol, can be practiced with absolute perfection. The remaining eleven Steps state perfect ideals" (A.A. World Services, 1981, p. 68).

Participant reports in this study clearly identified a personal identity transformation necessary before the individual could get sober, and that transformation was to embrace the alcoholic identity as part of the self-concept. Many participants referenced messages in the *Big Book* that addressed the need for a shift in self-concept to include an alcoholic identity before a person could get sober through A.A. Dick referenced two messages he read. The first was, "we learned that we had to fully concede to our innermost selves that we were alcoholics. This is the first step in recovery. The delusion that we are like other people, or presently may be, has to be smashed" (A.A., 2001, p. 30). The second message he referenced was in one of the stories whose author wrote, "Until I could accept my alcoholism, I could not stay sober" (A.A., 2001, p. 417).

Warren recounted essentially the same message as the doctor's story in the *Big Book*. He started attending A.A. 24 years ago, but it took eight years before he could get sober. He reported, "When I first came in, I didn't accept it, because I went back out. It really wasn't with me, deep in my heart, it didn't apply to me. I believe there's a severe case of denial...I always knew that one day I'd be successful in drinking. I had to smash the idea. With enough beatings, your mind opens up a lot."

Hank talked about similar struggles. Hank has attended A.A. for five years, but over that time he reported that he had gone back out drinking half a dozen times, and at the time of the interview had one month of sobriety from his last drink. He reported,

I went through a lot of denial. And that's probably why I had relapses over the years. I was reflecting on this just yesterday and the day before, how my whole mindset has changed now from the beginning of it. In retrospect, I came in there to learn how to control my drinking instead of having to realize that I am an alcoholic, I have this disease, and I simply cannot drink.

He recalled a message he heard from a woman who told him he had to completely surrender to it to the depths of you. He said, "It's more down to your core, down to your soul that you have this disease. It's not your typical disease. You have to accept it down to your core, rather than, 'Hey, I'm an alcoholic,' up here in your head."

Hank referred to a message read in the *Big Book* that connected becoming sober with the spiritual component of the program. He recounted the message as saying that the alcoholic had to heal himself spiritually, and then the other things would fall into place. He went on to say:

I was able to admit that I was an alcoholic, but at what level, I really can't tell you. Back then it was more in my head than it was in my heart. So I knew, I admitted I was an alcoholic. Accepting it, I think means that you accept the disease aspect of it, and really understand what the disease process is from a mental, physical, emotional and spiritual stand point. See, I thought I was spiritual when I first started coming here, but as the book says, you have to heal yourself spiritually, and then the other things fall into place. So accepting that I have a disease of the mind and the soul and the body, all of it has taken a lot longer than just saying I'm alcoholic.

Participants recounted a term commonly heard in A.A., "hitting bottom," to describe their personal low point, a point at which they came to a realization that they needed help. Mark referenced a description of hitting bottom in the *Big Book* as "The last thing you lost or the next thing you are about to lose is more important to you than booze. That point is different for everyone, and some of us die before we get there (A.A., 2001, p. 425)." He described what his bottom was like:

When you've lost yourself, and the alcohol has truly got so much control over your life that you no longer exist. You're just a drunk alcoholic consuming alcohol, trying to do the other things to get along, get along with people well enough that you can drink without it bothering you. Trying to earn enough money to buy it. I was no longer in existence. I knew I was waiting to die. There was no life activity going on other than breathing.

This bottom was different for each of the participants, and for a few, they had become the alcoholic stereotype by the time they came to A.A., those who were already discredited as defined by Goffman (1963). Goffman used the terms discredited and discreditable to distinguish between those whose stigma was readily visible and those whose stigma had yet to be disclosed. Participant accounts of their bottoms and the degree of acceptance of their alcoholic identity at the time of entering A.A. fit with Goffman's categorization stigmatized identity.

Participant accounts of their “bottom points” and the level of acceptance of themselves as alcoholic aligned with Goffman’s categorization of stigmatized identity between the already discredited and the discreditable. They reported messages that not only helped them identify with the A.A. group but also embrace to a new identity as alcoholic. They also attributed this acceptance of an alcoholic identity as a critical point in their behavioral change of getting sober.

Three primary groups emerged from the research with respect to their bottom points and why they sought help through A.A.: 1) those who had already admitted that they were alcoholic and wanted to stop drinking but could not stop; 2) those who knew they had a drinking problem and wanted to stop drinking; and 3) those who knew they had a drinking problem, but just wanted their problems to go away and learn how to control their drinking.

The discredited. Several participants described their bottom points as having no where else to turn. They wanted to stop drinking and using drugs, but they just could not stop. All were homeless at the time they entered A.A., and most had already accepted their identity as alcoholic. The message that helped change their behavior was not about the stigmatized identity, which they claimed they already were living, but one that offered hope from their desperate situation. J.J. described how desperation was the trigger for him, “Until I hit that point, which is called in the *Big Book* incomprehensible demoralization, which means I’d rather be dead than alive, or get carried away. There was no chance for me accepting another way of life.”

Mike, who started drinking at age 11 and drugs as a teen, described his situation as being hopeless. “I’d kinda given up on ever being able to get and stay sober. I didn’t ever think that it was ever gonna happen to me, and I’d resigned to the fact that I was a hopeless case. I couldn’t not pick up. The obsession would come upon me, and I did not have the power inside my mind to control that obsession.”

While he reported being in and out of both A.A. and Narcotics Anonymous (N.A.) for several years and managed to get two years of sobriety at one point, he said that when his career became successful, he drifted away from the program and started drinking and using drugs again.

Mike reached his bottom point when he stole \$3,000 from a man he had been working for to buy crack cocaine. At that point in his life, he also had warrants in seven states, had no address, had no driver’s license, and had reached a point of desperation. Referencing his decision to return to A.A., he said, “It was my only path, I really didn’t have much choice. Continue on, or put my life with God.”

So I went to an A.A. meeting, and when they asked if there was anybody there for the first time or who was visiting, I raised my hand. And something came over me. Even though the reason I was there was not to get help but to avoid getting in trouble, I raised my hand and said, ‘I’m Mike, I’m an addict, and I need help. And that ‘I need help’ part came out balling. And here I am, Mike, a tough guy. There was just a man in need of help real bad. And that broke down some barriers inside of me. And I have not looked back.

The messages of hope Mike heard were both verbal and nonverbal. When Mike called A.A. for help, a man came to take him to a meeting at the HOW place. The man was ill, coughing and wheezing, the weather was horrible, but it touched Mike. He said that from the day he showed up, people reached out to him. At his

first A.A. meeting at the HOW place, he heard the message, “You don’t have to feel this way again.” He talked about the uniform message he heard. “There was a bunch of rough people there that were drug addicts that were in A.A. There were a bunch of people who did cocaine, crack, heroin, shot meth, sick bastards, but the message was uniform, unlike anything else before. Everybody said the same thing. They start at the beginning of the book, with precise clear-cut directions. If you follow them, just the way it said, you have a great chance.”

For Mike, the messages of desperation and hope were linked. “They didn’t give me one without the other. They gave me both. We identified with the problem, and the solution was told to me very clearly. ‘Do this, and you will be like me.’”

Mike’s sponsor bought his Alcoholics Anonymous *Big Book* for him and called it his ‘new guidebook.’ Mike reported that just reading the first and second forwards at the front of the book, he realized that it could work for him. “And there was hope. And I haven’t been discouraged since then.”

Robert reported an equally desperate situation that brought him to A.A. He had already accepted that he was an alcoholic and heroin addict. He started drinking at the age of five, had been in jail multiple times, and was a heroin addict as well as alcoholic. He reported, “I never knew there was a solution. I had started using at a very early age, and that’s the way I pictured myself at 60 or 70 years old, still drunk, still shooting dope, still living the way I was living. And I believe that’s why God intervened.” Robert reported being so desperate that he tried committing suicide by injecting himself with a syringe full of rubbing alcohol.

The similarities with his own experience and feelings, as well as what he saw in meetings provided assurance for Robert that he also might be able to get sober. The people in A.A. who were sober served as prototypes for him. He said, “I began to read and study the *Big Book* and saw other people who were sober, and eventually began to see some people passing on, and in their lives, they died sober. There are passages in the *Big Book* that talk about people that never drink again. I can live with that.”

Cher reported that her bottom point was recognized for her by the court. She had lost her job as a teacher, her marriage, and her home after becoming addicted to crystal methamphetamine. Her downfall included being arrested five times, including once for trafficking metamphetamine. While she was in jail, she found out she was pregnant by a “random drug dealer.” Following her baby’s birth, she started using drugs again, and within four months was arrested four more times for possession charges. The last time, the judge threatened to take her children away if she did not go into a treatment program. Cher was still in the treatment program at the time of the interview.

The program she is currently in is a 12-step based program, with required attendance at A.A. meetings. At first, she reported that the only thing that kept her there was the little piece of mothering instinct left in her, and at first, she could not hear any messages but one, “keep coming back, it works if you work it.” It took Cher six months to admit in meetings that she was alcoholic because, she said, it was not her drug of choice. She said that her addictive brain told her she did not need to say

it, but once she started to say it, she said she got “triple power from it.” Cher reported the messages from A.A. that helped her.

I hear that a lot in A.A. ‘Keep coming back, keep coming back, it works if you work it.’ Well, I had to keep hearing that. I think that repetition is what kept me ok, and because I was not really wanting to do it, I was still trying to think of ways to manipulate the system. Repetition and the fact that – oh, another message was that the alcoholic works in people’s lives. I started to see what the promises promised, and the promises from the *Big Book*. I started seeing these things work in other peoples’ lives and it seemed that it started working in mine – and that for one time, I started believing. And I started working it.

Participants reported a phrase heard in A.A. that “you don’t have to take the elevator all the way to the bottom. You can get off at any time.” Each participant reported his or her bottom point as a point of desperation, which did not have to include loss of home, family, and job. It was at this point of desperation that participants reported turning to A.A. to seek help because they had no solutions for themselves.

The discreditable. Another group, consistent with Goffman’s (1963) use of the term *discreditable*, did not report hitting alcoholic bottoms in which they ended up homeless, and thus, were not necessarily already bearing the stigmatized alcoholic label. Goffman (1963) wrote about the discreditable persons’ main issue, where the stigma is not immediately apparent or is not known, or where the individual falsely assumes that it is not known, is managing information about the failing, thus attempting to control the situation. For the alcoholic, this can mean attempting to control drinking.

The participants who fit Goffman’s description of discreditable had reported they had not yet reached full acceptance that they were alcoholic before entering the

A.A. program. They admitted they had a problem controlling their drinking, but had not come to full acceptance they were alcoholic.

The study found that the participants who reported their alcoholism as a “drinking problem” fall into two groups: 1) those who came to A.A. wanting to stop drinking; and 2) those who came to A.A. still searching for a way to control their drinking.

Participants who reported they wanted to stop drinking and came to A.A. for a solution described a moment of clarity that brought them to the decision to stop drinking and knew they needed help. They acknowledged they had a problem with alcohol when first attending A.A. and identified with the group as described in results for the first research question, but had not yet embraced alcoholism as part of their self-identity. They described the messages they heard that helped them accept it.

Dick first came into the program as court-mandated condition of his first DUI. He admitted knowing that he drank more than others, but did not know what it took to be an alcoholic. He described a moment of clarity standing by the side of the road around 7 pm on a Saturday evening, waiting for the police and for a tow-truck to pull his car out of the ditch.

I absolutely understood for whatever reason, standing on the side of the road waiting for the police to come get me, and there was a moment of clarity there, that I could not trust myself to say that I would drink, but I would not drive if I were drinking...I realized intuitively that first night by the side of the road, I finally, absolutely had core honesty with myself that I could not drink. I could not trust myself to say that I would drink but would not drive if I were drinking.

At Dick's first A.A. meeting, he described himself as somewhat incoherent and totally distraught. When he introduced himself, he told the group, "I've got to stop. I don't know what you do here. This is the only place I've ever heard where'd anybody would get relief from this." At his first two meetings, he announced that he thought he was alcoholic, but he did not know what it took to be alcoholic. He knew that he had gotten in trouble because of his drinking throughout his life and felt badly about himself and his circumstances as a result, but by the second day, he had changed from "I think" to "I am an alcoholic" as a result of the stories he heard in those initial A.A. meetings.

Well, I think it's just the general stories of lack of ability to control drinking, the bad things that happened, that I heard time after time after time. I compared that honestly with my own experience, and I found that, while I might not have that much in common with a lot of those people in terms of educational background, life experience, this that and the other, they talked about how they drank and the kinds of things that happened, it was pretty much telling what I did. The story was pretty much there. And as I've gone further, I find a lot of other things that describe me absolutely to a T, that were written either before I was born or written when I was five or six years old, and written in a relatively general manner, but still describe how I felt about me and the world around me, absolutely to a T. So I have said to people that there if thunder and lightning struck, and a voice said, 'Dick, you're not really an alcoholic, I think I would say, oh yes I am.'

Flo reported that prior to coming to A.A., she had stopped drinking for six years because she was warned that she would die if she did not stop, but she could not stay stopped. She said:

I didn't have a clue about alcoholism. I thought Alcoholics Anonymous was Triple A.. I was tired of myself. It was so embarrassing. I can remember one time I went to work on a Sunday and thought it was Monday morning. I had to come home and ask my husband what day it was, and he said, 'It's Sunday, fool.' And I felt about an inch tall, I was so embarrassed. I was just disgusted with me.

It was her employer that suggested that she visit with the Employee Assistance Program, where a counselor asked her some questions about her drinking and then suggested that Flo might have a drinking problem. Flo followed the advice and went to her first A.A. meeting after that, which she counts as the beginning of her sobriety, and where she heard messages that helped her accept an alcoholic identity. Though she admitted she was an alcoholic in her first A.A. meeting, it took some time to come to acceptance, and this acceptance came through identifying with another's story as well as messages in the A.A. literature.

Yes, I admitted I was alcoholic the first day. I guess I was just following everybody – I just said it, but deep down I didn't think I was alcoholic. For a long time I didn't think I was like those other people, as I called them. The more I came, they say identify, don't compare, and I kept trying to identify, and I finally identified with the woman who worked for the government. But I did a lot of comparing when I went there. 'I'm not like her, I'm not like him,' but I kept going. They say, if you keep coming, you will hear your story. I read *The Doctor's Opinion* at the very beginning of the book, and it describes different types of alcoholics. For a long time, I didn't know the type of alcoholic I was. I found out that I'm a 'Dr. Jekyll and Mrs. Hyde' type of alcoholic, where I'm fine with you talking to me, and then I pick that first drink, I'm a completely different person. And it describes it in the Dr.'s opinion. Also, all these crazy things I did. At first I didn't think I was an alcoholic, I just thought I drank too much. But doing the research – I became aware that the fifteen questions in the book made me know I was an alcoholic. I was hiding my booze and getting drunk when we had company. That's not normal. Normal people drink a couple of drinks, and they're finished. But an alcoholic continues to drink. So I knew, after coming to the fellowship, I knew I was probably alcoholic. And I had to do something about it.

Flo referred to questions in the A.A. literature that helped her to identify herself as alcoholic and accept her alcoholism. These questions can be found online at www.alcoholics-anonymous.org and in printed pamphlet, *Is A.A. For You?*

Twelve Questions Only You Can Answer (A.A., 1973) The pamphlet is written from

the point-of-view of the alcoholic, stating “Here are some of the questions we tried to answer *honestly*. If we answered YES to four or more questions, we were in deep trouble with our drinking. See how you do. Remember, there is no disgrace in facing up to the fact that you have a problem.”

The questions are:

1. Have you ever decided to stop drinking for a week or so, but only lasted for a couple of days?
2. Do you wish people would mind their own business about your drinking—stop telling you what to do?
3. Have you ever switched from one kind of drink to another in the hope that this would keep you from getting drunk?
4. Have you had to have an eye-opener upon awakening during the past year?
5. Do you envy people who can drink without getting into trouble?
6. Have you had problems connected with drinking during the past year?
7. Has your drinking caused trouble at home?
8. Do you ever try to get “extra” drinks at a party because you do not get enough?
9. Do you tell yourself you can stop drinking any time you want to, even though you keep getting drunk when you don’t mean to?
10. Have you missed days of work or school because of drinking?
11. Do you have “blackouts”?
12. Have you ever felt that your life would be better if you did not drink?

This study found that those participants who reported that they came to A.A. because they wanted to stop drinking also reported a much quicker acceptance of self as alcoholic. Importantly, the participants in this group did not report any relapses.

The second group of ‘discreditable’ (Goffman, 1963) participants came to A.A. looking for a solution to help them control their drinking. This group of participants reported that they struggled with the idea that they could never drink like normal people, and they also reported that this struggle was the key contributor to their relapses, as it kept them from fully accepting themselves as alcoholic, because to

do so would acknowledge that they could never drink normally. These participants reported hitting a point of desperation that convinced them they could not drink normally.

Warren reported struggling with embracing an alcoholic identity, wanting only to control his drinking, and it took him eight years of attending A.A. before he finally stopped drinking. The message he reported that helped him move from denial to acceptance was seeing that sobriety was a better way of life through the changes he saw taking place in other people in the program, and wanting that change for himself. He said, "I think for me, when I got to that point, I was willing to go ahead and ask for help, ask for advice, ask for suggestions, and more willing to take them."

Like Warren, Hank reported that he came to A.A. wanting to learn to control his drinking. He reported his own experience with the progressive nature of the disease that he had heard about in A.A. meetings. "I would relapse, and it would get worse every time, just like they say. I'd come back in and they'd go, 'What happened last time?' And I'd say it got worse. And they'd say, 'yeah, that's what we keep saying. It never gets better.'"

He reported hearing the message that the first step is the only step that the alcoholic has to get down 100%, and the idea of ever safely drinking again had to be smashed from what he called the "old-timers," which he defined as those who had been around the program for a long time. At first, he viewed those people as trading one addiction for another; they stopped drinking but were married to the A.A. program, and admitted being resentful toward those who were able to get sober

without relapsing. Hank reported that he had finally reached a point of desperation that got him to acknowledge his alcoholic identity and expressed hope that he was finally going to get sober:

The incomprehensible demoralization that feeling that I really believe only an alcoholic or somebody with an addiction can feel. I'm sure that it's something similar to that for a normal person would be feeling of rejection from a loved one, a loss of a loved one...I picked up so many white chips, and one time when I came back it just stuck. I think I'd had enough. And a lot of the messages I heard were, "Just keep coming back. You know, you haven't hit your bottom yet. You probably came into the program early on in your strivings for those bottoms, but you don't have to go all the way down the elevator shaft, you don't have to go that far down. You can make the decision now." Those messages are very meaningful. There's still hope in me, hey this is part of the process, for me, anyway. One day, I'm going to come in here and it's going to stick. I think this is the time. This last time. Yeah. all these crazy things I did. At first I didn't think I was an alcoholic. I really didn't – I just thought I drank too much. But doing the research – I became aware that the fifteen questions in the book made me know I was an alcoholic. I was hiding my booze and getting drunk when we had company. That's not normal. Normal people drink a couple of drinks, and they're finished. But an alcoholic continues to drink. So I knew, after coming to the fellowship, I knew I was probably alcoholic. And I had to do something about it.

Though in the A.A. program for 19 years, Sid had two relapses, one after ten years of sobriety. He reported, "After ten years, you get this ten-year chip for being in the program ten years, and I treated it like a diploma, more so than just another step in my sobriety. So I started filling my life with things I thought were good—I became a scout leader, I helped, my boys were young, and I helped coach their baseball teams. My wife and I were in Bible study, and I was filling my life. I did Habitat for Humanity, and all those are good things, but it's no substitute for what the program is. And I learned the hard way."

He reported that it was hard to return to the A.A. group, as he had sponsored several people and was a bit shamed by his relapse, but a message from his sponsor provided the encouragement to come back, “Sid, the shame would be if you stayed out there. Not coming back. People are going to love you. They understand. They’re alcoholics, they’re addicts. They know that if you have a hole in your program and you quit coming to meetings and you quit working the steps, that eventually you’re going to go back out.” His second relapse followed a move to Atlanta, where he reported that his new position had ‘gone to his head,’ and he did not join an A.A. group, and not long after the move, started drinking again. The message that he reported was an awakening for him came from his wife, who encouraged him to return to A.A.

Even though Melissa had been in the A.A. program for two years, she only had six months of sobriety at the time of the interview. A college graduate with a career and married with a six-month-old baby, she reported that when she started drinking heavily at the age of 23 or 24, she did not see herself as having a drinking problem, but upon reflection realized that she always drank to get drunk. She also started using drugs, all the while telling herself that she did not have a problem. “It was always a choice to get drunk, so I think for me, the decision to drink was just that—a decision to drink.” When her husband threatened to leave, she came to A.A.

Melissa found several messages in the literature that helped her understand her addiction. She read a passage from The Doctor’s Opinion preface in the *Big Book*, “After they’ve succumbed to the desire again, as so many do, and the

phenomenon of craving develops, they pass through the well-known stages of a spree, emerging remorseful with a firm resolution not to drink again. This is repeated over and over, and until this person can experience an entire psychic change, there's little hope of his recovery (A.A., 2001, xxix)." Melissa reported that after reading this, it made it harder for her to lie to herself and deny her problem.

Another message that resonated with her from the *Big Book* was that the abnormal drinker was obsessed with the idea that someday he would enjoy and control his drinking. She herself had tried all the different methods that she read about in attempts to control drinking: never drink in the morning, never drink during business hours, drink only at parties, swear off forever, and read inspirational books. She said, "Those were things I did, and here it is in writing, other people have done it. So it kind of puts me in that group."

The message that really helped her accept herself as alcoholic was that it was not condemning her to a life of being a bum on the street, and that it was not a bad thing, as all types of people were alcoholic. Also, she reported that she came to accept that while she bore some responsibility for her choices, she said it was not entirely her fault as genetics played a role.

Participant accounts from Warren, Hank, Sid, and Melissa are representative of those who reported coming to A.A. not to stop drinking, but to control their drinking. They reported that these intentions contributed to their inability to fully accept the alcoholic identity as a characteristic of themselves, that they could not

safely drink alcohol. They attributed this inability to accept alcoholism as part of their identity as the reason for relapsing.

*A Change in Thinking: Accepting Limited Control and
Restoration Through A Spiritual Connection*

The second theme emerging from the data regarding messages that participants reported in changing their behavior focuses on the need for the alcoholic to change his/her thinking in key areas that were contributing factors to past addictive behavior, whether it was alcohol, drugs, or a combination. One of the signs hanging in the A.A. clubhouse is the word “THINK,” but it is posted upside down. Flo commented on this sign, which she first saw at A.A. meetings in New York. She used to always wonder why it was upside down, and when asked, she was told, “that’s the way our thinking is.” She told me, “Our thinking is upside down, so when we see the sign, we remember. It tells us not to think. It’s a dangerous thing to think...because our best thinking got us into A.A.”

Participant reports contained three important areas with respect to a change in thinking: 1) the need to recognize the bad thinking and bad decision-making associated with the past addictive behaviors; 2) the need to accept being powerless in ability to control other people and situations; and 3) the need to accept a spiritual solution through acceptance of a higher power, or “God as we understood him.”

An important parallel between Alcoholic’s Anonymous core philosophical insight and existentialist philosophy (Kurtz, 1982) helps inform these research findings. The concept of an individual admitting to be powerless over alcohol is a

core insight of existentialist philosophy, that of human finitude. That the alcoholic cannot drink alcohol safely is an inherent limitation. In Kurtz's exploration of the intellectual underpinnings of A.A., he wrote, "Honest acceptance of essential limitation is therefore the core of Alcoholics Anonymous (1982, p. 46)."

Kurtz (1982) describes *Aleitheia* as an unveiling of a reality that is beyond human control, another existentialist concept that parallels with Alcoholic's Anonymous insight. The disclosure Kurtz refers to is the disclosure of self as alcoholic, and from this disclosure, the individual then finds *Gelassenheit*, a wholeness in the limitation as alcoholic. Kurtz (1982) noted that philosophies of existence insist that humans do not come to know reality through conquering and subduing, but rather by letting it be what it is. This thought is paralleled in the *Big Book* (A.A., 2001, p. 417) in a passage in the story, "Acceptance was the Answer," that several participants quoted. "When I am disturbed, it is because I find some person, place, thing, or situation—some fact of my life—unacceptable to me, and I can find no serenity until I accept that the person, place, thing, or situation is as being exactly the way it is supposed to be at this moment...Until I could accept my alcoholism, I could not stay sober; unless I accept life completely on life's terms, I cannot be happy."

Acceptance of the Mental Component of the Disease

As noted earlier, alcoholism has been characterized as a disease that has both a physical and mental component. Lori recounted a message she heard in A.A. about the dual components of the disease. She said, "The program teaches us, it's an

obsession of the mind and a physical allergy. And if we're in the disease, we can't help it."

Participants reported that accepting the mental component of the disease was a necessary antecedent to changing their behavior, integral to their understanding to complete the second step, whose message is "came to believe that a power greater than ourselves could restore us to sanity." While a few reported no problem accepting the insanity of their drinking, this presented a challenge for many others.

Dick reported that initially, he understood the message of The Second Step to imply that he was crazy, and because he did not believe he was crazy, he struggled with it. The message he heard from another A.A. member, J.J., came in the form of a question. J.J. asked Dick how many times he had driven drunk. When Dick did not respond immediately, J.J. said he would make it easy for him by giving him the choice of an answer, under 100 or over 100. Dick reported his thoughts at the time:

I was glad he didn't ask over 1,000 or 2,000. The answer would have probably been honestly the same, given the number of times over all those years, and most of my drinking had been bar drinking, where you've got to get home. And I didn't ride cabs much, maybe once or twice in all that time. So at that point I realized, after a couple of months of not drinking, listening to all the horror stories, seeing what alcoholism has done to so many other people, you finally come to grips with the notion that it was just by the grace of God that I never killed myself or anybody else. And that's insane.

Sally Jo reported, while she has been sober close to 20 years, it was not until just five years ago that it dawned on her that she might have a mental illness, even though she heard the phrase "There are those, too, who suffer from grave emotional and mental disorders, but many of them do recover if they have the capacity to be

honest” in every meeting as a part of the readings on *How It Works* (A.A., 2001, p. 58). She reflected back on her past behaviors as being abnormal.

My behavior, to the normal person, would say, something’s wrong with her. I always wanted to believe, that I get in my car, I could move faster and faster. I could get in my car here in Georgia and be in California tomorrow. Like that, in a flash. I did that many times. I used to take my kids and hitchhike across the country with them, when they were kids. I’ve had beaten up cars that wouldn’t have made it around the block get me clear across the country. And I’d start housekeeping all over again. And I’ve done that many times. What sane person would take their children and go hitch-hiking across the country? Hello? And what sane person, white woman especially, would go into the shady sides of town and hang out and feel like she’s safe? These are some of the things other people would look at and say, what is wrong with her? Where’s her thinking at? That’s what I’m talking about mental illness.

Michael gave two examples of what he labeled as his own insane behavior and said it was the second example that was made himself aware that the second step referencing “restoration to sanity” held the message that his thinking needed to change. The first story he told on himself, chuckling as he told it, involved an argument with his wife that ended up in the police coming to the home. They instructed him to leave for the night, and he did, but before he left, he decided to pull the wires out of the air conditioning to render it unusable for her. He said the insanity was that he would have to pay someone the next day to fix it. The second story that he told, again laughing, was when he had no money and thought about stealing a pack of cigarettes from the drug store.

I remember during a period of time in my life, I didn’t have any money. I used to go to Eckerd’s and steal their cigarettes. I was out on a job search in this treatment center, and the idea came to my head that, Mike, you can go over there, get your pack of cigarettes. And this particular day, I went over Eckerd’s, and I went to grab for those cigarettes, and the manager came around the corner and almost caught me. The realization was my life was still insane. I wasn’t drinking, but my life was still insane. And then I knew I had to work

the 12 steps to change. Because it wasn't about the alcoholism. I wasn't drinking. It wasn't an excuse anymore. And that's when the second step started working for me. Because, see only a power greater than ourselves could restore me to sanity. So that's when I realized I needed the 12 steps to change Mike. Because Mike is still insane. Mike was going to steal a pack of cigarettes out of Eckerds! And justifying it, he needed a pack of cigarettes, he didn't have any money, he hadn't found a job, blah blah blah. That was probably one of the things that, hey, you need to work the steps to change your life.

For other participants, their conception of their own insanity did not relate to specific incidences that they could recall, but to a state of mind. Melissa reported having problems with defining herself as insane. She described her father as bipolar and one who had mental issues, but she did not believe she was crazy. The messages she heard in A.A. meetings helped her define her insanity as lack of peace of mind. She talked about the rambling thoughts in her mind and the inability to calm herself. She also talked about making choices to do something on the spur of the moment, knowing that behavior to be wrong. She told me, "Just for no reason, I guess if I get in the mood where I don't care about something, I'll just do whatever, and it doesn't matter to me in that moment, even though it really does. That's insanity, because they're things you wouldn't normally do."

Pat W's interpretation of insanity was related to her headstrong personality and desire to control things. She reported, "I get off the beam. I can still make myself crazy; I don't need a drink to do it. When I'm controlling things and it's my will, I get myself worked up, thinking I know what's best. I don't change anything, I just go nuts stressed about it, and it's going to be the way God's will, anyway. And in his time. And when it is, everything opens up so easily."

Acceptance of Being Powerless: Surrendering Control and Self-Will

Every one of the participants talked about the struggles they had with embracing the concept of being powerless, not just with alcohol, but with other aspects of their lives. The concept of being powerless, though, was extended to other people and events that the participants reported they had previously tried to control. This control was described by them as self-will, a manifestation of selfish behavior. The surrender of self-will was reported as coincident with the message contained in the third step, “made a decision to turn our will and our lives over to the care of God *as we understood him*” (A.A., 2001, p. 59).

Participants reported several messages that were influential in relinquishing the desire to control aspects of their lives and those of others that were not in their control. The *Serenity Prayer* was one, and another, the *Third Step Prayer* also contained a message about human limitation and lack of power to control others. Several male participants specifically linked the concept of powerlessness with the need to smash their egos in attempting to control both situations and talked about messages that helped them. Additionally, several A.A. affirmations were mentioned as being influential in changing their thinking.

The Serenity Prayer was mentioned by several as providing a message that helped them understand the broader meaning of powerlessness. The first verse of the *Serenity Prayer*, written by Reinhold Niebuhr in the 1930s, is the part of the opening ritual, with a moment of silence followed by a recitation of the prayer at the

beginning of all the A.A. meetings at the HOW place and at most A.A. meetings worldwide:

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.

Andreia talked about the encouragement she found from this opening ritual, and how it helped shape her behavior. “That moment of silence tells me, ‘sit still, breathe, and relax.’ The Serenity Prayer helped her with acceptance of what she could not control through self-will. “It doesn’t have to be just alcohol. It could say my ex-husband. I’m powerless over money. I’m powerless over my boss. I’m powerless over what is causing you grief or trouble. I can’t change it...It tells me that I’m not responsible for them. Not responsible for their attitudes, or I’m not responsible for the world. I’m not responsible for anything but me.”

The *Serenity Prayer* had a similar meaning for Lisa, who said it was helpful as a very practical guideline and set of directions for daily living.

When people try to fix things and try to control things that they can’t, like traffic. They can’t control the weather, and knowing that and understanding that you can’t do that, you can’t change those things, gives you more power because you can sit back and relax. And take in the beauty of something else or do something else. The Serenity Prayer, I think somebody said in the program, it’s like if you count from one to ten, it’s about the same time it takes. But I do that every morning, and I say it at night, and I say it all the time.

Dick was struck by the beauty and simplicity of the prayer, and the message for him was that if he put into practice those words, he would not constantly be fighting things out of his control, to no end, and it would make his life better. He also

talked about how the prayer, with its recitation at every meeting, had become a mantra that he found gave him comfort. “When I find myself a little off center, if I can just stop whatever I’m engaged in for just the 30 seconds it takes to take a couple of deep breaths and say the Serenity Prayer to myself, it helps me refocus and pull out of situations where I’m about to stir up a lot of difficulty for me, if nothing else.”

Mark provided his own interpretation of the Serenity Prayer as, “God grant me the serenity to accept the things I cannot change—mostly you, the courage to change the things I can—mostly me, and the wisdom to know the difference.”

Acceptance of spiritual help. The second prayer mentioned by several participants as comforting and helpful in changing their thinking was the Third Step Prayer, found in the *Big Book*: “God, I offer myself to Thee—to build with me and to do with me as Thou wilt. Relieve me of the bondage of self, that I may better do Thy will. Take away my difficulties, that victory over them may bear witness to those I would help of Thy Power, Thy Love, and Thy Way of life. May I do Thy will always” (A.A., 2001, p. 63).

Gary reported that the Third Step and the Third Step Prayer was very meaningful in helping to remind him that his God cared for him. Gary said that he originally struggled with the concept that God actually cared for him individually, and when he could come to accept that message, it freed him to surrender his self-will. “Until I thought that He cared for me, I couldn’t turn my life and my will over to Him. I couldn’t seek him for help because I thought He didn’t care.”

Matt reported a similar struggle, which he attributed in part to his Catholic background. He referred to his change in thinking as “the shackles of Catholicism were taken off.” He described the shackles as a narrow definition of a spiritual belief, and if individuals did not happen to believe that way, they were not only wrong but bad. He described his new understanding of God as “infinitely inconceivable and able to be however he needs to be to reach each individual.” A message that helped him change his thinking was to think back to when he was a young boy around five years of age and think about the God he wanted to believe in then, and then embrace that belief as an adult. Matt reported, “It worked for me. I wanted to believe in a God who was going to take care of me and hold me and love me. And He does.”

Making sense of the Third Step Prayer was something Mike reported struggling with at first, but found himself so desperate that he felt he had to work the program or die. He considered himself out of options. He reported that he had literally tried everything to stop drinking, from locking himself in his room to living in the woods for 40 days. He talked it over with his sponsor and started to make sense of the message by viewing it as a psychological contract with God. He said:

How am I to turn my life and my will over to the care of God? That didn't make much sense to me. I'm gonna give him a hamburger? Give him my will? Give him my life? It didn't make sense. I told my sponsor about this flaw in the program. The truth is definitely in the book of Alcoholics Anonymous. Making that deal with God was the big deal. From now on, you take care of my problems and pain – this is in your power. I remember making that deal. It was a big deal. I'm now putting my trust in God, who wasn't going to okey-doke me. And I could no longer hide behind the tree. 'Alright guys, let's smoke a little crack.' That wasn't going to work. My reliance is upon God, and it has remained that way.

Mike's description of his struggle is illustrative of the point Kurtz (1982) made about human finitude being a core insight that informed Alcoholics Anonymous' philosophy. He reported acceptance of his own limitations and removing the burden of his disease from his inability to control it by placing trust in his Higher Power to take care of it.

Several participants mentioned the importance of smashing or deflating the ego as an important component of admitting being powerless. Charlie talked about the message in the Third Step Prayer for him, and quoted a passage from the *Big Book* that appears just before the Third Step Prayer, "Selfishness—self-centeredness! That, we think is the root of our troubles. Driven by a hundred forms of fear, self-delusion, self-seeking and self-pity, we step on the toes of our fellows and they retaliate" (A.A., 2001, p. 62). He believed this to be the most important statement in the *Big Book*:

It means why I'm here is to get rid of ego. Jung said years before, excuse me, it wasn't Jung, maybe it was William James from *Varieties of Spiritual (sic: Ritual) Experience*. He said all spiritual experiences have one thing in common: "ego deflation at depth. So that's extremely powerful to me. It's either God's will or my will.

Pat K talked about her ego as well, and how she had to learn to let go of her desire to control results. She reported that it is something that she must constantly remind herself to do. The message she has found helpful was from the *Big Book*, which she described as a recipe for how to live her life, which was upon awakening in the morning, to ask God for help throughout the day, to pause before acting if she did not know what to do, and to give thanks before going to sleep. She described the

meaning the message held for her. “My ego wants to do certain things, and my ego wants to be fed, and that’s the opposite of being in God’s will. So, in order to really live this way of life, I have to constantly struggle—that it’s a matter of living God’s will versus feeding my selfish little ego.”

Several participants admitted struggling with the admission of being powerless, letting go of self-will and turning self-will and life over to the care of a Higher Power. Dick’s struggles were two-fold, having a personal relationship with a higher power and giving up free will. He discussed his struggles, and the messages that helped him:

Well, I was not agnostic, I believed there was a God. But I didn’t believe God had much to do with me, and I’d struggled with the third step. In one sense, the notion that it could be my own god as I understand God, not that I understand God, but that I can have a relationship with God that I build myself, rather than it being a God of some preacher or some other person, was very, very powerful. The notion that some people seem to think that I no longer have free will was off-putting to me, and that was the point upon which I hung for several months. This notion about what to do about my free will. I just couldn’t see that my free will was gonna go away..In the end, in talking with Jim, he gave me a pamphlet to read that described a relationship with God as a partnership, a senior partner and junior partner. I could deal with that. That worked for me. The notion also at a point that I was able to see the word that I would turn my life and my will over to the care of God as I understand him. The word ‘care,’ when I read that, means that, as a nuance of meaning there, is not the same as I turn my life and my will over to God. I still have free will. The book says that. The book says, “God gave us brains and expects us to use them.”... And there are people in AA, I think, that believe that we’re just marching through, and God not only knows what’s gonna happen, it’s all written down and carved in stone, and that we have no real choices in things. We’re doing things because it’s God’s will that we do them. That doesn’t work for me. ... Honest to goodness, the program of AA was not asking me to abandon my free will or any sort of independent thought. It was merely suggesting strongly that I bring that into alignment with a relationship with God, such that I would hold myself accountable to a power higher than me. Not so that I could just change the rules situationally.

Dick referenced a passage from Dan Brown's novel, *Angels and Demons* (2000), to emphasize his point. One of the central characters noted that without a belief in a higher power, there is no accountability. "When I read that in the book, which of course is not A.A. literature or A.A. inspired as far as I know, I think that absolutely is the key to the whole thing. As long as I think I'm God and I can make the rules, I'll just keep changing the rules to suit myself. And that's not a good way for me to live. In accepting that I need to not do that, my life works a lot better."

Rita used her own legal training to help her try to surrender her desire to control and understand the concept of surrender of self-will. She said that she had to unlearn prejudices about religion, and her sponsor's message helped her. "I remember my sponsor said, 'just do the praying, you don't have to believe in it, you don't have to really mean it, just do it.' Dispense with contempt prior to investigation, and after it worked a time or two, yeah, it worked." Rita described herself as a very controlling individual with no tools to help her, but reported that the 12 Steps gave her the tools. "Trying it a little bit, dabbling, just turning it over, was a big deal. Turning things over and seeing that it worked. Seeing how much better life got just simply not drinking."

Cher talked about surrender of self-will as part of the acceptance of alcoholism, something that she initially fought. She did not believe that the messages in the first three steps could do anything to help her stay sober, but when she completed her fourth step, a listing of character defects and resentments, along with the underlying causes, she felt a great sense of relief. She reported, "But as

soon as I turned my will over to my higher power, the message for my Fourth Step, I was given relief. As soon as I was able to do all the things, I could stand my burden. I began to understand and accept that it's not my will. I have this disease, and I'm going to have it forever. And, in order to live with it, then I have to give my life over to the care of my higher power and lead my life, so that I could live."

All three areas requiring changed thinking were reported by participants as critical surrender: Steps One, Two and Three. Many reported struggling with fully changing their thinking and found that once they were able to do so, they were prepared to start working on behavioral change by working the rest of the steps.

From Listening to Action: Doing the Work

"Working the steps" is the core message that resonated with the participants in attaining sobriety. Steps One through Three were described by participants as "surrender" steps, but behavior change begins with Step Four and continues through Step 12.

Some participants referred to the *Big Book* as their owner's manual or guidebook, and many referenced the steps as their set of directions for behavioral change leading to sobriety. Charlie summarized this message in his comments:

It doesn't really, in my humble opinion, make any difference what I hear or what I say. It's what I do that counts, or what I don't do. I think that is the ultimate test of this program, or anything else. It's all in the doing, or action part. Knowing these things is one thing, doing them is something else."

Mike talked about the difference between identification and behavioral change as "prayer without soul-searching." Mike compared the message differences he heard in Narcotics Anonymous (N.A.) meetings with those he heard in A.A. meetings. One

noteworthy comparison he found was that those who came to N.A. meetings did not have the length of time in sobriety that could provide support and guidance for the other newcomers, and those N.A. members who actually worked the program and had attained some time in sobriety had A.A. sponsors. For him, the N.A. text did not have directions on how to stop using drugs. One message he heard in N.A. that he found incredibly naive and unhelpful was “don’t pick up.” What he was looking for was help in learning how to “not pick up.”

The memorable message Mike heard that focused him on working the steps was blunt and crude, but for him, effective. His sponsor told him, “Practice the steps or die, motherfucker.” Because Mike was homeless and destitute at the time, his sponsor gave him a copy of the *Big Book* and referred to it as his guidebook. After reading the foreword, he realized it could work for him. “A little hope destroys a whole lot of dismay.” His sponsor had asked him at the time if he was willing to do anything to recover, which was a very powerful message for Mike. He commented on his commitment to working the program, “This is a life-threatening disease, and if you have it like I have it, you need to pursue it frantically. And that’s what I do. I pursue it frantically. It’s an absolutely amazing thing, there’s just no desire to turn to the drink or drugs for comfort, and it rarely comes to my mind. And when it does, it just seems silly. It has no appeal, it has no attraction. That was never the case before.”

Even before working the steps, there are messages that participants reported hearing that were helpful in motivating them to move beyond identification to taking

action by getting involved. Participating in meetings by helping out before and after meetings in making coffee, cleaning up, straightening up the room for the next group were some of the suggestions they heard. Pat K talked about the meaning the message of involvement through group participation held for her and how that helped her take the first steps toward getting sober. “You’ve got to get involved so that you’re at the center of the group. Get involved so that people know who you are, get involved so that you raise your hand. Get involved so that if you come up missing, people are going to wonder where you are. Get involved to the point where you feel accountability for the other people in the group.”

Dick was court-mandated to attend five meetings a week for a year (260 meetings) as part of his probation for his DUI. He reported that many of the treatment centers will recommend 90 meetings in 90 days after an individual leaves treatment. By the time he had his court appearance one month after receiving his DUI, he had already attended approximately 70 meetings, and attended 170 meetings in 90 days. By the end of his first year, the number of meetings he had attended approached 700. He did this of his own volition because he has found that if he wanted to get something, he needed to “frontload” and do a lot of it.

He also reported choosing to sit in the front of the room, a habit from school days, and found that by doing that, he was sitting with the group of people who all had long-term sobriety. He later discovered that the ones who were not as committed tended to sit away from where the meeting chairman sat and not participate in the meeting. He reported his experience in sitting with these members as being not only

supportive but helpful in dealing with early sobriety. “They were extraordinarily open to talking with me, and telling me what it had been like for them at similar points in their lives when they were dealing with early sobriety and dealing with courts and dealing with not being able to drive everywhere you wanted to drive.”

Coping Messages

The message “one day at a time” was mentioned by every participant as being helpful in behavioral change, one reported to be particularly helpful in developing coping skills. This message was instructive in helping them not drink from day-to-day, but they also reported it was useful in developing coping skills as part of their behavioral change. The coping message contained in the phrase focuses on the mental component of not letting worry about the past or the future become overwhelming, but staying grounded in what needs to be done that day.

Flo talked about the meaning that “one day at a time” held for her, which she heard at her first A.A. meeting. Beyond not taking a drink, the message for her was to not be upset if what she had planned did not occur on schedule.

I don't make plans anymore. You see, I live one day at a time. Whatever happens during the day, it happens. I don't plan. I don't do any of that stuff. I used to when I was younger. If anyone messed up my plan for the day, I was really pissed. In A.A., they taught me, don't make plans, just one day at a time. And that sticks with me on a daily basis.

For Cher, the message “one day at a time” referred to staying sober and not planning a week, a month, or even a couple of days ahead at her stage in sobriety.

I live one day at a time. It's a 24-hour day, and now I can just rest. Do what I need to do. What doesn't need to be done, it can wait. And that “one day at a time” just allows me, even one minute at a time. As long as “I'm one minute

at a time sober, the next minute is going to be ok. And sometimes I can go a whole day at a time being sober, and when I make it through that day, then I make it through another day sober.

“One day at a time” is a message that Pat W described as one to help her cope with life, which she believed normal people already knew about. For her, the message meant not to worry about tomorrow, which she described as “divide and conquer,” doing what can be done today, and stay in the moment to accomplish that. She said, “We really get ourselves worked up about three months from now, and it may never happen. We just have to stay in today, and then stay in the next one. You know, calm down and don’t go crazy about it.”

Dick reported that the focus on “today” was something he had never done before. He talked about always being aggravated about what had gone on and worried about what might happen, rather than simply being able to be in the moment and enjoy the day and do what was before him.

Other messages communicated essentially the same meaning for other participants, including “Keep it simple” and “Letting go.” For J.J., the message that helped him stay grounded in the moment is “Keep it simple.” It did not mean that he could not plan for the future, but he should not live in the future.

I can’t behave in tomorrow, I can only behave in today. So I can go emotionally into tomorrow, but that’s not doing anything but taking away from the action I can do today. The longer I stay sober, the simpler my life becomes. When it starts getting complicated, I get squirrely, I get disconnected. I start forecasting, projecting, living in the wreckage of the future. I have to behave in today and trust, and my experience tells me as a sober person, that if I just trust the process, which is trust in God, that if I just do today, tomorrow’s going to be fine.

Andreia struggled with the message, “letting go” initially. She reported that she just could not grasp the concept of the message. In fact, she thought it sounded stupid. She talked about her reservations with these messages, “I didn’t understand how can you let something go, and then, what do you do? Do you say something, do you totally ignore the situation? What do you mean?” She shared her concerns with other people in the program, who acknowledged to her that they understood her problem with it. The helpful message she got from the other members she confided in was to stay calm and to not react immediately. When questioned about an alternative way of communicating the message that made more sense to her, she told me she had created her own message that was helpful and important to her in maintaining sobriety. She reported, “I guess I created it myself, and that goes back to the whole higher power thing. Anything you can’t see is a struggle to really trust something.” She talked of the importance of prayer for her, a message she had heard from other A.A. members, was to pray about whatever was bothering her. In sharing her confusion about “letting go” in A.A. meetings, the response she heard that made sense to her was, “Pray on it—don’t react.”

Getting Honest

Steps Four and Five of the program are reported as action steps that require soul-searching honesty on the part of the individual (Step Four), and unburdening the self of issues, resentments and character defects to another person (Step Five). Steps Eight and Nine focus on making a list of everyone the individual has harmed as a result of alcoholism and making amends to them, except in instances where it would

cause further harm to the offended person. These steps carry messages that focus specifically on behavioral change through an objective acknowledgment of the truth of past behaviors and the underlying causes identified by Kurtz (1982) as fundamental to A.A.'s success.

The messages these steps conveyed for Dick was that he needed to address who he was at his core and address the things that he had done so that he was no longer carrying that burden around. He described the program as a simple one, but not an easy one.

Those things, the notions of my own frailties that I didn't want other people to see, and the covering of bad behavior by drinking, either so that I could behave badly or not think about I had behaved badly...The fourth step is not about writing down the name of every person that you've ever done something bad to. It's about identifying resentments and the underlying causes at the most fundamental level. That's my belief. And for me, it was fear. A fear that I would lose something that I had. A fear that I wouldn't get something I wanted, and the biggest fear I had of all was the fear that you know I was afraid. The fifth step, once I tell somebody that, it's not a secret, and the power that it had over dissipated to a large degree...Steps eight and nine, you've got to do some of that. There were a couple of people I had to go talk to and genuinely tried to mend fences. An important part of that in the ninth step is that you don't go do things; I'm not allowed to go do things that make me feel better at someone else's expense. That's not ok. But I've got to try and go make things better. There were things I didn't want to do that I finally did anyway. I had come to the realization that I had to. I had to unload from the things I was carrying around mentally and emotionally in order to be able to learn to live in the moment and not be weighted down by these things that are, in some cases well in the past, but in the past.

Sid reported that the message of openness and honesty was the most valuable one he heard. His sponsor had told him early in his sobriety that A.A. was a program of being honest and having accountability.

Several participants talked about a process suggested in the *Big Book* (A.A., 2001, p. 65) for completing a very thorough fourth step. The process in the *Big Book* involves setting up a page with three different columns. The first column is a list of people and institutions toward whom the person has carried resentments. The second column addresses the incident that occurred that generated the resentment, and the third column is for addressing how it affected the person's life. Some participants talked about adding what they considered to be the most important column, a final column that addresses the underlying emotions. For several, the underlying emotion listed in that fourth column was fear.

Mark shared his opinion that the main objective was to get to that last column in order to really understand what was motivating the behaviors. He told me, "Fear is the most common thing you find behind all these things. And rather than going into behavior modification, is that you deal with the fear. And then all the other things take care of themselves. And particularly if fear is behind most of it. If I deal with my fear, then that pretty well takes care of the behaviors automatically."

Lisa, relatively new to the program, talked about the importance of being honest with herself, and if she had a problem with someone, she had to come to an understanding that she herself had some role in it. Sitting down with the person to discuss it and clear the air made her feel better because it allowed her to actually go back to having a relationship with that person.

Sally Jo reported that she was very leery of doing the fourth and fifth steps because she had never told anyone what she had done wrong. At one point she had

been a shoplifter, who would then sell the shoplifted items to make money to pay rent. She reported that she was afraid to write all those things on paper, and then tell someone about it. She credited her sponsor with breaking the ice for her after she had given her the written fourth step. She told me she had written 12 pages, and after her sponsor had looked at the first two pages, she laid the paper down and said, “Yeah, let me tell you about some of the things I did. You know what, no matter what we did, we’re going to be aware of what we did, and we’re not going to do it again.”

Sally Jo’s sponsor was paraphrasing another message about the importance of honesty about self that Bill Wilson wrote:

The deception of others is nearly always rooted in the deception of ourselves. Somehow, being alone with God doesn’t seem as embarrassing as facing up to another person. Until we actually sit down and talk aloud about what we have so long hidden, our willingness to clean house is still largely theoretical. When we are honest with another person, it confirms that we have been honest with ourselves and with God (A.A., 1967, p. 17).

Cher reported that she really struggled with the messages in the Twelve Steps at first. She described herself as trying to overanalyze what it meant, but she reached a point where the principles underlying the steps were working for her, and honesty is one of the core principles.

As soon as I realized they were working me, I knew the steps were working. At least, when I let them work in my life. Total honesty, faith, courage, all those things I was doing in my life. I was like, “wow, the steps are working for me.

Steps Eight and Nine were reported by participants as focusing on another aspect of honesty. Step Eight asks the alcoholic to make a list of those individuals he/she had harmed, and Step Nine is taking action to make amends with those

harmed, except in instances where it would cause further injury. Several participants talked about the difficulty of actually taking action to complete the ninth step because of the humility it required to face the people they had offended through their past behaviors. Many mentioned the promises associated with the Ninth Step that are found in the *Big Book* (A.A., 2001, p. 83-84) and are often read as part of A.A. meetings. This message gave them both comfort and encouragement initially, which helped them identify with A.A., and it also was reported as a motivating message in taking the action suggested in the Ninth Step.

Vicki talked about the message contained in *The Promises* and how important it was to her for the program to work. She reported that she had not been honest with herself her entire life, and that it was important for her to remember that if she was honest, the program would work, and if she was not, it would not work. She said, “Since I drank so long, there were things that I was going to take to my grave with me. Just the whole openness and honesty. You have to get that stuff out. You don’t realize how hurtful it is to have it inside.”

A message she heard at an A.A. meeting relating to honesty was so profound for her, she wrote it in her *Big Book*, and she shared this during the interview. The message was, “If anything is bothering you, you are the problem.” She said that this is a reminder that if something was weighing on her, she should not leave it there. She had to find what it was and get it out, and if something was bothering her, she needed to do something about it. She described resentment as “carrying things.” She

said, “It’s called a resentment because you feel it tomorrow and the next day. And the next day.”

Andreia reported suffering from depression as a result of losing custody of her children, and the messages in the promises hold some meaning for her with the guilt that she still carries regarding her children. She said, “There’s nothing I can do to change it. Stay in the now, and work on the now that you have to grasp on to.”

Both Sally Jo and Mark mentioned a humorous prayer that serves as a reminder for them that they are human and have frailties, so they must work the program daily, including making amends, to remain in sobriety. Mark had heard the prayer from A.A. meetings, and referred to it as his “fixin’ to get out of bed” prayer. He quoted it as follows: “Lord, I haven’t hurt anyone’s feelings. I really haven’t done anything wrong that I have to make amends for, but I’m fixin’ to get out of bed, and I’m going to need help the rest of the day.”

The message the Ninth Step held for John was that he needed to try to repair the damage of the past. It was not just apologizing, but genuinely trying to do what he could to fix the harm he had done. He reported that this was a very scary message, one that he did not want to do, but knew he had to do it. He used a phrase used in A.A., “I had to clean up my side of the street.” For him this phrase meant that if he could do something to fix the harm he had caused, if it was within his power, he needed to do that. He found that when he approached people to make amends, those people just wanted him to stay sober.

For Robert, making amends included paying the convenience store clerk for the beer he had stolen so many times. He reported that he would regularly take a portion of his earnings and pay the clerk. He had no idea how much beer he had stolen, so he just kept going in to pay. Finally, the clerk told him that he had paid enough, and that the biggest repayment would be for Robert to stay sober.

Michael reported that the message the Ninth Step held was very important to him. He needed to make amends to his ex-wife. The reaction was somewhat different than he expected, though. He had hoped that through making amends, things would be ok again, but he told me, “She still hated me.” The more important message for Mike was that he needed to have faith in the program, and that he could not control his ex-wife’s reaction, he was powerless over that. He needed to do what he could, and then let it go.

Shift in Decisional Premises

Participants reported a fundamental behavior change as a result of working the Twelve Steps. They described it as not only a different approach to life, but as reflecting different decisional premises that were far less self-centered. Participants reported that after completing the actions steps four through nine, the last three steps focused on messages for how they needed to live on a daily basis. The Tenth Step essentially requires daily repetition of the fourth through ninth steps. Participants reported the Eleventh Step as a daily reminder to align their will with God’s. The Twelfth Step contained two messages reported by participants that focused their

decisions in a new direction: 1) carry the message to other alcoholics; and 2) to practice the principles of A.A. in all their affairs.

This fundamental behavior change reported by the participants is informed by Tompkins and Cheney's (1985) discussion of how decisional premises shift for individuals in the process of organizational identification by focusing individual decisions toward values espoused by the organization. In A.A., participants reported identification with the organizational values by applying the decisional premises in their own day-to-day living.

J.J. talked about his focus more on living the principles of A.A., rather than specifically on working the steps. As head counselor and director of recovery for a men's homeless shelter and 12-step program, he works with others in working the 12 steps, but he has shifted his focus to living the principles, which is contained in the 12th step: "having had a spiritual awakening as the result of these steps, we tried to carry this message to other alcoholics, and to practice these principles in all of our affairs (A.A., 2001, p. 60)."

I do believe in living the principles, because I believe that's what working the steps gives us is the feeling of the principle. When I worked the first step, I know what it felt like to be honest, so therefore, if I live honestly, I'm not actually working that step, but I'm living the principle behind that step. It doesn't say work the steps, it says live the principles. Honesty, faith, hope, integrity, courage, service to others, brotherly love, awareness of God—I think that's about seven. And those principles are not A.A. principles, those are God principles. There is only one true freedom that a man can have, and that's if they have a life within spiritual boundaries. Freedom—that's freedom from the crap that used to own my brain. I used to think that being out there partying, raising hell and not paying bills was freedom. That was incarceration. Today I have the freedom to make choices with the clarity of a God brain. A God-driven brain. I don't purposely lie to people as much as I used to. I have hope today. I'm a very optimistic person. This didn't come

from me. This is not me, that is through me. I think the most important step, besides working the first step, they're all important, but the living of the program. If we're not living this program, and that's the 12th Step; if we're not living these principles and carrying the message, then we're not in that fourth dimension. There comes a point in recovery when we have to stop taking from the program and have to start giving to the program. And that's the next step. That's when the whole thing comes together. That is when God is in your life, and that's when we're finally doing the purpose we're intended to do. That's why God allowed us to be drunks; so we can do something for him. Do something, have a purpose in life!

All the participants who have worked all twelve steps talked about the important message contained in the 12th step for them that has helped change their behavior, and how service to others has taken a far more important priority for them. Several mentioned a message heard in A.A. meetings, "you have to give it away to keep it." For Lori, being sober has meant so much to her that she wants to help other women who come into A.A. get it as well.

Dick called the message of the 12th Step "the great promise," referencing the spiritual awakening, and "the great commission," referencing carrying the message to other alcoholics and to practice the principles in all affairs. For him, his spiritual awakening was to come to a realization that he needed to align his own will with God's will, and that God was doing for him what he could not do for himself, which was to take away the compulsion to drink. He had met J.J. because of a court-ordered need for an evaluation and has become friends since then. In the process, he identified with J.J.'s message about living the principles, and shared this. "You have to try to live that way, and in doing so, relationships with people change, life becomes almost always better, and the kinds of triggers that were there that encouraged me to make a decision to drink a bottle of gin are gone."

One reason Dick cited for continuing to go to A.A. meetings, even though he considers himself in recovery, is to carry out the commission of carrying the message to other alcoholics. He said, “What better place to carry the message to other alcoholics than in a room full of them? That’s the best place to find and work with an alcoholic who’s still suffering is at an A.A. meeting. The book talks about this: there is nothing that so assures immunity from drinking than extensive work with other alcoholics. To be reminded, and there is a great deal of satisfaction in being helpful. I can share what’s worked for me, and maybe they can apply some of that in their own lives and have a better life.”

The development of genuine humility is a message contained in the principles, and is an important behavioral change in staying sober, according to Charlie. He talked about the spiritual significance of sacrifice of free will or ego, and claimed that if he did not practice the 12th step, it was directly related to his self-centeredness. He referenced a passage in the *Big Book* about self-centeredness being the root of alcoholics’ problems (A.A., 2001, p. 62). He said, “The foundation, or the basis of all the 12 steps, is the gaining of more humility. I must at all times keep in mind that whatever it is in me that wants to say, do, act, whatever—if it’s not to the benefit of A.A., the group, the HOW place, or anybody else trying to get sober, I should probably withhold it.”

Vicki talked about gaining humility from a slightly different perspective, and the message that has helped her in changing her behavior. She heard the message in an A.A. meeting and wrote it in her *Big Book* so that she would not forget it. For her,

the message, “do something for someone, and don’t get caught,” was altruistic. She said, “You do for others, not for what you want in return. Just do, and don’t tell anyone about it. That’s one thing—I try to do something, and not let anyone know you did it.” She believed the message gave her directions for living a good life.

Continued Membership in A.A.

One message participants reported that influenced their continued membership in A.A. was that there was no graduation from alcoholism, and that their sobriety is but a daily reprieve. Therefore, continued membership in A.A. is necessary if they wish to remain sober. Several participants directly attributed their relapses to not staying involved by coming to A.A. meetings. Mike described A.A.’s importance to him, even after three years of sobriety. “My life depends on it...I worked it half-assed before, I did it 40%, I did it 90%. If my attitude turns to the point that I’m not grateful during the course of the day, or I’m not grateful that I’ve been given an opportunity to change, then something’s wrong.”

Participant reports of a continued dependence on A.A. to maintain sobriety, an obligation to carry the message to other alcoholics, and their emotional attachment are evidenced in the average length of time they reported being members of A.A. The length of sobriety for the (number) participants in this study ranged from less than a month to 25 years, an average of 8.9 years.

Several participants described their continued need for A.A. Rita reported that after eight years in the program, she still gets impatient and edgy, and continuance in A.A. is essential to maintaining her own sobriety. She said, “It just

reflects to me what I need to work on. It's a way of life. You've got to incorporate it into your way of life. And it fills me up. I come back to get filled up."

Matt viewed his continued membership and commitment to A.A. as the most important part of his daily life. He said, "There's nothing more important on a daily basis. It's easy to get caught up in money and jobs. When I go to A.A., I can sit back and forget about all that other nonsense and remember what matters is a spiritual connection with God and other people."

Maureen connected her continued commitment to A.A. with the mental component of the disease. She said:

Like they say in meetings, it's a daily reprieve of basically being a mentally ill person. If I don't go, the first thing to go is my attitude of gratitude. One of those sayings that stuck in my head! The negative attitude starts, I get angry faster, all the character defects come flying back. To me it's a red flag. If I'm not a happy person, if I'm grumpy, I know why. I don't know what happens in the meetings. I still don't really understand what happens that is such a powerful thing. I wish I did. Whatever it is, though, it works.

Other participants talked about the importance of the A.A. fellowship in their lives. Several participants talked about the important friendships they had established with other A.A. members, and meetings were a place to see each other. Vicki described A.A. as her family, since her own family members had died. Robert reported his reasons for continued attendance as "love, companionship, and approval." Mark even described one of his reasons for continued membership as fun.

The "great commission" Dick talked about in the 12th step, carrying the message to other alcoholics, conveyed participants' sense of obligation to help other alcoholics. Many participants used the phrase, "you've got to give it away to keep

it,” as a framework for carrying the message, assigning therapeutic value for themselves in helping others. Charlie has continued to attend A.A. meetings for 24 years after his last drink, and described his reasons for doing so:

You can't keep it unless you give it away. The best place I know to give it away is right in these rooms. That's the short answer. I don't see many alcoholics that I know of, I don't see anybody that I just guess is wanting to stop drinking in the grocery store or as I go about my daily activities. But you come to A.A., and you've got a daily supply of people coming in the door.

Mark's sense of obligation to give back was a primary reason he reported in his continued membership and attendance at A.A. meetings. He referred to his own sobriety as a gift and said, "I've been given a gift that I'm absolutely obligated to share with others. It was shared with me. Because I've been given a gift, I owe a debt to those who've not been given a gift."

Identification with the Greater Fellowship

Through their association with the A.A. program, participants reported an identification with the larger fellowship of A.A. outside their own group meetings at the HOW place. The question, "Are you a friend of Bill Ws?" is a code phrase spoken by members to confirm their suspicion that someone they meet outside the group meetings is also a member of A.A. and was reported as an ice-breaker to talk about each other's experience in A.A.

Participants reported receiving and sending various cues that resulted in this question. Cues reported by participants included use of inclusive language and drinking a nonalcoholic beverage at a social function where alcohol was being served. The inclusive language was reported to have particular meaning to those in A.A. and

would likely be used only by someone who had been in the program. Slogans and phrases such as “one day at a time,” “easy does it,” “cleaning up my side of the street,” and references to God as a Higher Power were some of the cues cited by the participants.

Dick talked about hearing catchphrases and words on a regular basis outside the A.A. walls, including a jockey interviewed on television that talked about “cleaning up my side of the street.” He Said, “You just don’t hear regular people talking that way. You hear it, and when it’s somebody that you know has had a problem with alcohol or drugs, then you can be pretty much extra sure where they heard those things.” He referenced an article in the online *Atlanta Journal Constitution* (Loven, ajc.com website, 2008) about President Bush’s address to a faith-based center that helps train former prisoners in which he mentioned his former struggles with alcohol. The article quoted Bush as saying, “As you might remember, I drank too much at one time in my life. I understand faith-based programs. I understand that sometimes you can find the inspiration from a higher power to solve an addiction problem.” The key phrase for Dick that indicated Bush had been around the A.A. program was “higher power.”

Sally Jo related an incidence in her apartment building. A woman she saw in the lobby was wearing a shirt bearing the message, “Easy does it,” which provoked Sally Jo to ask her if she knew Bill W. The woman responded positively and added that she had been sober 25 years. Sally Jo said, “You just mention his name, and right away, you’re connected with A.A.”

Andreia's auto mechanic noticed her poker chips on her dashboard and asked her the same question, which then prompted a conversation about sobriety. In another instance, she refused a cocktail from a hostess at a social occasion one time, which prompted the hostess to ask the same question. Andreia said, "Nobody else knew what we were talking about, and I felt better because there was somebody else."

J.J. talked about the instant identification to the fellowship that discovering another person in the program engenders. He said:

It gives an instant relationship to two strangers. It's a bonding thing. All of a sudden, you've got something in common, and you can take life from there. But there's a bond there, a spiritual bond, that bond of knowing you're both seeking a different way of life...All I've ever wanted all of my life is to be part of something, not apart from something, and that's what A.A. has done. It has made me part of something

Sid reported that his experiences in making this kind of connection with people outside of the A.A. meetings reinforces the message of the mutuality of the shared experience and commented, "We're in this together."

Summary of RQ 2 findings

Three main themes emerging from the data about messages that influenced behavioral change (sobriety) for the participants include messages that led to embracing a new personal identity for the participants, messages that helped participants not fight the disease and attempt to control it through willpower, and messages they believe contributed to changing their behavior and decision-making premises in their approach to life.

The messages that influenced participants to embrace a new personal identity focused on admittance and acceptance that being an alcoholic was part of their core

identity that could not be changed or denied if they really wanted to stop drinking.

The first theme identified three primary groups of individuals coming in to Alcoholics Anonymous: 1) those who had already accepted their condition as alcoholic and had nowhere else to turn; 2) those who had a drinking problem and wanted to stop; and 3) and those who wanted to control their drinking. Despite the different circumstances that brought the participants to A.A., a common theme reported was hitting a point of desperation and reaching a moment of clarity that forced them to come to grips with an identity as an alcoholic.

The second theme that emerged from the findings focuses on three message groups that influenced the participants to change their thinking. These message groups address: 1) the need to recognize the insanity associated with addictive behaviors; 2) the need to accept being powerless in ability to control self and others; and 3) the need to surrender self-will and develop a close relationship with a higher power. Participants reported that once they were able to accept their own limitations and align their will with their Higher Power, they were then able to begin to work the action steps that would help them attain sobriety.

As a result of behavioral change, participants also reported a shift in their decisional premises that were aligned with A.A.'s values that included a new framework for dealing with daily life and a commitment to continue membership in the organization.

Summary of Research Findings

Participants in this study of A.A. first revealed elements of organizational identification consistent with those found in the workplace, reflecting feelings of belongingness or solidarity, organizational support, and similarity or shared concerns (Patchen, 1970). Messages of acceptance, support, commonality, and shared experience were reported as integral to participants' initial identification with A.A. members. Participants also reported hearing messages from ingroup prototypes they considered instrumental to their success in attaining sobriety.

However, the study revealed an important difference between organizational identification in workplace settings and in A.A. Organizational identification generally is seen as reflecting perceived sameness with an organizational group and as being influenced by desire for group membership because of its extrinsic or social value. In contrast, participants in this study recounted initial connection with the organization as a mechanism to find a way to stop drinking. Their claimed social identity with the A.A. group arose because of shared characteristics with their drinking problems and hope that they could find an individual solution for themselves. Initially, therefore, their connection was not with the organization as an entity but rather drew on their perceived sameness with other alcoholics or group identity to support a resulting shift in personal identity that incorporated being an alcoholic. They reported that this personal identity shift was essential to becoming sober.

Third, data for this study revealed messages that facilitated behavioral change for the participants. They incorporated messages central to A.A.'s philosophy and practice as their own. This change in thinking moved them from perceiving themselves capable of using willpower to control their drinking to, as A.A.—and as these participants—frame it, accepting their own human limitations and surrendering to a higher power, accepting the mental component of alcoholism as fundamental to their identity, and through acceptance of their limitations, operating on the basis of a spiritual solution.

Fourth, participants reported that behavioral change as a result of working all twelve steps not only included sobriety, but a change in their decisional premises away from what they described as self-centered toward premises focused on service work and giving back to the program. The shift in decisional premises revealed by participants was fundamental to their identification with organizational values and commitment to the stated organizational goal of carrying the message to alcoholics who still suffer.

Finally, reports from the participants revealed heightened identification and commitment to A.A. as an organization for participants who had completed the 12 steps and attained sobriety. Participants reported affective attachment to the organization and high commitment behaviors in their continued membership and service to the organization and its values.

The final chapter will consider the key question that framed this study, how organizational identification and organizational commitment constructs inform a

nonwork setting. It will also discuss the strengths and limitations of this study and its implications for theory and practice.

CHAPTER 5

Discussion

This study's purpose was to investigate the communicative processes involved in organizational identification (OI) in a nonwork setting. Specifically, it considers how organizational identification, organizational commitment, and social identity processes inform how individuals attach to Alcoholics Anonymous and how this attachment relates to their experience of and achievement of sobriety.

Five key findings emerged from this investigation that inform individual paths to organizational identification through communicative processes and to sobriety. Three relate to the messages reported by participants. The first of these is strong evidence from participant reports of messages encouraging identification that are consistent with organizational identification (Patchen, 1970, Cheney, 1983, Morgan et al., 2004). The second reflects an argument that personal identity change is necessary to the process of attaining sobriety, and that the social identification processes at work were with the problems associated with drinking and the desire for a solution to those problems. The third finding arises from participant reports of messages heard in the organization that facilitated individual behavioral change through by accepting human limitation and acknowledging limited control. The fourth finding was that successful participants connect values espoused by the organization with a change in decision premises—changed personal decision-making and life choices—as a result of working the 12 steps. Where this was successful, individual attainment of sobriety was a result. The fifth finding was that participants

reported organizational identification and commitment behaviors only after they had attained sobriety by working the 12 Steps.

Summary of Findings

Messages Encouraging Identification

Asked to recall their initial experiences with A.A. and messages that encouraged or inhibited their identification, participants reported messages that helped them develop and maintain a sense of sameness with the group (Ashforth & Mael, 1989). They recalled messages from A.A. members and A.A. literature that evoked a sense of commonality based on shared experience with the problems of drinking and behavioral consequences. They also identified messages that suggested a solution to their problems from prototypical A.A. members who functioned as exemplars of happy and sober individuals.

Patchen (1970) conceptualized three phenomena as components of identification, to include feelings of solidarity, support from the organization, and perceptions of shared characteristics. He acknowledged multiple conceptualizations by different scholars of the feelings of solidarity construct, which included feelings of belonging to, of oneness with, and loyalty to the organization. Support from the organization was conceptualized in terms of attitudes and behaviors that encouraged continued association with the organization, and perception of shared characteristics drew from the individual's perception of similarities with other members in the organization (Patchen, 1970).

Participants recollected messages consistent with Patchen's components of identification from their initial experiences with A.A., and they described a strong interrelationship among the three components. Rather than messages that encouraged solidarity framed as organizational loyalty, however, participants recalled messages that encouraged a sense of belonging to the group. They reported that they had felt alone in the way they drank prior to coming to A.A., and the messages from other A.A. members that they too had similar drinking problems and behavioral consequences provided participants with a sense of relief that they were not alone or unique in the way they drank, and more importantly, no longer had to be alone. These reports are consistent with Burke's (1950) characterization of identification as a necessary process compensating for natural divisions among individuals that motivate them to fulfill a sense of belonging.

Support from the organization was another component of identification that emerged from participant recollections. Five different types of recalled messages gave participants the clear sense of organizational support from A.A. members. First, participants recalled a strong sense of being welcomed in their initial visits and asked to come back. Second, the messages heard of similar bad experiences from A.A. members generated a sense of camaraderie that participants were with a group of people who understood their problems and who would not judge them as they might be judged in broader society. Third, participants perceived messages of hope for a solution through their perceptions of A.A. members who conveyed a peaceful, serene countenance in their sobriety. Fourth, participants recalled encouraging messages

about the disease that provided a new framework for the problem and affirmed that there was a successful treatment available to them in A.A. Finally, participants reported instructive messages that supported their efforts in maintaining initial abstinence from alcohol.

Two message themes that raised concern for some participants initially were, first, whether the program would work for them and that the A.A. program depended on a spiritual solution. Seeing other A.A. members relapse especially raised concern that the program would work for them. The spiritual message raised red flags for some participants who had rebelled against their religious backgrounds or did not believe in God. Participants also reported messages that helped alleviate their concerns about both issues. Only one participant claimed to be an atheist at the time of the interview.

New Personal Identity as Alcoholic

Organizational identification is characterized in the literature as a special form of the social identity process by which individuals form attachments to an organization (Ashforth & Mael, 1989). Social identity as claimed membership in a group contrasts with personal identity, defined as self-knowledge derived from an individual's unique attributes. Tajfel (1972) defined social identity as "the individual's knowledge that he (or she) belongs to certain groups together with some emotional and value significance to him (or her) of the group membership" (p. 31) and is typically associated with prestige. Turner (Turner, 1982, 1985; Turner et al., 1987, 1994) developed self-categorization theory to further explain the social

identification process in this context, identifying depersonalization and self-stereotyping processes involved in to claiming a social identity with a particular group.

This study found through participant reports that the process of identifying with the A.A. group because of feelings of solidarity, support, and shared experience had a profound effect on how they reshaped their personal identity to include definition of self as alcoholic, despite the social stigma attached to the label. While participants used self-categorization processes of depersonalization and self-stereotyping to place themselves as alcoholic, the end product was not so much claiming a social identity to the organization, but accepting themselves as alcoholic, a shift in personal identity. Participants described the importance of accepting themselves as alcoholic “down to their core.” Since alcoholism is defined as a disease that cannot be reversed or cured, alcoholic was a permanent characteristic that meant they could not tolerate alcohol. They ascribed acceptance of an alcoholic personal identity as key to being able to work the 12 steps to recover from the disease and attain sobriety.

Behavioral Change in Thinking

An existentialist philosophy of human limitation (Kurtz, 1982) underpins the change in thinking reported by participants for a necessary behavioral change. Participants reported messages that facilitated a change in their thought process, leading them to accept their inability to control their drinking and a very limited ability to control other people and events. Kurtz (1982) noted parallels between

A.A.'s insights and the existential philosophy that humans do not come to know reality through conquering and subduing, but through letting go of what they cannot control. Participants reported hearing messages that only through surrendering their self-will to a higher power would they be able to let go of things that were bothering them, things they reported as being out of their control, which in turn fed the compulsion to drink.

Change in Decisional Premises as a Result of Commitment to Working the Program

Participants reported that, even after fully accepting that they were alcoholic and unable to control their drinking, attaining sobriety was not possible unless they did the work outlined in the 12 steps. The traditional conceptualization of organizational commitment (OC) is as being the relative strength of an individual's identification and involvement in a particular organization (Mowday, Steers & Porter, 1982). Although the commitment was not focused on the organization itself, this study revealed a process of behavioral commitment founded on the 12 steps and instantiated in the ideas and the people of A.A.

“Faith without works is dead” is a phrase used by participants to describe their understanding of the difference between their identification with alcoholism and taking action steps necessary to be relieved of the compulsion to drink. The behavioral commitment component of A.A., as prescribed by founder Bill Wilson is: “If you have decided you want what we have and are willing to go to any length to get it—then you are ready to take certain steps” (A.A., 2001, p. 58).

Participants reported that as a result of changed decisional premises, alcohol no longer had any value to them, because they had surrendered their desire to control situations and people as well as their past behavior and consequences through the 12 steps. This included a thorough self-analysis and assessment of their own role in their problems, from which they made an honest attempt to make amends to people they had harmed through their past alcoholic behaviors. Thus, they no longer needed the alcohol to escape from life's problems. Finally, after successfully working the program, they described shifting their decisional premises to align with A.A. ideology of being of service to others in all their affairs, not just in A.A. Consistent with the stated A.A. organizational objective, they reported this as the primary reason for being able to maintain sobriety.

Commitment to A.A.

Only through the process of working the 12-step program to attain an individual goal of sobriety did participants report a congruence of individual and organizational goals (Patchen, 1970). This state appears in the 12th Step, "We tried to carry this message to alcoholics, and to practice these principles in all our affairs" (A.A., 2001, p. 60) and in the Fifth Tradition, "Each group has but one primary purpose—to carry its message to the alcoholic who still suffers" (A.A., 2001, p. 562).

Behavioral factors in organizational commitment (Mowday, Steers, & Porter, 1982) were also found in participants who had reached this state. These factors include a strong belief in and acceptance of the organization's goals and values, a willingness to exert considerable effort on behalf of the organization, and a strong

desire to maintain membership in the organization. Some participants not only reported but demonstrated their strong belief in A.A.'s goals and values through career choices in addiction counseling and service work.

Considerable effort on behalf of the organization to carry the message was also exhibited through participant accounts of volunteer work in conducting weekly A.A. meetings in jails, working with newcomers as sponsors, and serving as their group's representatives at the district and area levels. The phrase "You have to give it away to keep it" referenced their continued need to be involved with A.A. for their own maintenance of sobriety. In addition, they affirmed their strong desire for continued membership through the perspective that they had been given a gift of sobriety from other A.A. members, and they felt obligated to give that same gift to other alcoholics.

Organizational Identification and Alcoholics Anonymous

The constructs of organizational identification and commitment have largely been utilized to study employee-employer relationships (Sass & Canary, 1991) and linked to the social identity process (Tajfel, 1972; Turner, 1982, 1985; Turner et al, 1987, 1994; Scott, 1996; Russo, 1998). The constructs have not been widely applied to other types of organizations, particularly nontraditional organizations where the typical benefits for both individual and organization are not present or not salient. This study investigated the role of communication in how organizational identification and commitment informs a nontraditional organization, Alcoholics Anonymous. Several characteristics mark A.A. as nontraditional, and certainly

distinguish it from the workplace. It presented the basic characteristics of an organization: a group of individuals interdependently organized toward a shared purpose (Scott, 1964). It also meets the five critical criteria for defining an organization identified by Miller (1995), including being a social collectivity of two or more people, organized around a goal, with coordinated activity and structure, and being embedded in a larger environment.

A.A. also presents nontraditional characteristics, including anonymity to outsiders, lack of hierarchical structure with formal but temporary leaders at the basic group meeting levels, lack of profit or fund-raising motives, lack of prestige associated with membership, and rewards directed internally rather than externally.

Based on the findings presented in Chapter 4, four arguments can be made about organizational identification and commitment from an examination of this nontraditional organization. First, members reported traditional characteristics of OI as defined by Patchen (1970). Other traditional characteristics associated with the workplace were found as well, including determinants of identification (Patchen, 1970), sources of identification (Morgan et al., 2004), and identification with ideological values (Russo, 1998; Thompson & Bunderson, 2003). Second, successful members also reported characteristics of organizational commitment. The three factors of commitment identified by Mowday, Steers, and Porter (1979) were reported, as well as bases of commitment (Becker, 1992), the affective component of commitment (Allen & Meyer, 1990), and decision premises (Tompkins & Cheney, 1991).

Third, while organizational identification has been identified as a special form of social identity, the identity change occurring in this organization is a personal identity, rather than a social identity, although it is aided and abetted by the social processes of identification to the organization (Berger & Luckmann, 1966, Burke & Reitzes, 1991; Goffman, 1959; Tajfel, 1972; Turner, 1982, 1985, Turner et al, 1987, 1994,). Finally, A.A.'s organizational characteristic of a collectivity plays a critical role in an alcoholic's path to sobriety (Arminen, 1998, 2004; Bean-Bayog, 1993; Chappel, 1992; Emrick, Tonigan, Montgomery, & Little, 1993; Emrick, Lassen, & Edwards, 1977; Flores, 1988; Makela et al., 1996; Room, 1993).

Each of these conclusions is addressed in the following sections.

Characteristics of Organizational Identification

This study found evidence of many traditional characteristics of organizational identification from participants' recollections of initial experiences with A.A. to the present. But beyond these, some characteristics of organizational identification did not take the traditional form of those typically found in the workplace.

The perception of shared characteristics (Patchen, 1970) with other members of A.A. was vivid in participant accounts of their initial encounters and was reported as a critical component of their desires to return to another meeting. Patchen (1970) wrote that the perceptions of shared characteristics were "often crucial for the occurrence of other identification phenomena" (p. 157-158). The perceptions of shared characteristics were likely to generate a sense of belonging, contributing to

feelings of solidarity and loyalty toward the organization (Patchen, 1970). From the sense of comfort that participants reported they felt as a result of finding those shared characteristics, they drew support from the members, from both emotional and material perspectives. One vivid sense of support reported was the clear indication that they would not be judged for their past behaviors because members were reporting similar or worse stories than their own. Participants also reported hearing initial emotional support messages that were drawn from members approaching them, welcoming them, hugging them, offering phone numbers, and messages of “I understand how you feel.” Participant reports also clearly indicated that they heard messages of hope of a solution to their problems through A.A., and they would receive help and encouragement from those who had been through the program. They would not have to do it alone. The support reported engendered a sense of solidarity (Patchen, 1970) with the organization in the sense that members reported a sense of belonging. According to Patchen, this sense of solidarity with the group contributes to feelings of loyalty toward the organization. In this situation, however, loyalty to the organization was delayed until participants reported having attained sobriety as a result of working the 12 steps.

Patchen (1970) drew from workplace organizations in conceiving determinants of identification, including congruence of individual and group goals, participation in organizational decisions, rewards, and opportunities for achievement. This study found evidence of congruence of goals and rewards, but not in the same forms traditionally found in the workplace. Importantly, rather than being present

from an individual's first connection with the organization, congruence of individual and group goals was reported by A.A. participants only after they had gone through the 12-step program. As previously mentioned, the stated purpose of the A.A. organization is to carry the message to the alcoholic still suffering, and members reported this goal as their own after completing the 12 steps. This goal congruence forms the basis for continued membership in A.A. for individuals in recovery.

Rewards. The only tangible reward system present in A.A. groups in this study was observed at the end of each meeting in the ritual of awarding chips to mark members' time in sobriety. Members were not called up to receive a chip, but rather made their own decision as to whether they had earned a specific chip. White chips are awarded for those who want to surrender and give up drinking; these were given to both newcomers and those who had relapsed who indicated they wanted a chip. Silver chips are rewarded for 30 days of sobriety, red chips for 90 days, yellow chips for six months, green chips for nine months, and blue chips to signify a year or multiple years. An interesting note is that this one visible reward to other A.A. group members was mentioned by only two participants.

Not present in A.A. are traditional rewards associated with the workplace, including salary advancement, and opportunities for promotion and achievement, though many participants reported receiving these tangible rewards in other organizations as a result of their sobriety and improved workplace performance. Instead, the rewards reported by participants from membership in A.A. were intrinsic. The most obvious and most powerful intrinsic reward from participant accounts was

attaining and maintaining personal sobriety, regardless of the circumstances that brought them to A.A. or the tenure of their membership. Personal sobriety was reported by participants as pivotal in maintaining all the other more extrinsic rewards such as family, marriage, and career. As one participant described it, sobriety is more important than everything else, because without it, everything else is put into jeopardy. This provides some explanation for the diligence and commitment to the program reported by successful participants.

It is noteworthy that when asked to describe sobriety, very few participants actually referred to abstinence from drinking. Many instead used the same terms to describe sobriety as a way of life that brings peace of mind and serenity through being comfortable “in your own skin” and practicing the principles taught in the program in their daily lives, which some participants summarized as “doing the next right thing” by living in humility and doing service work. One participant described his own sobriety as “walking in forgiveness,” which for him meant that he needed to forgive the shortcomings of others as he asked forgiveness for his own shortcomings.

Another intrinsic reward found in this study is the sense of belonging that members reported. This sense of belonging emerged for participants very early in their attendance at A.A., and it was a key factor for them in coming back. A.A. was found to be the one place where participants reported feeling comfortable sharing their darkest secrets without fear of judgment, and the shared experience with other members made A.A. a place where participants reported that they fit in with the group. Matt described the importance it held for him, “Identifying, the sense of

belonging, was really key for me in getting sober. I felt so alone for so long, that when I found A.A., I was home. I was me. The missing me that was springboard to achieving a higher level, but that sense of security, that sense of oneness was achieved.”

Yet another reward participants reported was a healthier self-concept that accompanied sobriety, including being more optimistic, being grateful, having a less selfish attitude and more focus on helping others. An important component of their healthier self-concept was described as a new-found ability to not react automatically to situations that previously might have caused tempers to flare out of self-defense and lead them to drink. Participants attributed these outcomes to the messages about surrender. They also reported that accepting responsibility and accountability for their actions was integral to this and contributed to a healthier, adult perspective. They acknowledged that their life was not problem-free, but they felt more comfortable in being able to deal with their problems rather than escaping them through alcohol.

The service work that participants reported as integral to their continued sobriety also provided an intrinsic reward for the participants in the form of providing a purpose larger than themselves and their own needs. Many participants reported serving as sponsors for people new to the program, and four have taken the A.A. program into the county jails to conduct weekly group meetings. As mentioned earlier, several participants have committed their careers to working in addiction counseling, including Matt, the university professor, and J.J., director of recovery at a

men's homeless shelter and 12-step recovery program in suburban Atlanta. Others have held positions as general service representatives for the A.A. district, and have represented their home groups at district and area A.A. meetings.

One important intrinsic reward mentioned by several participants is a renewed connection with the world outside of A.A. They talked about reestablishing relationships with family members and friends as a result of sobriety. Several participants gave credit to A.A. for saving their life and giving them a new life. They noted that A.A. gave them a framework for living life on life's terms, and while their lives are not free of problems, they are now able to cope with them in a more productive way than in the past. One participant described it simply as "showing up for life."

Sources of identification. Another characteristic of organizational identification found in the workplace is the presence of multiple sources of identification (Morgan et al. 2004; Scott, 1996; Russo, 1998), and these were also found in this study of A.A. Two vivid sources of identification were reported by participants, A.A. old-timers and sponsors who functioned as in-group prototypes that affirmed the promises they reported hearing of a better life in sobriety. Inclusive language (Tompkins & Cheney, 1985) also functioned in many instances as practical mantras in their efforts to attain sobriety.

Participants used the term old-timers to describe A.A. members they observed and heard in group meetings who served as in-group prototypes (Lord, Mackie & Lepper, 1984). These individuals had attained sobriety through the 12-steps and were

perceived to have an air of serenity and happiness associated with it. Participants reported their attraction to these individuals as “I want what they have,” and in many instances asked a particular one to serve as their sponsor in helping them work the 12 steps.

Participant reports of inclusive language were memorable in their brevity and powerful in the meanings associated with them. Inclusive language reported by participants incorporated messages for taking action such as “Keep coming back” and “It works if we work it,” messages that encouraged identification such as “stick with the winners,” messages of surrender such as “Let go and let God,” messages of daily praxis such as The Serenity Prayer and “one day at a time,” messages conveying commitment such as “cleaning up my side of the street” and “faith without works is dead,” messages of organizational principles such as “carrying the message,” and messages of humility, such as “selfishness—self-centeredness. That, we think, is the root of our problems” (Makela, et al., 1996). Participants reported the importance of the memorability and brevity of these messages as catchphrases they could refer to in daily situations when they were not at an A.A. meeting.

The shared ideology with A.A. that participants reported as a result of their sobriety essentially formed a psychological contract (Thompson & Bunderson, 2003). These authors conceptualized a psychological contract in the workplace as an employment relationship based on an exchange of economic, socioemotional, or ideological currency. In A.A., the relationship was grounded in both affective and ideological currency. Participants talked about the importance of their continued

membership in A.A. as an obligation to give what they had been given to other alcoholics, and in so doing, they would also be maintaining their own sobriety. As one participant reported, this is what keeps A.A. as an organization alive. Russo (1998) found that the ideological identification to a profession and its ideals was stronger than identification to the employer. The strength of the ideological identification was powerful in A.A. as well, as evidenced by participant accounts that A.A. was more important on a daily basis than anything else, because without it, they feared they would lose everything else they held dear.

Characteristics of Organizational Commitment

This study also found very important characteristics of organizational commitment, from which individual success in attaining sobriety and organizational success in providing an ongoing program for alcoholics can be attributed. The commitment construct includes both an affective and behavioral component, and both components were reported by participants in factors identified by Mowday, Steers and Porter (1979).

The affective component shares the characteristics of organizational identification in linking organization and individual values and goals (Sass & Canary, 1991) and can be operationalized as a desire to maintain organizational membership. The behavioral component, willingness to exert effort, is operationalized through individual efforts in attaining one's own sobriety and in efforts to contribute to the organizational goal of carrying the message to other alcoholics. Many participants used the phrase, "Faith without works is dead," to communicate their own

understanding of the difference between identification with alcoholism and taking action through the A.A. solution.

All of the participants who had worked the 12 steps, which represented most of those interviewed, espoused strong belief in the ideological framework of A.A. found in the 12 steps and the importance of the goal of carrying the message. The enthusiasm with which participants described the meaning A.A. held for them and how it changed their lives was demonstrated in their reports of the efforts they put forth on behalf of the organization.

Individual commitment to working the 12-step program focused on personal goals of attaining sobriety, which required significant effort, as reported by participants. Working the steps was reported to be instrumental in creating lasting behavioral change that would lead to sobriety. Mike's delineation between identification and working the steps as "prayer without soul-searching" referred to the intense self-scrutiny he perceived in working the steps.

In addition to the individual efforts extended in working the 12 Steps as reported by participants, evidence was found of willingness to exert effort on behalf of the organization, once individual sobriety was attained. Two participants had committed their careers to working in addiction recovery through counseling and teaching, and another participant was working on her master's degree in addiction counseling. Others reported other types of service work, including sponsoring newcomers and conducting weekly A.A. meetings in the jails. One participant

volunteers time every two weeks to be an A.A. representative at the special court-ordered DUI programs at the county justice center.

Participants also reported commitment to the organization through their “strong desire to maintain membership in the organization” (Mowday et al., 1979, p. 226). Participant reports of how long they had been in A.A. and how long they had been sober ranged anywhere from a few days to 25 years. The ones who reported length of sobriety in terms of years were as committed to A.A. and attended A.A. meetings as often as the ones who were still working through the 12 Steps.

The reasons participants reported their continued membership in A.A. with regular meeting attendance centered on being able to share their own experiences with others so they might get sober too. J.J. described his reason for continued attendance after 13 years of sobriety as the same reason a person continues to go to church, and that is to work on his spiritual progress and help others in the process.

This study also found the three components of commitment proposed by Allen and Meyer (1990), characterized as affective, normative, and continuance commitment. Participant reports of their affective commitment reflected their emotional attachment and involvement with the organization. When asked about their feelings toward A.A., participant accounts included powerful references to saving their lives and immense gratitude. J.J. reported his feelings, “You know, A.A. saved my life. No, it didn’t save my life, it gave me a life. My life is not what I always wanted it to be, it’s better than I ever thought it could be.” Others attributed not only their accomplishments but also a healthy self-esteem to A.A. Matt described

his feelings, “I wouldn’t have achieved anything I’ve achieved. I wouldn’t have gotten anything that I’ve gotten—acceptance, achievement, self-respect, accomplishment.” The other aspect of affective commitment, involvement with the organization, has been described in the previous section.

The normative component is characterized as a sense of obligation to the organization, and the continuance component is characterized as the costs associated with leaving the organization or lack of alternatives (Allen & Meyer, 1990).

Participants reported a clear sense of obligation to the organization in carrying the message, which is related to their perceived costs of leaving the organization, loss of sobriety.

Compliance, identification, and internalization as unique determinants of commitment (Becker, 1992), were also found in this study. Participant accounts of messages that helped them initially were messages of compliance, focused on not drinking in the next 24 hours. Evidence of identification as a determinant has been discussed in the organizational identification section of this chapter. This study also found evidence in participant accounts of internalization in their description of A.A. as a way of life for them. Participants internalized the A.A. way of life as a positive outlook, having balance, having a sense of God, and taking responsibility and accountability for one’s own actions. While Flo likened it to living by the Ten Commandments, Maureen characterized it as being “awesomely normal.”

A shift in decision premises toward organizational goals and values, characteristic of both organizational identification and commitment (Tompkins &

Cheney, 1991), was also found in this study. Through the process of identification, participants reported shifts in how they made decisions that aligned with messages they heard in A.A. These decision premise shifts found in A.A. were not associated with the traditional workplace shifts that are motivated by extrinsic rewards, but rather motivated by the intrinsic rewards participants reported.

Changed Social and Personal Identity

Although this study found that the social identity processes (Turner, 1982, 1985, Turner, et al., 1987, 1994) associated with organizational identification were evident, the individual result reported by the participants was not so much a newly claimed social identity as member in the group, but rather, a changed personal identity to reflect the acceptance of being alcoholic as a permanent, irreversible component of their individual characteristics. This changed personal identity associated with Step One was reported as foundational to being able to work the rest of the 12 steps to attain sobriety.

The social identification processes of organizational identification (Turner, 1982, 1985, Turner et al., 1987, 1994) in self-categorization theory were evident in participant reports. Fundamental to self-categorization theory is the process of self-stereotyping and depersonalization. Participant accounts of hearing messages of similar experiences helped them place themselves in the same category as other A.A. members. Additionally, the message participants reported hearing that alcoholism was a disease that was not reversible but they could recover from framed their

drinking problems and available treatment through A.A. in a more clinical, detached manner.

Participant descriptions of being alcoholic included elements of social identity within the group, although a social identity without the prestige typically associated with claimed social identities in broader society. Indeed, participants introduced themselves every time they spoke at an A.A. meeting with the phrase “I’m an alcoholic,” claiming the identity to the group.

It is the shift in personal identity, though, that is fundamental to attaining sobriety, according to these participants. This distinction in the identification process found in this study is informed by Goffman’s (1959) perspective that personal identity is formed by social processes, and that it is “maintained, modified, or even reshaped by social relations” (Berger & Luckmann, 1971, p. 173). Burke and Reitzes (1991) proposed an identity theory approach to commitment in their perspective that commitment does not link an individual to a line of activities, partners or an organization, but rather to a stable set of self-meanings. This approach informs the findings in this study as well. They wrote, “Commitment highlights one of the ways in which individuals infuse roles and social structure with self-motivated behaviors, thereby linking the self to the social structure” (Burke & Reitz, 1991, p. 239). This perspective informs the phenomenon of a personality shift incorporating a stigmatized identity found in this study, as it was reported fundamental to participants committing themselves to working the steps toward sobriety.

The Role of Alcoholics Anonymous as an Organization

Participant accounts reflected the stated organizational purpose of “carrying the message to the alcoholic who still suffers” (A.A., 2001, p. 562). A.A.’s role as an organization provides three essential components that contribute to an individual alcoholic’s path to recovery, the meetings, the fellowship, and the step-work (Chappel, 1992). Communication of all of these components was found to provide essential organizational roles in participants’ experiences in helping them attain sobriety.

A.A.’s characterization as a mutual-help movement (Makela et al., 1996) is more descriptive of A.A.’s organizational role than the more widely used self-help descriptor (Katz, 1993), which focused on the lack of professionals offering advice or treatment. Makela et al. (1996) argued that mutual-help more accurately described the interaction and mutual dependence upon other alcoholics. Their definition of mutual-help as “an association or aggregate of groups whose members meet on an egalitarian basis to counteract through mutual interaction a common affliction or problem in their lives” (Makela et al., 1996, p. 13) is consistent with participant accounts and observations found in this study and contributes to the understanding of A.A.’s role as an organization in an individual’s path to sobriety.

The shared experience reported by participants as foundational to identification is communicated in the organizational structure of group meetings. The A.A. meeting is an oral occasion (Room, 1993) with unique characteristics in meeting interaction that encourage the phenomenon of the shared experience so foundational to identification to take place. These unique characteristics include turn-taking and

co-construction of topics as a joint project that facilitated the participants' self-categorization as alcoholic by identifying through the stories shared in the meeting. Turn-taking allows for interaction but without provoking comment, advice or criticism from other members, referred to as cross-talk (Arminen, 1998). Lack of cross-talk is a fundamental aspect of the important nonjudgmental atmosphere participants reported.

The fellowship was reported by participants as an important factor in organizational life. The sense of communion with other alcoholics (Chappel, 1992) was integral to participant's feelings of acceptance and belonging, that they were no longer alone in their problem, and that they would not be alone in working toward a solution. Several participants in this study referred to A.A. as a "we" program.

The third organizational role A.A. fulfills is providing a suggested solution in the 12-steps that other members reported as having worked for them. Participants reported descriptions of the *Big Book* as an owner's manual, a set of instructions, even a Bible, which functioned as a guidebook, and their sponsors, who had already worked the 12 steps, helped them with their step work. Participants reported their perceptions of evidence of the program's success in their observations of other A.A. members who had successfully attained sobriety. These exemplars or in-group prototypes available to participants in the A.A. organizational setting provided important support for the proposed solution.

As reported by one of the participants, it is not possible to have an A.A. meeting if there is only one person. Thus, the organizational role of A.A. is a critical

component in facilitating the mutual help structure of the A.A. program of recovery. Given that the A.A. meeting is an oral occasion and shared experience is so foundational to identification in A.A., the role of communication cannot be emphasized enough. It is foundational to the entire program.

Strengths and Limitations of the Study

The qualitative approach used to gather data for this study yielded findings distinct from those found in the organizational identification literature. In-depth interviews utilizing a semi-structured format allowed participants to contribute their own thoughts and describe their own experiences, which permitted flexibility in pursuing topics of interest that were germane to organizational identification as well as to social and personal identity. This flexible approach unveiled richness in the data that a more structured interview approach would have missed.

Participants were surprisingly open in sharing very personal information about their experiences with alcohol and the problems it created in their lives and were quite willing to share that. The purpose of the interview was to gather data on messages heard in A.A. meetings that encouraged or inhibited identification, and how those messages influenced behavior. The interview was not focused on the self-analysis that participants reported as part of the 12-step program, but the participants volunteered very personal and, in some instances, traumatic experiences.

The study interviewed participants with varying lengths of sobriety, from less than a month to 25 years. Approximately half of the participants had experienced relapses while in A.A., which provided an opportunity to explore participant

perceptions on why they were not able to stay sober, and how messages either contributed to the relapse or brought them back to A.A. Participants with less time in sobriety tended to offer more detailed recollections of their first experiences with A.A., and participants with more time in sobriety had more perspective on A.A. organizational goals and how their individual goals converged with the organization. Their perspectives on service work and how their lives had changed as a result of sobriety and membership in A.A. added richness to the data. The memorable messages technique generated additional recall of their initial experiences in A.A.

Recruiting participants from an A.A. clubhouse yielded a mix of ethnicity, demographics and socioeconomic backgrounds for this study. A.A. groups typically meet in either a clubhouse or a church. The clubhouse used for recruiting participants in this study was the location for over half the A.A. meetings held in the county. Also, the clubhouse offers a neutral meeting environment that is removed from the obvious religious environment of a church, and members who are not comfortable in a religious setting might avoid A.A. meetings held in a church.

Using the clubhouse offered multiple meeting opportunities to observe open A.A. meetings where a mix of people could be found. This research included observing 26 different meetings in two A.A. groups over a 6-month period, affording the opportunity to observe a mix of people in the same meeting that affirmed what participants mentioned: that A.A. brought together a mix of people who would not ordinarily meet. The two different groups observed were the Brown Baggers, who met weekdays at 1 pm and the Sunday Serenity and Spirituality group, who met at

11 am on Sundays. These meetings included a mix of men and women with varying lengths of sobriety from 1 day to over 30 years. Observed in these meetings were professionals, retirees, blue-collar workers, and bikers. Some came voluntarily, and some were court-ordered to attend.

The meeting added context to the participant interviews with firsthand observation of how participants identified with the topic selected by the meeting's chairperson, and how they related their own experiences and thoughts to those shared by others. Additional context was provided by being able to observe how different topics encouraged sharing by the participants, how and what they shared, and how they tied their sharing to other speakers and to the topic itself. Additional perspective was gained by observing some raw emotional moments of revelation for some individuals.

The primary limitation of this research was that it only included participants who had already identified with A.A. by the very fact that they were attending A.A., regardless of their time in sobriety. The study did not include those individuals who did not identify with A.A. and had either dropped out or never attended. This sample was not accessible for this study.

The purpose of this study was to gain greater understanding of communication's role in identification to an organization outside the workplace, specifically Alcoholics Anonymous. The use of qualitative methodology, which acknowledges multiple realities that are socially constructed, was particularly suited

to this study, as each participant has constructed his/her own reality as an alcoholic and the personal meanings attached to his/her identity as an alcoholic in recovery.

Future Research Directions

This study found that the assumptions about organizational identification in work environments do not hold consistently in Alcoholics Anonymous. Specifically, the importance of intrinsic rewards is a fundamental determinant of organizational identification in A.A., as opposed to the more obvious extrinsic rewards of salary, promotion, and recognition found in the workplace. Investigation of the meaningfulness of external and internal rewards in nontraditional organizations, as well as in the changing workplace environment, is in order.

In addition, the personal identity shift that occurs as a result of the social identity processes of identification in A.A. has not been fully explored in the workplace. Russo's (1998) investigation of the dominance of identification to a profession over identification to an organization suggests opportunity for exploration of the influence such identification has on personal identity. It is appropriate to investigate the interplay of personal identities and other, perhaps competing, social identities, to identification and commitment to organizations.

Finally, the psychological contract created by the shared ideology bound A.A. participants to A.A.'s goals and engendered strong commitment behaviors over long periods of time. Given that the average workplace tenure currently averages four years in the United States, this suggests that any psychological contracts that bind the employee-employer relationship are shallow and short-lived. Examining the

relationship of ideology and attachment in organizations is ripe for further investigation.

While this study found that the interpersonal relationships and messages heard in A.A. worked for the participants and they reported gratitude for the new way of life they found in sobriety, it did not inform why other individuals did not identify. Though A.A. is a worldwide organization that has reported wide-spread success in helping individuals recover from alcoholism, it estimates that only 10 percent of individuals attain lasting sobriety through A.A.

This holds important implications for future research. An investigation of why those who left A.A. did not identify would generate practical information to draw on in serving those individuals. Given the reported increased national incidence of chronic drinking and alcohol abuse, further research could offer immense practical information.

In addition, this study of how organizational identification informs A.A. suggests that similar studies of other 12-step programs that have spun off A.A.'s formula could have immense practical value for those organizations.

APPENDIX A

The 12 steps of Alcoholics Anonymous (A.A., 2001):

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 whenever possible, except when 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 these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

APPENDIX B

The Twelve Traditions (Alcoholics Anonymous, 2001)

1. Our common welfare should come first; personal recovery depends upon A.A. unity.
2. For our group purpose, there is but one ultimate authority – a loving God as that God may express Himself/Herself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for A.A. membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.
5. Each group has but one primary purpose – to carry its message to the alcoholic who still suffers.
6. An A.A. group ought never endorse, finance or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property and prestige diver us from our primary purpose.
7. Every A.A. group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.
9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of the press, radio and films.
12. Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.

APPENDIX C

Research Instrument: Interview Protocol

The investigator will recruit informants using both convenience and snowball sampling techniques. For purposes of accuracy, the investigator will request permission to audio record the interview. The informant will be required to sign an informed consent agreement prior to the interview. The consent form will protect confidentiality by requiring first name only, or pseudonym if preferred.

1. I would like to collect a few details before we get started with the actual interview:
 - First name or preferred pseudonym
 - Date:
 - Time of Interview:
 - Age/Sex:
 - Length of time in A.A.
 - Sobriety date:
 - Home group:
2. Let's start with your personal story – how did you come to A.A.?
3. Describe your first experience in A.A.
 - a. What messages did you hear that encouraged you to come back?
 - i. What messages made you feel supported?
 - ii. What messages made you feel welcome?

- iii. What messages made you feel like these were people who had experiences similar to yours?
4. Were there specific people and their stories that you feel you could relate to?
 - a. Were there individuals who helped you believe that you could make it? What did they do or say to convey this idea?
5. What messages did you hear that made you skeptical that A.A. could provide a solution for you?
 - a. What messages did you hear that did not make you feel that A.A. members were not like you?
 - b. Were there individuals who made you believe that sobriety was hard to attain? What did they do or say to convey this idea?
6. What messages helped you take the first steps you took toward getting sober?
7. What messages, symbols or rituals from A.A. encouraged you?
8. What messages, symbols or rituals did you find off-putting?
9. What messages did you hear in the 12 steps that were meaningful to you in your efforts to attain sobriety?
10. What messages did you hear in the 12 traditions that were meaningful to you in your efforts to attain sobriety?
- 11.** What messages did you hear that encouraged you to commit yourself to abstinence and sobriety?
 - a. What messages did you hear that encouraged you to comply with not taking another drink?

- b. What messages did you hear that helped accept the fact that you were alcoholic?
 - c. What messages did you hear that helped you believe that the 12 steps could work for you in attaining sobriety?
 - d. What messages discouraged you from committing to working the 12 steps and attaining sobriety?
 - i. What other influences did you find discouraging?
12. Do you hear messages outside A.A. that might suggest someone might be a member of A.A.?
- a. If so, what do you hear?
13. What influences do you recall that first encouraged you to share in an A.A. meeting?
14. How do you describe your feelings toward A.A.?
- a. In the beginning?
 - b. Currently?
15. How are you involved in A.A. beyond coming to meetings?
16. After you attained sobriety through working the 12 steps, why do you still come to A.A. meetings?
17. Coming back to your story of your experiences you shared at the beginning of our interview, how has it changed since you first attended A.A.?
18. What do you hear when others share their stories and experiences in A.A. meetings?

- a. How do those stories relate or not relate to your own experiences?
 - b. How do those stories influence your attitude toward drinking?
19. What experiences have you had in attending A.A. meetings outside your home group?
20. What was it that crystallized the 12 steps as a new way of life for you?
21. How have you changed since entering the program?
 - a. What was the most important factor contributing to this change?
22. How would you describe your sobriety?

APPENDIX D



5/23/2007
HSCL #16668

Dana Hall
751 Peardon Ct.
Canton, GA 30115

The Human Subjects Committee, Lawrence Campus (HSCL) has received your response to its expedited review of your research project

16668 Hall/Russo (COMM STUDIES) "Hello, my name is _____, and I'm an alcoholic": A Study of Organizational Identification in a Self-help Group

and approved this project under the expedited procedure provided in 45 CFR 46.110 (f) (7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. As described, the project complies with all the requirements and policies established by the University for protection of human subjects in research. Unless renewed, approval lapses one year after approval date.

Since your research presents no risk to participants and involves no procedures for which written consent is normally required outside of the research context HSCL may waive the requirement for a signed consent form (45 CFR 46.117 (c) (2)). Your information statement meets HSCL requirements. The Office for Human Research Protections requires that your information statement must include the note of HSCL approval and expiration date, which has been entered on the form sent back to you with this approval.

1. At designated intervals until the project is completed, a Project Status Report must be returned to the HSCL office.
2. Any significant change in the experimental procedure as described should be reviewed by this Committee prior to altering the project.
3. Notify HSCL about any new investigators not named in original application. Note that new investigators must take the online tutorial at <http://www.research.ku.edu/tutor/hsp/index.shtml>.
4. Any injury to a subject because of the research procedure must be reported to the Committee immediately.
5. When signed consent documents are required, the primary investigator must retain the signed consent documents for at least three years past completion of the research activity. If you use a signed consent form, provide a copy of the consent form to subjects at the time of consent.
6. If this is a funded project, keep a copy of this approval letter with your proposal/grant file.

Please inform HSCL when this project is terminated. You must also provide HSCL with an annual status report to maintain HSCL approval. Unless renewed, approval lapses one year after approval date. If your project receives funding which requests an annual update approval, you must request this from HSCL one month prior to the annual update. Thanks for your cooperation. If you have any questions, please contact me.

Sincerely,

Mary Denning
Associate Coordinator
Human Subjects Committee Lawrence

cc: Tracy Russo

APPENDIX E

Information Statement
Dana Ferguson Hall

The Department of Communication Studies at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without penalty.

We are conducting this study to better understand communication's role in the Alcoholics Anonymous Organization; specifically to understand how the communication heard and shared in A.A. contribute to helping an individual attain sobriety (or how it might inhibit attaining sobriety).

This will entail your completion of a personal interview with Dana Ferguson Hall, a student investigator. The content of the interview should cause no more discomfort than you would experience in your everyday life. Although participation may not benefit you directly, we believe that the information obtained from this study will help us gain a better understanding of communication within Alcoholics Anonymous and how it can help or inhibit an individual attain sobriety. Your participation is solicited, although strictly voluntary. **Participants may experience discomfort due to the sensitive nature of some of the questions. If you do not want to answer a question or would like to stop the interview or participation in this research project at any time, that would be fine. Counseling contact information will be provided upon participant request.**

Your full name will not be associated in any way with the research findings. For purposes of confidentiality and privacy, you will be given a pseudonym in the written report, and your real name will not be used.

For purposes of accuracy, this interview will be recorded. The audiotapes will be used only by the researchers involved in the study and will be erased at the conclusion of the study.

If you would like additional information concerning this study before or after it is completed, please feel free to contact us by phone or mail.

Completion of the interview indicates your willingness to participate in this interview and meeting observation, and that you are over the age of eighteen. If you have any additional questions about your rights as a research participant, you

may call (785) 864-7429 or (785) 864-7385 or write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, email dhann@ku.edu or mdenning@ku.edu.

Sincerely,

Dana Ferguson Hall
Principal Investigator
Department of Communication Studies
University of Kansas
Lawrence, KS 66045
(770) 345-2484
dlfhall@comcast.net

Dr. Tracy Russo
Faculty Supervisor
Department of Communication Studies
Bailey Hall
University of Kansas
Lawrence, KS 66045
(785) 864-9877
trusso@ku.edu

REFERENCES

- Alcoholics Anonymous. (n.d.). Estimates of AA Groups and Members. Retrieved August 13, 2006 from http://www.alcoholics-anonymous.org/en_media_resources.cfm?PageID=74
- Alcoholics Anonymous. (n.d.) The Alcoholic can recover. Retrieved March 11, 2007 from http://www.alcoholics-anonymous.org/en_information_aa.cfm?PageID=17&SubPage=63
- Alcoholics Anonymous. (1967). *As Bill Sees It: The A.A. Way of Life*. New York: Alcoholics Anonymous World Services.
- Alcoholics Anonymous (1972). *A brief guide to Alcoholics Anonymous*. New York: Alcoholics Anonymous World Services. Retrieved July 25, 2006 from: http://www.alcoholics-anonymous.org/en_information_aa.cfm?PageID=18
- Alcoholics Anonymous World Services. (1973). *Is A.A. For You? Twelve Questions Only You Can Answer*. Retrieved January 27, 2008 from http://www.alcoholics-anonymous.org/en_is_aa_for_you.cfm
- Alcoholics Anonymous World Services, Inc. (1981). *Twelve Steps and Twelve Traditions*. New York: Alcoholics Anonymous World Services, Inc.
- Alcoholics Anonymous World Services, Inc. (1985). *Alcoholics Anonymous Comes of Age*. New York: Alcoholics Anonymous World Services, Inc.
- Alcoholics Anonymous World Services, Inc. (1990). *Daily Reflections*. New York: Alcoholics Anonymous World Services, Inc.

- Alcoholics Anonymous. (1998) *Living Sober*. (1998). New York: Alcoholics Anonymous World Services, Inc.
- Alcoholics Anonymous. (2001). *Alcoholics Anonymous, 4th Edition*. (2001). New York: Alcoholics Anonymous World Services.
- Alcoholics Anonymous. (2004). *Anonymous 2004 Membership Survey*. Retrieved July 25, 2006 from:
http://www.alcoholics-anonymous.org/en_media_resources.cfm?PageID=75
- Allen, N. J., & Meyer, J. P. (1990). The measurement and antecedents of affective, continuance and normative commitment to the organization. *Journal of Occupational Psychology*, 63, 1-18.
- American Medical Association. (n.d.). Retrieved July 25, 2006 from
<http://www.ama-assn.org/ama/pub/category/1926.html>
- American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders, DSM-IV, fourth ed.* Washington, D.C.: American Psychiatric Association.
- Arminen, I. (2004). Second stories: the salience of interpersonal communication for mutual help in Alcoholics Anonymous. *Journal of Pragmatics*, 36, 319-347.
- Arminen, I. (1998). *Therapeutic interaction: A Study of Mutual Help in Meetings of Alcoholics Anonymous, Volume 45*. Helsinki, Finland: The Finish Foundation For Alcohol Studies.
- Ashforth, B. E., & Mael, F. (1989). Social Identity Theory and the Organization. *Academy of Management Journal*, 14, 20-39.

- Baxter, L., & Bullis, C. (1986). Turning points in developing romantic relationships. *Human Communication Research, 12*, 469-493.
- Bean-Bayog, M. (1993). AA Procedures and Change: How does it work? In B.S. McCrady and W. R. Miller (Eds.) *Research on Alcoholics Anonymous: Opportunities and Alternatives* (pp. 99-112). New Brunswick, NJ: Rutgers Center of Alcohol Studies.
- Becker, H.S. (1960). Notes on the concept of commitment. *American Journal of Sociology, 66*, 32-42.
- Becker, T. E. (1992). Foci and bases of commitment: Are they distinctions worth making? *The Academy of Management Journal, 35*, 232-244.
- Berger, P., & Luckmann, T. (1966). *The social construction of reality: A treatise in the sociology of knowledge*. New York: Anchor Books.
- Bill W. Bill W. telling the history of the *Big Book*. Audio tape. Retrieved September 13, 2006 from <http://www.xa-speakers.org/pafiledb.php?action=file&id=34>
- Brown, D. (2000). *Angels and Demons*. New York: Simon & Schuster Pocket Books.
- Bullis, C., & Bach, B.W. (1989). Socialization turning points: An examination of change in organizational identification. *Western Journal of Speech Communication, 53*, 272-293.

- Bureau of Labor Statistics.(2006). Employee Tenure Summary, Sept. 8, 2006.
Retrieved October 29, 2006 from
<http://www.bls.gov/news.release/tenure.nr0.htm>
- Burke, K. (1950). *A Rhetoric of Motives*. Berkeley, CA: University of California Press.
- Burke, P.J., & Reitzes, D. C. (1991). An identity theory approach to commitment. *Social Psychology Quarterly*, 54, 239-251.
- Centers for Disease Control. (2004). Alcohol-Attributable Deaths and Years of Potential Life Lost --- United States, 2001. *Morbidity and Mortality Weekly Report (MMWR Weekly)*, 53, 866-870. Retrieved July 25, 2006 from
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5337a2.htm>
- Centers for Disease Control. (2005) Behavioral Risk Factor Surveillance System.
Retrieved July 25, 2006 from: <http://www.cdc.gov/brfss/index.htm>
- Chappel, J. (1992). Effective use of Alcoholics Anonymous and Narcotics Anonymous in treating patients. *Psychiatric Annals*, 22, 409-418.
- Chattopadhyay, P., Tluchowska, M., & George, E. (2004). Identifying the ingroup: A closer look at the influence of demographic dissimilarity on employee social identity. *Academy of Management Review*, 29, 180-202.
- Cheney, G. (1983). The rhetoric of identification and the study of organizational communication. *Quarterly Journal of Speech*, 69, 143-158.
- Cheney, G. (1991). *Rhetoric in an organizational society: Managing multiple identities*. Columbia: University of South Carolina Press.

- Cheney, G., & Vibbert, S. L. (1987). Corporate discourse: Public relations and issue management. In F. M. Jablin, L. L. Putnam, R. H. Roberts, & L. W. Porter (Eds.), *Handbook of organizational communication: An interdisciplinary approach* (pp. 165-194). Newbury Park, Ca: Sage.
- Chou, P. S., Dawson, D.A., Stinson, F.S., Huang, B., Pickering, R P., Zhou, Y., & Grant, B.F. (2006). The prevalence of drinking and driving in the United States, 2001-2002: Results from the national epidemiological survey on alcohol and related conditions. *Drug and Alcohol Dependence*, 83, 137-146.
- Dandridge, T.C., Mitroff, I., & Joyce, W.F. (1980). Organizational symbolism: A topic to expand organizational analysis. *Academy of Management Review*, 5, 77-82.
- DiCenso, C. B., & Paull, M. (1999). Treating the alcohol dependent persons: predictors of treatment completion from a court order perspective. *Alcoholism Treatment Quarterly*, 17, 79-85.
- Dictionary.com. Retrieved February 23, 2007 from <http://dictionary.reference.com/browse/ideology>
- Emrick, C. D., Tonigan, J. S., Montgomery, H. & Little, L. (1993). Alcoholics Anonymous: What is currently known? In B. S. McCrady and W.R. Miller (eds.) *Research on Alcoholics Anonymous: Opportunities and Alternatives* (pp. 41-76). New Brunswick, NJ: Rutgers Center of Alcoholic Studies.

- Emrick, C.D., Lassen, C.L., & Edwards, M.T. (1977). Nonprofessional peers as therapeutic agents. In A.S. Gurman & A. M. Razin (Eds.) *Effective Psychotherapy: A Handbook of Research* (pp 120-161). New York: Pergamon Press.
- Fingarette, H. (1989). *Heavy Drinking: The Myth of Alcoholism as a Disease*. Berkeley: University of California Press.
- Flores, P. J. (1988). Alcoholics Anonymous: A phenomenological and existential perspective. *Alcoholism Treatment Quarterly*, 5, 73-94.
- Gabhain, S. N. (2003). Assessing sobriety and successful membership of Alcoholics Anonymous. *Journal of Substance Use*, 8, 55-61.
- Giddens, A. (1979). *Central Problems in Social Theory: Action, Structure and Contradiction in Social Analysis*. Berkeley and Los Angeles: University of California Press.
- Geertz, C. (1976). From the native's point of view: On the nature of anthropological understanding. In K. Basso & H. Selby (eds.) *Meaning of Anthropology*. Albuquerque, N.M.: University of New Mexico Press, 1976.
- Gilbert, F.S. (1991). Development of a 'Steps Questionnaire.' *Journal of Studies on Alcohol*, 52, 353-360
- Glaser, B. G., & Strauss, a. L. (1967). *The discovery of grounded theory*. Chicago: Aldine.
- Goetz, J. P., & LeCompte, M. d. (1981). Ethnographic research and the problem of data reduction. *Anthropology and Education Quarterly*, 12, 51-70.

- Goffman, E. (1959). *The Presentation of Self in Everyday Life*. New York: Anchor Books.
- Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. New York: Simon & Schuster, Inc.
- Grant, B.F., Dawson, D. A., Stinson, F. S., Chou, S. P., Dufour, M. C., & Pickering, R. P. (2004). The 12-month prevalence and trends in DSM-IV alcohol abuse and dependence: United States 1991-1992 and 2001-2002. *Drug and Alcohol Dependence, 74*, 223-234.
- Harwood, J. (2006). Communication as social identity. In G.J. Shepherd, J. St. John, & T. Striphas (Eds.) *Communication as—: perspectives on theory* (pp 84-90). Thousand Oaks, CA: Sage.
- Haslam, S.A. (2001). *Psychology in Organizations: The Social Identity Approach*. Thousand Oaks, CA: SAGE Publications, Inc.
- Hogg, M. A., & Terry, D. J. (2000). Social identity and self-categorization processes in organizational contexts. *Academy of Management Review, 25*, 121-140.
- Kassel, J. D., & Wagner, E. F. (1993). Processes of change in Alcoholics Anonymous: A review of possible mechanisms. *Psychotherapy, 30*, 222-234.
- Katz, A. H. (1993). *Self-Help in America: A Social Movement Perspective*. New York: Twayne Publishers.
- Kelman, H. C. (1958). Compliance, identification, and internalization: three processes of attitude change. *The Journal of Conflict Resolution, 2*, 51-60.

- Kitchell, A., Hannan, E., & Kempton, W. (2000). Identity through stories: Story structure and function in two environmental groups. *Human Organization*, 59, 96-105.
- Knapp, M. L., Stohl, C., & Reardon, K.K. (1981). "Memorable messages." *Journal of Communication*, 31, 27-41.
- Kurtz, E. (1979). *Not-God: A History of Alcoholics Anonymous*. Center City, MN: Hazelden.
- Kurtz, .E. (1982). Why A.A. Works: The intellectual significance of Alcoholics Anonymous. *Journal of Studies on Alcohol*, 43, 38-80.
- Kurtz, L. F. (1984). Ideological differences between professionals and AA members. *Alcoholism Treatment Quarterly*, 1, 73-85.
- Kurtz, L. F. (1990). Twelve-Step Programs. In T.J. Powell (Ed.) *Working With Self-Help* (pp. 93-119). Silver Spring, Md: National Association of Social Workers Press.
- Kurtzweil, P. (n.d.) Medications Can Aid Recovery from Alcoholism. U.S. Food and Drug Administration. Retrieved August 2, 2006 from:
http://www.fda.gov/fdac/features/496_alco.html
- Larson, G. S., & Pepper, G. L. (2003). Strategies for managing multiple organizational identifications: a case of competing identities. *Management Communication Quarterly*, 16, 528-557.
- Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage.

- Lipponen, J., Koivisto, S., & Olkkonen, M.E. (2005). Procedural justice and status judgments: The moderating role of leader ingroup prototypicality. *The Leadership Quarterly*, 16, 517-528.
- Lord, C.G., Lepper, M.R., & Mackie, D. (1984). Attitude prototypes as determinants of attitude-behavior consistency. *Journal of Personality and Social Psychology*, 46, 1254-1266.
- Loven, J. (2008). Bush: Faith helped me overcome alcohol addiction. Retrieved January 29, 2008 from *Atlanta Journal Constitution* website:
<http://ajc.printthis.clickability.com/pt/cpt?action=cpt&title=Bush%3A+Faith+helped+me+overcome+alcohol+addition+>
- Madden, S., & Sim, J. (2006). Creating meaning in fibromyalgia syndrome. *Social Science & Medicine*, 63, 2962-2973.
- Makela, K., Arminen, I., Bloomfield, K., Eisenbach-Stangl, I., Bergmark, K., Kurube, N., Mariolini, N., Olafsdottir, H., Peterson, J. H., Phillips, M., Rehm, J., Room, R., Rosenqvist, P., Rosovsky, H., Stenisu, K., Swiatkiewicz, G., Woronowicz, B., & Zielinski, A. (1996). *Alcoholics Anonymous as a Mutual-Help Movement: A Study in Eight Societies*. Madison, Wisconsin: The University of Wisconsin Press.
- Miller, K. (1995). *Organizational Communication: Approaches and Processes*. Belmont, CA: Wadsworth.

- Mishler, E.G. (1981). Viewpoint: Critical perspective on the biomedical model. In E.G. Mishler, L.R. Amarasingham, S. D. Osherson, S.T. Hauser, N.E. Waxler, & R. Liem (Eds.), *Social contexts of health, illness and patient care* (pp.1-23). Cambridge: Cambridge University Press.
- Mokdad, A. H., . Marks, J. S., Stroup, D. F., & Gerberding, J.L. (2004). Actual causes of death in the United States, 2000. *Journal of American Medical Association*, 291, (10), Special Communication. Retrieved July 25, 2006 from <http://jamA.A.maassn.org/cgi/content/abstract/291/10/1238>.
- Morgan, J.P., Reynolds, C.M., Nelson, T.J., Johannigmeier, A.R., Griffin, M., & Andrade, P. (2004). Tales from the field: Sources of employee identification in agribusiness. *Management Communication Quarterly*, 17, 360-395.
- Morrow, P.C. (1983). Concept redundancy in organizational research: The case of work commitment. *Academy of Management Review*, 8, 486-500.
- Mothers Against Drunk Driving. (January 5, 2004). History. Retrieved January 27, 2008 from <http://www.madd.org>
- Mothers Against Drunk Driving. (January 5, 2004). Statistics. Retrieved January 27, 2008 from http://www.madd.org/DrunkDriving/DrunkDriving/Statistics/AllStats.aspx#S_TAT_8
- Mowday, R. T., Porter, L. W. & Steers, R. M. (1982). *Employee-Organization Linkages: The Psychology of Commitment, Absenteeism and Turnover*. New York: Academic Press.

- Mowday, R.T., Steers, R.M., & Porter, L.W. (1979). The measurement of organizational commitment. *Journal of Vocational Behavior, 14*, 224-247.
- National Institute on Alcohol Abuse and Alcoholism. (1989). Relapse and Craving. *Alcohol Alert, 6*, PH 277. Retrieved August 2, 2006 from <http://pubs.niaaa.nih.gov/publications/aa06.htm>
- National Institute on Alcohol Abuse and Alcoholism. (n.d.). National epidemiologic survey on alcohol and related conditions. Retrieved August 2, 2006 from <http://niaaa.census.gov>
- National Highway Transportation Safety Administration. (2005) Alcohol-related fatalities in 2004. *Traffic Safety Facts*, DOT HS 809 904, August 2005. Retrieved July 26, 2006 from www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/RNotes/2005/809904.pdf
- O'Reilly, C., III, & Chatman, J. (1986). Organizational commitment and psychological attachment: The Effects of compliance, identification, and internalization on prosocial behavior. *Journal of Applied Psychology, 71*, 492-499.
- Patchen, M. (1970). *Participation, achievement, and involvement on the job*. Englewood Cliffs, NJ: Prentice-Hall.
- Polich, J. M., Armor, D. J., & Braker, H. N. (1981). Stability and change in patterns. *The Course of Alcoholism: Four Years After Treatment*. New York: John Wiley & Sons, pp. 159-200.
- Porter, L., Steers, R., Mowday, R., & Boulian, P. (1974). Organizational

commitment, job satisfaction, and turnover among psychiatric technicians.

Journal of Applied Psychology, 59, 603-609/

Postmes, T., Spears, R., Lee, A. T., & Novak, R.J. (2005). Individuality and social influences in groups: Inductive and deductive routes to group identity.

Journal of Personality and Social Psychology, 89,747-763.

Prestholdt, P.H., Lane, I.M., & Mathews, R.C. (1987). Nurse turnover as reasoned action: Development of a process model. *Journal of Applied Psychology*, 72, 221-228.

Putnam, L. (1983). The interpretive perspective: an alternative to functionalism. In L.L. Putnam & M. E. Pacanowsky (Eds.) *Communication and organizations: An interpretive approach*. Beverly Hills, Ca: Sage.

Randall, D. M. (1987). Commitment and the organization: The Organization man revisited. *Academy of Management Review*, 12, 460-471.

Room, R. (1993). Alcoholics Anonymous as a Social Movement. . In In B. S. McCrady and W.R. Miller (Eds.) *Research on Alcoholics Anonymous: Opportunities and Alternatives* (pp.167-187). New Brunswick, NJ: Rutgers Center of Alcoholic Studies.

Rosch, E. (1978). Principles of categorization. In E. Rosch & B.B. Lloyd (Eds.), *Cognition and categorization* (pp. 27-48). Hillsdale, NJ: Erlbaum.

Russo, T.C. (1998). Organizational and professional identification: a case of newspaper journalists. *Management Communication Quarterly*, 12, 72-11.

- Sass, J. S., & Canary, D. J. (1991). Organizational commitment and identification: An examination of conceptual and operational convergence. *Western Journal of Speech Communication, 55*, 275-293.
- Schwartz, S.H. (1973). Normative explanations of helping behavior: A critique, proposal, and empirical test. *Journal of Experimental Social Psychology, 9*, 349-364.
- Schwartz, S. H., & Tessler, R. C. (1972). A test for a model for reducing measured attitude—behavior discrepancies. *Journal of Personality and Social Psychology, 24*, 225-236.
- Scott, C. R. (1996). Identification with multiple targets in a geographically dispersed organization. *Management Communication Quarterly, 10*, 491-522.
- Scott, W.R. (1964). Theory of organizations. In R.E. L. Farris (Ed.), *Handbook of modern sociology*. Chicago: Rand McNally.
- Smith, S.W., & Ellis, J. B. (2001). Memorable messages as guides to self-assessment of behavior: An initial investigation. *Communication Monographs, 68*, 154-168.
- Sontag, S. (1978). *Illness as Metaphor*. New York: Farrar, Straus and Giroux.
- Sontag, S. (1989). *AIDS and Its Metaphors*. New York: Farrar, Strauss and Giroux.
- State Farm Insurance. Drunken driving no longer 'cool,' but war is far from over. Retrieved January 27, 2008 from <http://www.statefarm.com/about/media/backgrounder/drunk.asp>

- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.
- Substance Abuse and Mental Health Services Administration (SAMSHA).
(1997). National Household Survey on Drug Abuse. Office of Applied Studies, SAMSHA. Retrieved July 27, 2006 from:
<http://www.oas.samhsa.gov/nhsda/1997Main/nhsda1997mfWeb-107.htm>
- Tajfel, H. (1972). La categorisation sociale (English translation). In S. Moscovici (Ed.), *Introduction a la psychologie sociale*. Paris: Larousse.
- Tajfel, H. (1978). *Differentiation between social groups: Studies in the social psychology of intergroup relations*. London: Academic Press.
- Tajfel, H., & Turner, J. C. (1986). The social identity theory of intergroup behavior. In S. Worchel & W.G. Austin (Eds.) *The Psychology of Intergroup Relations* (7-24). Chicago: Nelson-Hall.
- Tanis, M., & Postmes, T. (2001). Horizontal and vertical communication and commitment: A social identity approach. Paper presented at the annual conference of the ICA.
- Teesson, M., Baillie, A., Lynskey, M., Manor, B., & Degenhardt, L. (2006). Substance use, dependence and treatment seeking in the United States and Australia: A cross-national comparison. *Drug and Alcohol Dependence*, 81, 149-155.

- Thompson, J. A., & Bunderson, J. S. (2003). Violations of principle: ideological currency in the psychological contract. *Academy of Management Review*, 28, 571-586.
- Tiebout, H. (1963). What does 'surrender' mean? Grapevine.
- Tompkins, P. K., & Cheney, G. (1985). Communication and unobtrusive control in contemporary organizations. In R.D. McPhee & P.K. Tompkins (eds.) *Organizational Communication: Review and New Directions* (p. 179-210). Beverly Hills, Ca: Sage.
- Turner, J.C. (1982). Towards a cognitive redefinition of the social group. In H. Tajfel (Ed.), *Social Identity and intergroup Relations* (pp. 15-40). Cambridge: Cambridge University Press.
- Turner, J.C. (1985). Social categorization and the self-concept: A social cognitive theory of group behaviour. In E.J. Lawler (Ed.), *Advances in Group Processes* (vol. 2, pp 77-122). Greenwich, Ct: JAI Press.
- Turner, J. C., Hogg, M.A., Oakes, P. J., Reicher, S.D., & Wetherell, M.S. (1987). *Rediscovering the social group: A self-categorization theory*. Oxford and New York: Basil Blackwell.
- Turner, J. C., Oakes, P. J., Haslam, S. A., & McGarty, C. (1994). Self and collective: Cognition and social context. *Personality and Social Psychology Bulletin*, 20, 454-463.
- Vaillant, G.E. (1977). *Adaptation to Life*. Boston, MA: Little Brown, p. 383.

- Vaughn, M. A. (1995). Organizational symbols: An analysis of their types and functions in a reborn organization. *Management Communication Quarterly*, 9, 219-250.
- Weick, K. (1993). Sensemaking in organizations: Small structures with large consequences. In J. K. Murnighan (Ed.) *Social Psychology in Organizations*, (pp. 10-37). Englewood Cliffs, NJ: Prentice-Hall.
- Wiener, &. (1982). Commitment in organizations: A normative view. *Academy of Management Review*, 7, 418-428.
- Wiesenfeld, B. M., Raghuram, S., & Garud, R. (2001). Organizational identification among virtual workers: the role of need for affiliation and perceived work-based social support. *Journal of Management*, 27, 213-229.
- Witmer, D. (1997). Communication and recovery: Structuration as an ontological approach to organizational culture. *Communication Monographs*, 64, 324-349.
- Wright, K. B. (1997). Shared ideology in Alcoholics Anonymous: A grounded theory approach. *Journal of Health Communication*, 2, 83-99.

