

‘A place where I am always welcome’:

A thematic analysis of what belonging to Alcoholics Anonymous means to its members

Lisa Ogilvie¹, Julie Prescott², and Jerome Carson¹

Abstract.: *The purpose of this study is to explore what belonging to Alcoholics Anonymous (AA) means to its international membership. The aim is to gain a collective view of the opinions held by those accessing the services offered by AA globally. This paper focuses on the study of AA entirely from the perspective of its members, without being attentive to the AA approach to recovery, or the 12-step programme it advocates. An online survey was distributed as a link on Facebook groups accessed by members of AA. Responses (N=182) were received from members accessing AA services in 11 different countries. These were analysed using thematic analysis. The findings convey a positive message for what belonging to AA means, demonstrating that members accomplish more than sobriety and sustained abstinence. They develop a positive outlook, feel connected and accepted into a unique community, that offers a platform for achieving personal and spiritual growth.*

Keywords: Alcoholics Anonymous; groupwork; membership; community; positive outlook; growth; group work

1. University of Bolton

2. University of Law

Address for correspondence: lcoleps@bolton.ac.uk

Date of first (online) publication: 25th June 2022

Introduction

Alcoholics Anonymous (AA) is a mutual support group run by alcoholics, for the benefit of alcoholics. It operates on a voluntary basis and is self-supporting. It is free for anyone to join, having only one membership requirement, the desire to stop drinking (AA General Service Office, 2018). As an organisation it operates at the behest of its members (Erickson, 2020; Krentzman et al, 2010). Each local group is autonomous, meaning its attendees have responsibility for the meeting and what format and schedule it runs to (Krentzman et al., 2010; AA General Service Office, 2018). There is no overriding directive from AA, though there is a shared philosophy in the traditions upheld by its members. Adherence to these traditions see each group meeting run as a collective and familiar experience for its attendees (AA General Service Office, 2018). This is important because each meeting can have a transient attendance comprising existing, new, and visiting members. This open group approach tolerates an evolving membership through consistent leadership (Yalom, 2005; Corey & Corey, 2016). In AA this is achieved by the unwavering adherence of its members to the traditions of AA (Krentzman et al, 2010). Furthermore, this open group structure shows attendees that their problems are not isolated, also offering them the opportunity to witness that change is possible (Corey & Corey, 2016). An analytical review of AA has suggested that this mode of operation facilitates natural group processes and identification with a shared goal (Weegman, 2004, p.254), and that the universality and catharsis found in belonging to a cohesive group such as AA, can enable the therapeutic conditions needed for cognitive and behavioural change (Yalom, 2005; Weegman, 2004; Donovan et al, 2013; Kelly et al, 2020). Through regular attendance of meetings, attendees are socialised into an established group structure where enabling solutions are practised and a sense of belonging is felt (Stock Whitaker, 2001). In AA, regular attendees are more likely to benefit from the therapeutic support that can help them adapt and change to achieve the shared goal of recovery. Previous research shows regular AA attendance is linked to longer periods of recovery and in many cases complete abstinence (Krentzman, 2010; Donovan et al, 2013).

Group cohesion is described by Yalom (2005) as the attractiveness of a group to its members, meaning that there is an appeal to the

group that make members want to remain part of it. Cohesion has also been described as a sense of ‘we-ness,’ where members feel like they belong (Stock Whitaker, 2001). An interesting observation here is that the traditions and main text representing the principles of AA are not generally considered inclusive (Glassman et al, 2021; Whitaker, 2019; Matsuzaka, 2018). Having been authored with a heavy Christian influence and male-gendered language at a time when groups were almost exclusively attended by white middle class Protestant men (Matsuzaka, 2018). Much of the language is considered outmoded and lacking in balanced representation of women, minority groups, or those who hold different faiths or belief systems (Whitaker, 2019; Matsuzaka, 2018, Donovan, 2013). Furthermore, the literature and recovery approach advocated by AA has undergone only minor revision since its creation in the 1930s (Whitaker, 2019; Matsuzaka, 2018). Perhaps this is through fear it would dilute an approach that is considered by so many as the foundation of their recovery, or that study has shown it is at least as effective as other models of addiction treatment (Erickson, 2020; Kelly, Humphreys & Ferri, 2020) or even because it is so widely accepted as society’s solution to alcoholism (Dodes & Dodes, 2014).

Despite criticisms raised over whether different populaces identify with AA as effectively as its original participants (Donovan, 2013; Matsuzaka, 2018), its dated literature, or not having been meaningfully updated with contemporary learning from addiction and recovery research, as a cohesive group, AA undeniably still holds great appeal for its members globally. This is reflected in recent membership statistics, when in 2021, it was estimated that AA had nearly two million members with 120,455 groups operating worldwide (AA General Service Office, 2020b). Its international presence and general accessibility (AA General Service Office, 2020a), when considered alongside the scale of the global health issue regarding problematic alcohol use (Kuehn, 2019; World Health Organization, 2018), gives reason for the enduring year-on-year increase in the number of operational AA groups. An increase, that perhaps through lack of accessible alternatives, has seen its outreach extend to a culturally diverse mix of countries with a marked increase in women members (AA General Service Office, 2020b; AAUK, 2020a).

Purpose

Its mode of operation and membership statistics have understandably generated much interest in researching what can be learnt from an organisation that benefits so many (Frakt, 2015; Humphreys, Blodgett & Wagner, 2014; Kelly, Humphreys & Ferri, 2020; Krentzman et al, 2010). However, the value of AA group membership is often studied in terms of its approach as a mutual support network, or the 12-step programme it endorses (Kelly, Humphreys & Ferri, 2020; White, 2004; Costello et al, 2019). This study, in contrast, examines what it means to be part of AA as observed in member opinion. The purpose of which is to gain a better understanding of the collective meaning of belonging to AA and what this epitomises for its members. From this, more can be learnt about the cohesive force behind belonging to such a group (Yalom, 2005), a group that has generated remarkable membership statistics (AA General Service Office, 2020b). It is hoped that this will be informative for groupworkers, offering insight into what members value about attending mutual support groups, especially those aimed at helping people with problematic substance use and dual diagnosis. Furthermore, the global reach of AA means data can be gathered from an internationally diverse sample, adding interest to the collective meaning in relation to groups with a culturally diverse membership base. The qualitative analysis reported here provides insight into member opinion on what it means to be a member of AA.

Methods

Qualitative research is concerned with participants' experience and is aimed at interpreting what participants say to gain some insight or understanding of their lived experience, or to explore in-depth a topic area of interest. To achieve this, data collection methods need to enable participants to express themselves openly and without constraint. Data analysis can be challenging in qualitative research. There are no universally accepted rules for analysing and ensuring quality in qualitative data (Twining et al, 2017). According to Braun and Clarke (2006), 'Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data' (p. 79).

The analysis for this study followed the six-step process as described

by Braun and Clarke (2006). Through reading and re-reading the qualitative data, developing initial codes, then initial themes, refining these themes before then writing this article. The authors generated themes based on a reflective thematic analysis approach (Braun & Clarke, 2021). This approach was deemed most appropriate since the authors recognise their subjectivity in their decision to research the topic, we can reflect on our closeness to the topic area and through using reflective TA inductively we have been able to use this knowledge to help the data drive our analysis and the interpretation presented here. In this study, all three authors familiarised themselves with the data to know the data and generate themes from it. All authors then discussed what they had taken from the data and then themes were discussed, moving the analysis from description to interpretation. The quality of the data and its trustworthiness may be an issue when conducting qualitative research. This issue of trustworthiness may be overcome through the collaboration of the authors by refining the process (Shenton, 2004).

Being a member of AA was a prerequisite for participation in the study, along with internet access and a knowledge of Facebook. Participants were recruited through Facebook groups used by members of AA, with a non-probability convenience sampling approach, meaning they also had to belong to at least one Facebook group set up for AA members. Groups were identified using the search term 'Alcoholics Anonymous'. Membership requests were submitted for posting privileges, and a link to the survey distributed via Facebook posts. For groups that were subject to rules of engagement, permission was sought from the group administrator prior to posting the link. The authors decided to post the survey on social media platforms, namely Facebook, to increase the geographical reach of participants, and the ease in which potential participants can be reached via this method. Participants were asked to complete a survey that was developed using the Qualtrics survey platform (Qualtrics, 2020). The survey was anonymous and ethical approval was obtained from the Department of Psychology ethics committee at the University of Bolton. The survey captured demographic data, including age range, gender, country of residence and length of sobriety, from the participants as well as information on identity, cohesion, and wellbeing as part of a research project exploring the link between cohesion and member wellbeing.

Pertinent to this study, and to enable the researchers to qualitatively analyse what it means to be a member of AA, an open-ended question 'What does belonging to AA mean to you?' was added to the survey.

A survey was utilised to gain the qualitative data, a decision aiming to gain a wide range of responses. Although surveys are considered an empirical method of data collection, there is value in this approach to gain qualitative data based on the lived experience of the participants, providing a voice to participants on the subject matter. Taking an interpretive ontological approach, the methods utilised provided a valuable way to consider the research question and a TA approach since TA 'matches what the researcher wants to know' (Braun and Clarke, 2006, p.80).

Data analysis

The data comprised 182 responses from participants who accessed AA services in 11 different countries, including the UK, USA, Canada, Australia, India, Thailand and Turkey. There was equal representation of male and females in the data, and the participant age range followed a normal distribution curve. Different lengths of sobriety were also represented in the sample, ranging from 0-3 months up to 5 plus years. To support accurate and comprehensive study of the data, analysis was conducted using the qualitative data analysis software NVivo, Version 11 (NVivo, 2020; Creswell & Creswell, 2018). The inputs were read several times by all three authors for understanding and to develop themes. All authors reviewed the themes and discussed at length to refine the themes, the subthemes, and the hierarchy in which we present them here. To ascertain and increase intercoder reliability, all three authors read the raw qualitative data, ensuring the eradication of single researcher bias and improving the trustworthiness of the analysis and conclusions drawn. Although Braun and Clarke (2021) do not advocate a procedural approach to TA to enhance the quality of TA analysis, we felt that involving all three authors in the analytical process helped in the refinement of the themes and enhanced the analytical process, moving from a semantic to a latent analysis. Following the six recursive phases set out by Braun and Clarke (2006), reflective thematic analysis was used to analyse the qualitative data set.

Material that contained identifiable information was removed to ensure anonymity. Careful attention was paid to researcher interpretation, important to reflexive thematic analysis research (McLeod, 2015), in ensuring pattern is interpreted from the data and not guided by researcher experience or opinion (Corbin & Strauss, 2008; Nowell et al, 2017; McLeod, 2015). The three main themes and subthemes are presented alongside representative quotes from participants in Table 1.

Results

Three main themes were derived from the data set. These were ‘unique community’, ‘positive outlook’ and ‘growth’. It is to be expected that a support group such as AA would provide its members with support both informational and emotional, through a directive and non-directive way (Prescott, Hanley & Ujhelyi, 2017). The three themes derived from the data emphasise the importance of this support group to users and that the service not only provides depth in terms of the support members give and receive, but also the breadth of support and the acceptance anywhere in the world that membership provides. This ‘*unique community*’ is the only support network for people seeking help for problems with alcohol, that has face-to-face services the world over. This gives AA a uniqueness in the service it provides. This unique community came out of the data set and was valued immensely by its members. Following on from community, the next theme, ‘*positive outlook*’, highlights what AA gives its members in terms of how it enables its members to gain an appreciation of life through the tools that membership provides, such as understanding and positive regard, as well as empathy and compassion from members. The theme of ‘*growth*’ is the final theme we felt the data provided. The growth was often spiritual and was expressed through words such as hope, confidence and freedom.

Table 1

Themes, subthemes and participant quotes

THEME: (UNIQUE) COMMUNITY

Subtheme: Acceptance and belonging

'Belonging to AA means I can walk into an AA meeting anywhere in the world and be welcomed, accepted, and understood.'

'Having moved around a lot, AA has become a bit of a home no matter wherever I am in the world. I'm so grateful to have been met with fellowship and friendship wherever I go. Having a space to share thoughts and feelings and grow together offers the sense of connection that was lacking in drinking/using days. The most important parts of AA for me are fellowship and shared personal and spiritual development.'

'A place where I am always welcome.'

Subtheme: Receiving support

'Support, understanding, self-exploration and guidance. It means that I am choosing to be on a journey of self-understanding. It does not mean that my journey will be the same as any other members but means that they will support me in it and I will support them in theirs. Perhaps only by listening.'

Subtheme: Connection, fellowship and friendship

'It means I have a safe place to go and share my thoughts and feelings and also I get a lot of help from individuals either just by connection or by their own experience.'

'I'm part of a fellowship. I feel a connection with my home group. We support each other. It's our duty as '12 steppers' to carry the message of strength and hope, to the still suffering alcoholic. To show them there is a new way of life. My family, my brotherhood, my sustained recovery. My go to when I'm down or having a problem. Spiritual solution to being a human being in the stress of the modern world.'

THEME: POSITIVE OUTLOOK

Subtheme: Appreciating life

'Life saving. It has given me a life that I can look back on and be proud of.'

'Having access to a design for living which is indescribably wonderful.'

Subtheme: Tools membership provides

'Lifelong friendship. Help others in order to keep myself happy and well. The tools I need to deal with life's ups and downs.'

'Learning how to live the steps instead of following them during meetings.'

Subtheme: Understanding and positive regard

'I am accepted and offered friendship, without people thinking badly of me. I help others in the same way by offering support and understanding.'

'Support and no judgement. Was welcomed back after relapse with open arms. Help to get my life back on track by being offered kindness and understanding.'

Subtheme: Empathy and compassion

'AA means I stay sober and am actually living as opposed to existing. It means true empathy and every meeting imparts yet more knowledge of this disease. Every day is a school day at AA. It's friendship, community, really genuine kinship and love from fellow alcoholics. It's knowing that I'll never be judged and that if I mess up, (only once) I will still be genuinely welcomed back. It's ordinary people giving their time freely and without recompense, merely because they want to help fellow sufferers.'

THEME: GROWTH

Subtheme: na

'Belonging to AA has meant many things to me during my recovery. Inclusion, wisdom, support, guidance and spiritual growth. Above all it has given me freedom and the freedom to just be me and that is a miracle I didn't expect to come true. I have been sober for almost 12 years and I don't mean just not drinking. True sobriety, emotional, physical, spiritual and mental! The full platinum plan!'

'It has given me 14 years of learning about myself and to replace my reason for drinking with a life plan that works. Very grateful alcoholic.'

(Unique) Community

The main theme from the data was focused on the AA community and what members of this unique community shared and experienced together. Members felt a sense of community through being a part of this worldwide support group. All the subthemes within this theme were strong reasons why participants valued the AA community. Acceptance and belonging along with receiving support, emerged as the most conveyed subthemes within the data. The collective subtext was that of feeling accepted by fellow members, an acceptance that participants also described as offering a sense of belonging. This was particularly evident in terms of the global acceptance and understanding of what being in AA means to participants, as shown through the quotations in Table 1. The ability to go to any AA meeting anywhere in the world not only emphasises the reach of the AA community, but also the prominence and the importance of the shared experience of belonging and being accepted in this community.

Receiving support is a given with a support group such as AA, however the meaning behind this support is paramount to the sense of community involved in the group. This support is felt from both giving and receiving support, sharing experiences with people who have similar experiences as expressed in the following; 'It keeps me sober. People talk about deep things - feelings, fears, shame, hurt... - in ways that don't occur outside. There is a very high level of honesty and integrity within the group.' This quote highlights how this group provides members with a community they do not have access to elsewhere, again emphasising the uniqueness of the community. Participants had a strong connection to the group and talked about AA as a fellowship, again emphasizing this connection. This connection to the group enabled members to form strong friendships, sharing the commonality of being recovering alcoholics; 'Being part of a worldwide support system so that wherever I am I can find people who understand me.'

Positive outlook

Through AA, members gained a positive 'new' outlook on life. This positive new outlook enabled members to appreciate life, an appreciation that members had learnt through the recovery process

and the community attributes highlighted previously. AA membership had not only given members an appreciation of life, but also the tools to move forward in their life as a recovered/recovering alcoholic. Another subtheme within the theme of positive outlook, was understanding and positive regard. The experience of being held in positive regard was important to the participants. This was explained in terms of being understood without judgement, and was true of the historical consequences of addiction, in addition to present day issues.

The importance of being able to relate to the plight of other alcoholics was clearly identifiable. As one participant put it; 'Nobody 'gets' an addict like an addict.' As an alcoholic, participants find people and their experiences relatable, and react, to this with empathy and compassion. The importance placed on selflessly helping other AA members in their recovery was clear. Helping another, leads to a place where that person can in turn pass on the help as expressed clearly in the following quote; 'First it helped me find my way, and then it gave me somewhere I felt I belonged, where I can help others in the way I was helped.'

Personal growth

The theme of growth was shown with participants expressing how belonging to AA had enabled them to grow through improved confidence, hope, strength, and courage. Membership provides a spiritual meaning to members as well as providing them with the tools they needed to recover. 'It's accepting my part in my recovery and willing to help in the recovery of others.'

There is an appreciation and gratitude for AA both as an institution and for each other as members.

'It helped me understand both my problem and the solution. The positive impact goes well beyond healing health, family life and personal recovery. It has led me to know myself, to access other help as needed. Today I have a healthy relationship with myself and others.'

Discussion

This paper focused on the study of AA from the perspective of its members, without being attentive to the AA approach to recovery, or the 12-step programme it advocates, largely seen in prevailing research (Krentzman et al, 2010; Kelly, Humphreys & Ferri, 2020; Donovan et al, 2013). Furthermore, unlike other membership surveys, such as those commissioned by AA (AA USA and Canada, 2014; AA UK, 2020a), this research has not considered the facts of membership, such as frequency of attendance, aspects of attendance that aid recovery, or route of engagement. Instead, it has qualitatively appraised the non-directed opinion of what AA means collectively to its members.

The unique community theme identified in the data demonstrates that AA is seen as a cohesive group to the members surveyed. As previously mentioned, cohesion can be considered as having a sense of togetherness that sees people wishing to remain part of a group (Yalom, 2005; Stock Whitaker, 2001). The appreciable value in the cohesion felt among AA members was evident from the unique community subthemes of acceptance and belonging, receiving support, and connection, fellowship and friendship, all being well conveyed in the data. These characteristics are indicators that a group is operating with a high level of cohesion, having matured to a stage where trust has been established, and the processes that support behavioural change are in operation (Corey & Corey, 2016). Feeling part of a unique community suggests there is a sense of identity in being a member of a support network that transcends the boundary of local meeting attendance. This parallels the evolution of AA from a single group to the global institution in operation today (AA UK, 1997; AA General Service Office, 2020b), and is reflected in the shared meaning observed in the data from this study's international participant sample. Furthermore, these qualitative findings hold a resemblance to those found through quantitative data collection in the UK AA membership survey, where acceptance and belonging both scored highly in aspects of AA that aid recovery (AA UK, 2020a).

Leveraging the shared identification felt by people who suffer stigmatisation, and the burden of guilt and shame, is important in effective mutual support (Yalom, 2005; Stock Whitaker, 2001). The stigma attached to being labelled 'an alcoholic' is a daily reality for people who access AA (Matthews, Dwyer & Snoek, 2017). This adds

repute to members describing the worth in belonging to AA, in what they see as a unique recovery community that offers acceptance and connection to a greater fellowship. Moreover, this corroborates previous research that shows activities which promote fellowship and connection, such as celebrating sober time, or engaging with a sponsor, are predictors of sustained AA membership and result in better outcomes for maintaining abstinence (Krentzman et al, 2011).

As mentioned, receiving support was viewed as being important to the welfare of the person offering it. In wellbeing terms, this upholds previous work showing that undertaking kind acts improves personal wellbeing (Passmore & Oades, 2015), the frequency of which correlates with higher levels of wellbeing (Boniwell & Tunariu, 2019). Altruism such as this is considered a curative therapeutic factor in cohesive groups (Yalom, 2005; Stock Whitaker, 2001). This adds credibility to members reporting personal advantage in helping others experiencing problems with alcohol.

The positive outlook expressed by members of AA was evident from the subthemes for, appreciating life, understanding and positive regard, and empathy and compassion. Developing an appreciation of life, with examples such as, enjoying healthy relationships, dealing with life's ups and downs, and a renewed enthusiasm for living, all described as positive outcomes of AA membership. The improved capacity members appear to have, in recognising the positive aspects of life such as kinship and pride, was also noted. Existing research has shown that having an increased awareness of positive emotions, builds personal reserves of what have been termed 'thought-action repertoires' (Fredrickson, 2001). The recognition of the positive in a situation, builds personal resources that promote thinking and acting with a positive bias. The positive outlook expressed by members upholds this theory, where appreciation of life creates an upward spiral, one that can build resilience and combat negative thoughts (Fredrickson, 2001).

Looking at the subtheme of understanding and positive regard in the context of the data pertaining to empathy and compassion, a comparison can be made with the empathy altruism hypothesis (Persson et al, 2016), where a true emotional concern for another, results in selflessly and compassionately wanting to help them. Moreover, altruistically offering support in a non-judgemental and understanding way, indicates that there are no conditions on the

support offered. There is a sincerity in this subtheme that demonstrates understanding and positive regard, irrespective of the circumstances that brings a person to AA. Again, this is an indication that a group is operating with a high level of cohesiveness, in this case where here and now content is dealt with in a judgement-free environment (Corey & Corey, 2016).

The growth that members achieve was conveyed using terminology such as wisdom, guidance, freedom and spirituality, as well as through the self-actualisation of personal resources, for example, building confidence, having hope, feeling gratitude and the ability to trust. This validates existing research showing that involvement with AA promotes spirituality (Tonigan, 2007), and that this in turn sustains affiliation with AA, and therefore a better long-term outcome for recovery (Tonigan, 2007; Krentzman et al., 2011; Kelly, Humphreys & Ferri, 2020).

An unexpected finding from the study was that whilst AA exists to help alcoholics achieve sobriety and sustain recovery (AA General Service Office, 2018), when asked, members were more likely to discuss the other advantages that belonging to AA affords them, see Table 1. This would suggest that once sobriety has been achieved and a recovery lifestyle identified with, AA continues to play an important and transformative role in its members' lives. This finding is especially interesting for groupworkers involved with support groups as it suggests the benefits of belonging to such a group extend beyond its primary purpose where members can be more appreciative of the enabling aspects of group membership that influence their lifestyle and wellbeing. In the case of this study, benefits include being part of a unique community, achieving personal growth and developing a positive outlook.

Limitations and future implications

The findings within this paper are derived from a single open-ended question that was posed to participants as part of a larger quantitative study looking at AA membership. All analysis, inferences and discussion regarding the findings are driven by the content of this question. The inclusion of qualitative interviews would expand on this

work to help researchers gain a deeper understanding of how member opinion is affected by criticisms of AA, such as its dated literature, lack of diversity, and rigidity toward an approach that has not been updated with contemporary knowledge since the 1930s (Kaskutas, 2009; Whitaker, 2019; Matsuzaka, 2018; Glassman et al, 2021).

Within this study, the message conveyed by the participants was overwhelmingly positive, however there is a body of work that does not ascribe to this favourable opinion of AA. For example, Dodes and Dodes (2014), argue that whilst AA has an undeniable presence in recovery, it holds a monopoly regarding alcoholism in its portrayal of being the last hope for alcoholics. This is a representation blinkered by those endorsing AA as having had success with it, which Dodes and Dodes(2014) suggest, represents a small percentage of the AA membership. Other work has found that research on AA can be controversial and open to interpretation, with one review evidencing contradictory findings in research looking at the efficacy of AA (Kaskutas, 2009). To offer a balanced perspective, similar research to the present study using a recruitment strategy less susceptible to confirmation bias (Althubaiti, 2016), could better reflect a broader opinion on AA membership, one that is inclusive of those who have chosen not to engage with AA in their recovery. In addition to this, the question ‘What does belonging to AA mean to you?’ may have contributed to the overall positive results, as it implies there is a ‘meaning’ to belonging to AA. A question such as ‘How would you describe your experiences of being a member of AA?’ might have returned a more balanced representation of what people see as good or bad in AA membership.

This study has been conducted during the Covid-19 pandemic, which saw the closure of face-to-face mutual support meetings, as governments enforced lockdown restrictions in a bid to stop the spread of coronavirus (Bernard et al, 2021). Mutual support groups such as AA responded with an online support network, operated primarily on the Zoom platform (AA UK, 2020b). Any influence the change in delivery channel has had on members’ views, has not been considered. Furthermore, as participants were recruited from Facebook groups, only the views of those who have chosen to engage with AA using this online channel have been considered. The participants in this study were recruited from English speaking Facebook groups, so differences

in views that may have emerged in groups that do not operate in English, were not considered.

Conclusion.

This study explores what belonging to AA means to its international membership. The non-directed opinion of members has been qualitatively analysed, giving a collective view of their opinion on AA membership. The themes identified in the data convey a positive message, demonstrating that by attending AA meetings, members can achieve more than sobriety and sustained abstinence. The findings suggest there are advantages to belonging to AA that extend beyond its primary purpose. Members value the enabling qualities of belonging to a cohesive group that influences their lifestyle and wellbeing. In the case of this study, these factors were developing a positive outlook, feeling accepted into a unique community, and experiencing personal growth. To develop this knowledge further it is suggested that future study revisits the recruitment strategy, and the data collected, to gain a broader perspective on AA membership, one that is cognisant of some of the criticisms of AA and inclusive of people who have chosen not to continue accessing its services.

References

- AA General Service Office (2018) *A.A. factfile*. New York: Alcoholics Anonymous World Services
- AA General Service Office (2020a) *Sobriety within everyone's reach*. New York: Alcoholics Anonymous World Services
- AA General Service Office (2020b) *Estimated worldwide A.A. individual and group membership* [accessed 10th April 2021 at https://www.aa.org/assets/en_us/aa-literature/smf-132-estimates-worldwide-aa-individual-and-group-membership]
- AA UK (1997) *The Birth of AA, its Growth and the Start of AA in Great Britain* [accessed 10th May 2021 at <https://www.alcoholics-anonymous.org.uk/about-aa/historical-data>]
- AA UK (2020a) *2020 Membership Survey* [accessed 5th March 2022 at <https://www.alcoholics-anonymous.org.uk/Members/2020-Survey>]

- AA UK (2020b) *Alcoholics Anonymous goes online during Covid-19 pandemic* [accessed 15th May 2021 at <https://www.alcoholics-anonymous.org.uk/Media/News-&-Articles/Alcoholics-Anonymous-goes-online-during-Covid-19-pandemic>]
- AA USA and Canada (2014) *Alcoholics Anonymous 2014 Membership Survey* [accessed 30th April 2021 at https://www.aa.org/assets/en_US/p-48_membershipsurvey.pdf]
- Althubaiti, A. (2016) Information bias in health research: definition, pitfalls, and adjustment methods. *Journal of Multidisciplinary Healthcare*, 9, 211-217
- Bernard, S., Blood, D., Tilford, C., Harlow, M., Nevitt, C., Rininslan, Æ., Smith, A., Stabe, M. and Wisniewska, A. (2021) *Lockdowns compared: Tracking governments' coronavirus responses* [accessed 10th May 2021 at <https://ig.ft.com/coronavirus-lockdowns/>]
- Boniwell, I. and Tunariu, A. (2019) *Positive psychology theory, research and applications*. London: Open University Press
- Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 2, 77-101
- Braun, V. and Clarke, V. (2021) One size fits all? What counts as quality practise in (reflexive) thematic analysis? *Qualitative Research in Psychology*, 18, 3, 328-352
- Corbin, J. and Strauss, A. (2008) *Basics of Qualitative Research*. London: SAGE Publications
- Corey, G. and Corey, M.S. (2016) Group psychotherapy. In J.C. Norcross, G.R. VandenBos, D.K. Freedheim, and R. Krishnamurthy (Eds). *APA handbook of clinical psychology: Applications and methods*. Washington, DC: American Psychological Association. (pp. 289-306)
- Costello, M. S., Li, Y., Remers, S., MacKillop, J., Sousa, S., Topp, C., Roth, D., Weiss, M. and Rush, B. (2019) Effects of 12-step mutual support and professional outpatient services on short-term substance use outcomes among adults who received inpatient treatment. *Addictive Behaviours*, 98, Article 106055. DOI: 10.1016/j.addbeh.2019.106055
- Creswell, J. W. and Creswell, J. D. (2018) *Research design qualitative, quantitative, and mixed methods approaches*. London: SAGE Publications
- Dodes, L. and Dodes, Z. (2014) *The Sober truth debunking the bad science behind 12 step programs and the rehab industry*. Boston: Beacon Press
- Donovan, D., Ingalsbe, M., Benbow, J. and Daley, D. (2013) 12-Step Interventions and mutual support programs for substance use disorders: An overview. *Social Work in Public Health*, 28, 1, 313–332
- Erickson, M. (2020) *Alcoholics Anonymous most effective path to alcohol*

- abstinence* [accessed April 30th 2021 at <https://med.stanford.edu/news/all-news/2020/03/alcoholics-anonymous-most-effective-path-to-alcohol-abstinence.html>]
- Frakt, A. (2015) *Alcoholics anonymous and the challenge of evidence-based medicine* [accessed 15th May 2021 at <https://www.nytimes.com/2015/04/07/upshot/alcoholics-anonymous-and-the-challenge-of-evidence-based-medicine.html>]
- Fredrickson, B. (2001) The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, 56, 3, 218-226
- Glassman, H., Moensted, M., Rhodes, P. and Buus, N. (2021) The politics of belonging to Alcoholics Anonymous: A qualitative interview study. *American Journal of Community Psychology*. DOI: 10.1002/ajcp.12568
- Humphreys, K., Blodgett, J. and Wagner, T. (2014) Estimating the efficacy of alcoholics anonymous without self selection bias: an instrumental variables re analysis of randomized clinical trials. *Alcoholism Clinical and Experimental Research*, 38, 11, 2688-2694
- Kaskutas, L. (2009) Alcoholics Anonymous effectiveness: Faith meets science. *Journal of Addictive Diseases*, 28, 2, 145-157
- Kelly, J., Humphreys, K. and Ferri, M. (2020) Alcoholics Anonymous and other 12-step programs for alcohol use disorder. *Cochrane Database Systematic Reviews*, 3, 3, 1465-1858
- Krentzman, A. R., Robinson, E. A., Moore, B. C., Kelly, J. F., Laudet, A. B., White, W. L., Zemore, S. E., Kurtz, E., and Strobbe, S. (2010) How Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) work: Cross-disciplinary perspectives. *Alcohol Treatment Quarterly*, 29, 1, 75–84
- Krentzman, A., Robinson, E., Perron, B. and Cranford, J. (2011) Predictors of membership in alcoholics anonymous in a sample of successfully remitted alcoholics. *Journal of Psychoactive Drugs*, 43, 1, 20-26
- Kuehn, B. (2019) Growing global alcohol use. *The Journal of the American Medical Association*, 322, 23
- Matsuzaka, S. (2018) Alcoholics anonymous is a fellowship of people: A qualitative study. *Alcoholism Treatment Quarterly*, 36, 2, 152-178
- Matthews, S., Dwyer, R. and Snoek, A. (2017) Stigma and self-stigma in addiction. *Bioethical Inquiry*, 14, 1, 275-286
- McLeod, J. (2015) *Doing research in counselling and psychotherapy*. London: SAGE Publications
- Narcotics Anonymous. (2015) *Narcotics Anonymous 2015 membership survey* [accessed 30th May 2021 at <https://www.na.org/admin/include/spaw2/>]

- uploads/pdf/pr/MembershipSurvey_2016.pdf]
- Nowell, L., Norris, J., White, D. and Moules, N. (2017) Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16, 1, 1-13
- NVivo. (2020) *Unlock insights in your data with powerful analysis* [accessed 10th April 2021 at: <https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home>]
- Passmore, J. and Oades, L. (2015) Positive psychology techniques: random acts of kindness and consistent acts of kindness and empathy. *The Coaching Psychologist*, 11, 2, 90-92
- Persson, B. and Kajonius, P. (2016) Empathy and universal values explicated by the empathy-altruism hypothesis. *The Journal of Social Psychology*, 156, 6, 610-619
- Prescott, J., Hanley, T. & Ujhelyi, K. (2017) Peer communication in online mental health forums for young people: Directional and nondirectional support. *JMIR Mental Health*, 4, 3. DOI: 10.2196/mental.6921
- Qualtrics. (2020) *Qualtrics experience management* [accessed 2nd April at <https://www.qualtrics.com/uk/>]
- Shenton A. K. (2004) Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22, 63-75
- Stock Whitaker, D. (2001) *Using groups to help people*. Hove: Brunner-Routledge
- Tonigan, J. (2007) Spirituality and alcoholics anonymous. *Southern Medical Journal*, 100, 4, 437-440
- Twining, P., Heller, R., Nussbaum, M. and Tsai, C. (2017) Some guidance on conducting and reporting qualitative studies. *Computers & Education*, 106, A1-A9
- Weegman, M. (2004) Alcoholics Anonymous: A group-analytic view of fellowship organizations. *Group Analysis*, 37, 2, 243-258
- Whitaker, H. (2019) One step too many in A.A. *The New York Times*. December 28th, p. 19.
- White, W. (2004) Addiction recovery mutual aid groups: an enduring international phenomenon. *Addiction*, 99, 5, 532-537
- White, W., Budnik, C., and Pickard, B. (2013) Narcotics Anonymous comes of age: A 60th anniversary professional tribute. *Counselor*, 14, 50, 54-57
- World Health Organization. (2018) *Alcohol* [accessed 4th April 2021 <https://www.who.int/news-room/fact-sheets/detail/alcohol>]
- Yalom, I. (2005) *The theory and practice of group psychotherapy*. New York: Basic Books