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## Women recovering in Alcoholics Anonymous: The impact of social bonding

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WOMEN RECOVERING IN ALCOHOLICS ANONYMOUS:  
THE IMPACT OF SOCIAL BONDING

by

Tina Marie Wininger

Bachelor of Arts  
University of Nevada, Las Vegas  
2000

A thesis submitted in partial fulfillment  
of the requirements for the

**Master of Arts Degree in Sociology  
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College of Liberal Arts**

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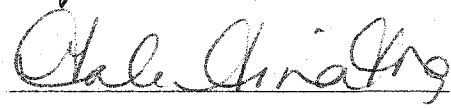
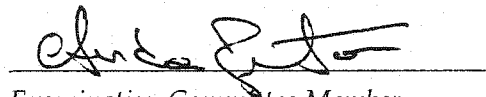
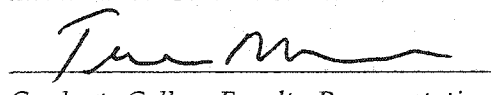
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Women Recovering in Alcoholics Anonymous:

The Impact of Social Bonding

is approved in partial fulfillment of the requirements for the degree of

Master of Arts in Sociology

  
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Dean of the Graduate College  
Examination Committee Member  
Examination Committee Member  
Graduate College Faculty Representative

ABSTRACT

**Women Recovering in Alcoholics Anonymous:  
The Impact of Social Bonding**

by

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Associate Professor of Sociology  
University of Nevada, Las Vegas

This study examines the process of same-sex bonding within the Alcoholics Anonymous (A.A.) women's community. More specifically, this research measures the impact of same-sex bonding on life-satisfaction and length of sobriety for alcoholic women in A.A. Linear regression analyses of survey data from female A.A. members (N=293) indicate (1) a statistically significant relationship between Respondents' same-sex social bonding and life-satisfaction, and (2) that the effect of this social bonding on the number of years respondents have remained sober is mediated by life-satisfaction. Therefore, it is likely that higher female bonding scores among women lead to higher life-satisfaction and, in turn, higher life-satisfaction leads to longer sobriety terms. This model is supported by qualitative data gathered from ten volunteer

survey respondents. Informants indicated that their self-transformations resulted in a positive attitude change toward same-sex bonding; in addition, sexual dynamics may play a role in such change. Future research should explore these relationships.

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I would like to dedicate this thesis to the women of Alcoholics Anonymous for embracing my cause and for the gift of their time, particularly those who welcomed me into their homes and their hearts and shared with me so many of their life experiences.

## CHAPTER I

### INTRODUCTION

The self has been the object of sociological study for decades and an abundant sociological literature exists in symbolic interactionism on such study. This literature includes work with respect to the development of the self via primary group socialization (Cooley:1967 and 1998), the notion of the looking-glass self (Cooley:1998), the relationship between the self and society (Mead:1934), self concepts of the "I" and the "Me" (Mead:1934), and symbolic interactionism's basic tenets (Blumer:1969) established by Herbert Blumer. Symbolic interactionist theories established a foundation upon which Norman K. Denzin (1997) built his research on re-socialization in Alcoholics Anonymous (A.A.) and how both self-constructions and self-transformations occur differently for alcoholics. While early symbolic interactionists often neglected the component of gender in studies of the self, Denzin acknowledges this factor within A.A. However, he fails to follow through sufficiently on the significance of gender with

respect to self-transformations. To best understand self-transformations, we have to understand that such processes are not generic, rather they are gendered. Building upon Denzin's work, I will discuss factors that make the process of self-transformation, from the alcoholic self to the A.A. self, different for female members of A.A. I hypothesize that for A.A. women, sustained interaction (i.e. social bonding/social integration) with other A.A. women has a positive impact on the transformation of the alcoholic self to the A.A. self.

My literature review will begin with a general overview of research on Alcoholics Anonymous, followed by a more in-depth discussion of sociological literature that has studied the A.A. program over the past 20 years. Next, I will discuss self-transformation, beginning with a brief overview of each of the following perspectives:

- (1) sociology and notions of the self;
- (2) gender and its effect on socialization of self;
- (3) Alcoholics Anonymous and Denzin's alcoholic self;
- (4) the effects of social bonding.

Subsequently, I will argue that differences between alcoholic and non-alcoholic perception, as well as those between genders (due to socialization), allow the benefits

of social bonding to take root more readily in A.A. women upon their bonding within the A.A. women's community.

### **Research Questions**

I will address the following research questions using quantitative data to answer questions one and two and qualitative data to address questions one through four:

- (1) Is there a relationship between social bonding among women in A.A. and life-satisfaction? If so, what is the nature of that relationship?
- (2) Is there a relationship between social bonding among women in A.A. and the number of years A.A. women have been sober? If so, what is the nature of that relationship?
- (3) What is the purpose/meaning of "13<sup>th</sup> Step" sentiment (the 13<sup>th</sup> Step is defined on page 17) in A.A. and is bonding among female members a manifest or latent function resulting from such sentiment?
- (4) Specifically, what kinds of things do A.A. women learn from other A.A. women that result in a change from the alcoholic self to the A.A. self?

### **Literature Review**

A plethora of sociological literature on the study of Alcoholics Anonymous from many different standpoints has been accumulating for decades. Since the mid 1980s, some of these studies have explored A.A.'s history (Ames, 1989; Kurtz, 1988), models and theories regarding its principles, including disease vs. flawed character debates (Swora, 2001; Borkman et al., 1998; Toby, 1998; Zohar and Borkman, 1997; Khantzian, 1995; McCormick and Dattilo, 1995; Steele and Trice, 1995; Dreyfus and Rubin, 1994; Buhr and Unkovic, 1990; Lehman, 1990; Van Wormer, 1987), the relationship between A.A. and religion or spirituality (Li et al, 2000; Valverde and White-Mair, 1999; Schaler, 1997; Chapman, 1996; Chalfant, 1992; Peterson, 1992; Clemmons, 1991; Rudy and Greil, 1989), social aspects of the A.A. society (Thommassen, 2002 and 2000; Yablonsky, 1997; Makela, 1991; Riessman, 1990), diversity of membership and its effect on sobriety (Foltz, 2000; Rush, 2000; Fox, 1999; Young, 1999; Anderson and Bondi, 1998 and 1996; Peele, 1997; Kus and Latcovich, 1995; Beckman, 1993; Hoffman, 1992; Trevina, 1991; Rosenqvist, 1991; Maracle, 1989; Sutro, 1989; Grove, 1984), success/failure and deviance within the fellowship (Hoffmann, 2000; Smyth, 1998; McBride, 1996; Sandoz, 1996; Robinson, 1983; Miller et al., 1989), conversation analysis

of the A.A. narrative (Arminen, 2001, 1998, 1996, and 1991; Kitchell et al., 2000; Hanninen and Koski-Jannes, 1999; Steffen, 1997; Pollner and Stein, 1996; Cain, 1991;), alternative solutions to alcoholism (Makela, 2001 and 1996; Atkins, 2000; Kaskutas, 1989), Hollywood portrayals of alcoholics (Denzin, 1995) and aspects of self-identity, social bonding/fellowship, and the well-being/life-satisfaction of its members (Kairouz and Dube, 2000; Rush, 2000; Thomas, 1997; Witmer, 1997; Arminen, 1996; Hohman and LeCroy, 1996; Nealon-Woods et al., 1995; Reinaman, 1995; Weinberg, 1994; Denzin, 1997, 1992, 1991, and 1987; Smith, 1993; Anderson, 1992; Donovan, 1984).

The birth of the A.A. fellowship occurred in the 1930s through the efforts of its founder, an Ohio stock broker named Bill Wilson, and a physician who treated countless desperate alcoholics, Dr. William D. Silkworth, M.D. The A.A. fellowship developed by utilizing Dr. Silkworth's opinion regarding alcoholism (A.A., 2001:xxv-xxxii) and the necessity of members to help one another in order to become sober. Dr. Silkworth's opinion views alcoholism as a physical allergy, coupled with an obsession of the mind, requiring a spiritual solution.

Other similarly modeled programs, known as Social Model Programs (SMPs), began to grow in the late 1940s out



of A.A.'s 12<sup>th</sup> Step (See Appendix E). Reaching out to help other alcoholics (known as 12<sup>th</sup>-step work) is an essential element in maintaining sobriety. In addition, SMPs are based on A.A.'s Twelve Traditions (See Appendix F), emphasizing democratic group processes with shared and rotated leadership and a minimal hierarchy (Borkman et al., 1998). According to Borkman et al.,

SMPs and A.A. are empowering because of the "helper therapy" principle: by helping a fellow alcoholic, the helpers are themselves helped; helping a fellow alcoholic is [one] main way helpers stay sober. (1998:15)

The book *Alcoholics Anonymous* (commonly referred to as *the Big Book*), the A.A. member's basic text, explains that the best person to help an alcoholic recover is a recovering alcoholic, and that nothing will insure a member's freedom from drinking like helping other alcoholics (A.A., 2001). *Twelve Steps and Twelve Traditions*, a supplement to the Big Book, tells A.A. members that those who have "tried to carry this message to alcoholics" find that "by the divine paradox of this kind of giving he has found his own reward, whether his brother has yet received anything or not" (Alcoholics Anonymous World Services, 1994:109).

Not so long ago the notion of self-help groups was cast aside by most professionals who said "the blind could not lead the blind" (Riessman, 1990:42). Today, however,

professionals as far away as China have adopted the A.A. model of recovery. A.A. has been highly influential in several areas of public policy and utilizing self-help groups to deal with addiction "could be the first step in politicization about the social factors contributing to an addiction" (Riessman, 1990:47).

Alcoholics Anonymous' overriding view of alcoholism is that of spiritual illness. Drinking is considered a symptom of the disease and a form of preoccupation with self. The recovery process is "a life task consisting of fulfilling meaning and purpose in the continued pursuit of sobriety in the service of others" (Young, 1999:12).

Feminists may initially hesitate when confronted with the Twelve Steps, as they may seem sexist due to the use of male pronouns and suggestions of "powerlessness" (Clemmons, 1991). While spirituality has at times been considered to be just an opiate of the people (Marx, 1843), it has also been an impetus for liberation. According to Clemmons (1991), liberation from addiction, an ongoing journey of spiritual growth, and the resulting attainment of full and complete personage are objectives of many successful recovery programs, and such goals are in harmony with feminist principles. Clemmons further states,

The Twelve Steps do not contradict feminist thought, but rather enhance some of the basic principles of feminism such as autonomy and responsibility for self. Spirituality is a key component of successful recovery. (1991:108)

Highly developed spirituality is developing a new and changing sense of knowing oneself and others and intimates, "a way of being where the 'whole' is experienced in connection to others and is experienced as greater than the sum of the parts" (Rush, 2000:202). At one point in her research process of examining the relationship of witchcraft to mental, physical and spiritual healing, Foltz (2000:414) reported finding an unanticipated "link between feminist spirituality and women's recovery from alcoholism." Beckman (1993:246) regards A.A. as "a fellowship originally designed by and composed primarily of men", that "appears to be equally or more effective for women..."

Denzin concurs with this notion saying,

The heart of A.A. works through the disclosure of emotionality...and...women appear to acquire the A.A. point of view more rapidly than do men. Their empathetic abilities and previous socialization experiences allow them more quickly to enter the emotional space that exists within any A.A. meeting. (1997:315)

An admission of powerlessness is the critical first step. Riessman says "it is not a powerlessness that calls for passivity and inaction" and "admitting their powerlessness over the 'disease' can empower 12-steppers to do some-

*thing about themselves"* (1990:43; author's emphasis).

Active participation in A.A. does not occur easily for many alcoholics. The concept of "hitting bottom" is the beginning of the process of identity transformation (Denzin, 1997; Clemmons, 1991).

One might compare the experience of hitting bottom to the death of the ego and a means of diminishing the psychological defense mechanism of denial. A.A. sees this as a blessing. Hitting bottom may involve the loss of a relationship or job, or any other incident which indicates a significant loss (Clemmons, 1991), but hitting bottom is the catalyst to self-transformation. Denzin's sixth thesis of recovery "asserts that only through surrender of self does recovery begin" (1997:114).

Surrender being the first step, A.A. members continue the self-transformation process with the other eleven steps. By embracing all 12 Steps as a way of life, alcoholics can effect a transformation in personality, attitude and behavior. This quintessential transformation has been recounted in ethnographic studies of A.A. (Denzin 1997). Clemmons found moving from step one through step 12 in A.A. to be an ongoing process of growth and change, as any spiritual relationship that is to flourish requires ongoing work (1991:106). Rush (2000:202) concurs with this

opinion, pointing out that due to the availability and integral role of alcohol in society, "maintenance of sobriety requires continuous active change" and embraces the notion that developing a better understanding of how A.A. works will assist alcoholic women in fostering "relationships which are an essential part of long-term sobriety." Thommassen (2002b:195) found that this process finds A.A. members' sentiment changing with regard to the concept and label of "alcoholic" and, along with A.A. ideology, they acquire a "stable social structure and...support opportunities which provide 'meaning-full' support toward establishing and maintaining sobriety."

Indeed, A.A. is many things to many A.A. members and A.A. is many things to many researchers. It is a way to abstain from alcohol, one day at a time, and much more. It can effect a complete change in lifestyle. It can provide hope, understanding, and group fellowship for many. It integrates lonely and self-centered alcoholics into a society in which they fit, transforming them into A.A. selves with a concern for and commitment to helping others, a strong personal sense of worth, a sense of sharing, and participation in community where diversity may provide great strength. It approximates a family striving to non-judgmental acceptance. There is evidence of the A.A.

process resulting in significantly improved well-being and functioning in life, a sense of meaning, purpose, self-efficacy, and a higher sense of social responsibility. Moreover, research has determined the basis of self-transformation to be the practice of spiritual principles (Rush, 2000; Young, 1999; Denzin, 1997; Clemmons, 1991; Riessman, 1990; Maracle, 1989).

According to A.A., without a change of heart, there can be no recovery. A.A.'s main purpose is to effect a spiritual awakening, often signaled by a moment of clarity, or an epiphany (Denzin, 1989), when a person modifies perceptions of self, of others, and of the world. Spirituality provides the transition from a self-obsessional to a self-developmental focus and is the catalyst for the change of heart, shifting the center of an alcoholic's life to a higher consciousness and a sense of serenity that is spirituality (Denzin, 1997; Clemmons, 1991).

Some people, perhaps even scholarly researchers, confuse the concepts of religion and spirituality. Religion is a very organized and codified assemblage of doctrine, liturgy, theology, and belief in a higher power (Clemmons, 1991; Alcoholics Anonymous, 1988). On the other hand, spirituality is an internal ongoing search for self-knowledge that recognizes the existence of a higher power.

...the common denominators of a sense of spirituality include a sense of purpose in one's life, a belief in a connectedness to others, an acceptance of the events which occur and a belief that there is a power greater than oneself which can help restore one to sanity. (Clemmons, 1991:98)

Twelve-step groups strongly emphasize spirituality that includes but transcends religion, encouraging people to interpret the notion of a higher power (or God) in whatever way they feel comfortable (Riessman, 1990:46). Descriptions of what a higher power means to A.A. members include "the love and support of one's group," "unity with nature," "a force within oneself," "the love and support of one's (therapy) group," G.O.D. acronyms ("group of drunks" or "good orderly direction") as well as more traditional and religious perceptions (Li et al., 2000 and field notes).

A.A.s message is that the root of the alcohol abuser's problem is over reliance on a philosophy of self-sufficiency, variously termed 'selfishness,' 'self-centeredness,' 'self-will run riot' or 'bondage of self'; the effectiveness of the entire programme of recovery therefore rests on the extent to which one becomes and remains willing, a day at a time, to turn one's will and one's life over to a power greater than self. (Donovan, 1984:417)

Many addiction specialists acknowledge and support the need for spirituality. The void created by abstinence from alcohol can be filled by spirituality, allowing individuals to feel a sense of wholeness of self and of connectedness

to others that once seemed impossible. Developing a spiritual sense can dissipate the isolation and uniqueness which most alcoholics and addicts feel, encouraging their growth and potential (Rush, 2000; Clemmons, 1991).

Dr. Penny Clemmons (1991), a clinical psychologist who has counseled chemically dependent women since 1969, asserts that treatment programs for chemical dependency must include spirituality as one of the tools of recovery or the addict will be "ill-prepared to live in our society without alcohol or drugs." Regarding the nature of spirituality, she writes,

Dr. Charles Whitfield, M.D., a noted author on chemical dependency and spirituality writes that "...spirituality is about relationships—with self, others and the universe. It has to do with things like trusting, forgiveness and zest for living. It has to do with the meaning and purpose in life and with getting free of suffering"...Spirituality differs from the routinized aspects of organized religion which sometimes cause alienation and fear...developing one's spirituality can mean creating a greater connectedness between oneself and others which encourages growth and potential. (Clemmons, 1991:98)

A.A. spirituality is a collective action, as one of its primary manifestations is a true sense of inter-connectedness with other A.A. members or active fellowship. Hence, A.A. spirituality translates into supportive relationships with similar others (Li et al., 2000; Riessman, 1990). Maracle's research (1989) found that A.A.



members want and need more support than that offered via meeting participation, and she distinguished between "spectators" and "participants" as variants in these patterns. According to Maracle,

Participants...take an active role in their associations and relationships with others; they volunteer in meetings, they assume different roles, serve in various capacities (e.g. chair meetings, make coffee, etc.), participate in meeting-talk. Spectators, on the other hand, associate with the others but seldom do so in an active manner. (1989:203)

Recent survey data analysis (Thommassen, 2002a) found three dimensions of utilization of A.A.-related behaviors: active participation in the fellowship, attendance and participation at A.A. meetings, and involvement in administrative functions. The primary type is social involvement or fellowship, which takes place at meetings and in social, recreational, and/or friendship pastimes. The nature and benefits of the support provided by social involvement or fellowship has been explored only generally in psychological literature, therefore, this area is ripe for future study of alcoholism treatment. In another study, spiritual alignment and social support were significant predictors of making the choice of active participation in A.A. for at least 1 year (Rush, 2000). Social integration in A.A. is a key factor leading to the successful arrest of alcoholism. Little or no research

exists in the literature exploring the relationship between social bonding among recovering alcoholic women and their satisfaction with life, a factor influencing the desire to remain a sober A.A. member.

Research finds personal stories or narratives to be another vital part of the process of self-transformation and re-socialization within A.A. (Kitchell et al., 2000; Hanninen and Koski-Jannes, 1999; Young, 1999; Denzin, 1997; Beckman, 1993; Rosenqvist, 1991; Maracle, 1989). Narratives form the essence of meetings, allowing members to create meanings that guide them to establish identities as A.A. selves, leading to a participatory stage of recovery (Kitchell et al., 2000; Hanninen and Koski-Jannes, 1999; Denzin, 1997; Maracle, 1989). Women are underrepresented in all types of studies, including those of A.A., and more research is needed to better understand gender-specific alcoholism recovery stories (Young, 1999; Beckman, 1993; Rosenqvist, 1991).

Without a doubt, A.A. women's personal stories have gendered themes and include experiences indicative of gender socialization and sexism within society at large. The wife of A.A.'s co-founder, Dr. Bob Smith, said that most women entering A.A. in the early days were labeled "nymphomaniac" by the A.A. men, who were leery of

association with them and what situation might result.

A.A. not only acknowledges the double standard, but also its acceptance by many of the women it labels. A.A. says,

The word "alcoholic" may disturb you. To many people it still suggests weakling or outcast. Applied to women, this misconception remains particularly strong. Most of society tends to look with tolerance or even amusement on a male drunk, but to recoil in distaste from a woman who is in the same condition. Even more tragic is that the woman alcoholic herself often shares this bias. For her, the burden of guilt carried by every alcoholic drinker is often doubled. (A.A., 1976:7)

While society's "double standard has relaxed in the intervening years, it remains and continues to create problems for some women who are new to A.A. and/or recovery" (Maracle, 1989:122-123). One area of conflict within the fellowship seems to be sexual intimacy. Donovan states,

...group cohesion can be severely weakened by jealousy, envy, and hostility generated by...elusive, private and intense relationships as sexual or romantic-love dyads. For these reasons, groups of all sorts attempt to regulate intimacy in some way. They institute practicca or policies that set limits on how much and what kinds of intimacy and exclusive attachments are permissible or desirable...the group regulates intimate, exclusive ties in a number of ways. (1984:413)

While A.A.'s "public relations policy" is based on "attraction, rather than promotion" (See Appendix F), sexual allure among members may be another attraction to the fellowship. The policy regarding sex set forth by A.A.

is "We want to stay out of this controversy. We do not want to be the arbiter of anyone's sex conduct" (A.A., 2001:69). Non-involvement is advised, in part, by strongly suggesting A.A. sponsorship relationships be among same-sexed persons (Rosenqvist, 1991; Donovan, 1984). Relative to this thought, Donovan describes the nature of therapeutic relationships, such as those of sponsorship, by saying,

...such relations are particularly prone to romantic or sexual cathexis. In a predominantly heterosexual social order, that occurrence is made less likely when the therapeutic dyad is same-sexed. (1984:414)

Further attempts to regulate intimate ties are apparent in 13<sup>th</sup> Step sentiments. The 13<sup>th</sup> Step, one that lies beyond the boundaries of A.A.'s 12 Steps, is an informal norm advising that newcomers refrain from involvement in new sexual experiences within their first year of sobriety, giving them time to gain emotional balance while living through their difficult situation (Rosenqvist, 1991:697; Donovan, 1984:414). According to Donovan, "One engages in 'thirteenth stepping' when one engages in sexual or romantic dalliance with a fellow member who has less than a year's continuous sobriety" (1984:414). Hence, established male and female A.A. members should not pursue newcomers in a sexual manner. Nonetheless, "thirteenth Stepping" occurs, and being

sexually objectified in a nonsexual environment has likely been the experience of many longtime *female* members of A.A. Same-sex bonding among A.A. women may sometimes occur by "hitting bottom" with a sexual experience. Maracle asserts that for many A.A.s, a change in willingness and belief occurs in just that manner by noting,

...the change in willingness and belief came about partially as a result of continuing internal dialogue, a dialogue in which old ideas, concepts, and frameworks are confronted by new in an atmosphere sometimes grounded in despair. (1989:181)

The A.A. experience may be quite different for women than for men. While a large quantity of literature has been produced studying the A.A. program over the past 20 years, gender differences in the development of the A.A. self have been neglected as a focus, and the goal of this study is to fill some of that gap.

### **Notions of the Self**

Sociologists have examined the ways in which identity is negotiated with others for more than one hundred years. Much of Charles Horton Cooley's work examined the dynamics of the development of the self, producing a link between self and society. For Cooley, there can be no "self" apart from society, as it emerges dialectically through communication and interaction. He observed self-feelings

as being profoundly shaped by the imagined appraisals of one's self by significant others. Two of Cooley's major sociological contributions are (1) the notion of primary and secondary groups and their role in socialization and (2) his theory of "the looking-glass self". Cooley espoused to an interactive understanding of the "self", as he postulated a development of that "self" based on our interaction with other people. He also distinguished "other people" with his concept of the "primary group" and he defined such a group in detail saying,

By primary groups I mean those characterized by intimate face-to-face association and cooperation. They are primary in several senses, but chiefly in that they are fundamental in forming the social nature and ideals of the individual. The result of intimate association, psychologically, is a certain fusion of individualities in a common whole, so that one's very self, for many purposes at least, is the common life and purpose of the group. Perhaps the simplest way of describing this wholeness is by saying that it is a "we"... (1998:179)

In our formative years, our most intimate day-to-day associations are generally with our parents, siblings, other family members and close family friends. Our primary group may change and evolve over time, as do we, but the socialization process continues throughout our life. Cooley tells us that,

Primary groups are primary in the sense that they give the individual his earliest and most complete experience of social unity, and also in the sense that they

do not change in the same degree as more elaborate relations, but form a comparatively permanent source out of which the latter are ever springing. (1998:181)

In other words, primary groups play the primary socializing role in our life, even to the extent of influencing other relations with non-primary group people. These "other relations" or "secondary group" associates come to us by way of relationships with a specific purpose and socialize us in specific ways. Secondary group members may become primary group members due to associations formed through school, college, occupational or other settings where there exist common interests and common activities. Cooley tells us our basic nature, which some refer to as "human nature", is not individualistic, rather it is a product of our societal interaction.

...human nature is not something existing separately in the individual, but a *group-nature or primary phase of society*, a relatively simple and general condition of the social mind. (Cooley, 1998:183)

Thus, both primary and secondary groups play important roles in the interactive development of "self". For Cooley, it was simple common sense knowledge that "the social self is simply any idea, or system of ideas, drawn from the communicative life, that the mind cherishes as its own" (Cooley, 1967:179).

For recovering alcoholics, A.A.'s system of ideas is the kind of common sense knowledge alcoholics must cherish (as Cooley would say) in order to become a member of A.A., thereby becoming a recovering alcoholic self. Other recovering A.A. members must become the primary socialization group in the newcomer's sober life in order to affect the transition from the alcoholic self to a recovering A.A. self. If the newcomer does not share the beliefs of A.A., they cannot learn the how and the why and the what of A.A. sobriety and A.A. won't work for them. They might not even want sobriety unless they understand what it is by the A.A. definition, because they understand it to mean that you don't drink and nothing more. This definition is far short of A.A. reality.

Building upon the work of philosopher and psychologist William James, Cooley opposed the traditional distinction between the individual and the external realm of society, embracing an interactive understanding of the self and society. Cooley states,

A separate individual is an abstraction unknown to experience, and so likewise is society when regarded as something apart from individuals..."Society: and "individuals" do not denote separable phenomena, but are simply collective and distributive aspects of the same thing...When we speak of society, or use any other collective term, we fix our minds upon some general view of the people concerned, while when we speak of



individuals we disregard the general aspect and think of them as if they were separate. (1964:36-37)

Cooley asserted that an individual's self develops through interaction with others. Thus, there is no separation between the individual and society, where the self originates first individualistically and then socially. Rather, this process is dialectical and communicative.

In a very large and interesting class of cases the social reference takes the form of a somewhat definite imagination of how one's self—that is any idea he appropriates—appears in a particular mind, and the kind of self-feeling one has is determined by the attitude toward this attributed to that other mind. A social self of this sort might be called the reflected or looking-glass self:

Each to each a looking-glass  
Reflects the other that doth pass.  
(Cooley, 1998:164)

The primary ingredient of this communication is the individual's perception of the other's judgment or understanding of such individual. Thus, consciousness of myself is a reflection of what I think others think of me. The theory's three principal elements are: (1) We think about how we appear to another person, (2) we decide the other person's discernment of our appearance, and (3) we experience some sort of resulting feeling (i.e. self-satisfaction, embarrassment, etc.). What moves us into the resulting feeling is the determination, or verdict if you

will, that is ascribed to us by the "other". According to Cooley,

This is evident from the fact that the character and weight of that other, in whose mind we see ourselves, makes all the difference with our feeling. We are ashamed to seem evasive in the presence of a straightforward man, cowardly in the presence of a brave one, gross in the eyes of a refined one, and so on...A man will boast to one person of an action—say some sharp transaction in trade—which he would be ashamed to own to another. (1998:164-65)

The essence of the theory is an interactive understanding of the self, an understanding based on our interaction with other people. In the introduction of Human Nature and the Social Order, Philip Rieff discusses the social communication process as the maker of the self. He writes of contributions to social science made by Charles Horton Cooley and George Herbert Mead. According to Rieff,

To the study of this process both Cooley and Mead contributed insights that have become the trustworthy basis of contemporary social psychology..."Taking the attitude of the other" toward one's own conduct is, for Mead and Cooley, the essential characteristic of social conduct. Even the body is not a self, *as such*; it becomes a self only when it imagines itself in relation to others; without social experience, therefore, the self cannot develop. Social communication is thus fundamental to selfhood. (1967:xviii-xix)

The self we perceive is partially the result of interaction with primary and secondary groups (or significant others). This self is also the result of

interactions with people outside of those groups. George Herbert Mead argued that society (e.g., culture, institutions, role systems, language, and acts) precedes symbolic thought that, in turn, precedes the development of selves. Mead observed that by studying role-taking, one can see how the rise of self is dependent upon the ability of an individual to become an object to himself or herself. In other words, one comes to act towards one's self as one acts towards others. Thus, the self is a dynamic process within an individual. Mead stressed that participants in social interactions attempt to take the role of the other in order to see themselves as others see them. This process allows individuals to know how they are coming across to others and allows them to guide their social behavior so that it has a desired effect. Mead contended that there can be no self apart from society with respect to both individual consciousness and communication. Therefore, society emerges through an ongoing process of communicative social interactions between persons who are in alignment with each other.

Mead's theory of socialization describes the gradual developing ability of children to take the role of the other and to see him or herself from the point of view of others. The theory has three stages: (1) the self-

conscious stage, (2) the play stage and (3) the game stage. In stage one, the child becomes aware of him or herself as an individual at a very primitive level. Stage two finds the child learning imperfect role-taking through interaction with others, primarily significant others, or, as Cooley termed it, those in the child's primary socialization group. The third stage involves becoming a fully mature socialized individual through structured play, or "playing by the rules," learned through interaction with others not necessarily known to the child. According to Mead, it is not enough for a fully mature individual to consider the attitudes of significant others, and he notes,

... he must also take their attitudes toward the various phases or aspects of the common social activity or set of social undertakings in which, as members of an organized society or social group, they are all engaged. (1934:154-155)

Members of an organized society or social group are what Mead terms the generalized other. Taking the attitude of the generalized other allows the self to better fit into society through shared beliefs and values. While individuals have agency, the attitude of the generalized other is reflected in the "me", and the agency is reflected in the "I". Mead's distinction between the 'I' and the 'me' explicates the internal conversation between two phases of the self. The 'me' weighs the social context of a situa-

tion against the individual context of the situation, the 'I'. This process finds the self looking for the appropriate 'me' to explain the situation in order to respond with an appropriate 'I'. The self is the outcome of this process occurring over and over again, hence, the self is always developing. Mead also theorized about the unified self and how differing "I"s and "me"s can hinder a unified self, remarking,

Normally, within the sort of community as a whole to which we belong, there is a unified self, but that may be broken up. To a person who is somewhat unstable nervously and in whom there is a line of cleavage, certain activities become impossible, and that set of activities may separate and evolve another self. Two separate "me's" and "I's," two different selves, result, and that is the condition under which there is a tendency to break up the personality...the various elementary selves which constitute, or are organized into, a complete self are the various aspects of the structure of that complete self answering to the various aspects of the structure of the social process as a whole; the structure of the complete self is thus a reflection of the complete social process. (1934: 143-144)

Mead's social psychology declares that people are different from animals and their behavior cannot be predicted or explained simply by stimulus-response mechanisms. Humans have the ability to reason and this qualification reveals itself through ongoing internal negotiations.

Alcoholics Anonymous is a process of a transformation of self that occurs only if and when the alcoholic adopts certain attitudes and actions. By taking the attitude of the A.A. generalized other, many alcoholics have found sobriety and a more complete and unified self. The A.A. other must guide one's presentation of a sober self, and each A.A. member must come to know the self to be a reflection of others recovering in A.A. through stages of socialization. The self-conscious stage of A.A. recovery may be described as the newcomer stage, where the individual is likely to become aware of him or herself as an alcoholic within a new subculture; the play stage may be described as socialization into the A.A. way of life through interaction with other members, primarily a sponsor who acts as a program mentor; the game stage may be described as adopting A.A. principles and concepts as a way of life, learned through activities in the fellowship. Just as members of some general community do not always "play by the rules" of society, so do self-proclaimed A.A. members stray from abiding by A.A. principles to affect a sober way of life. Some of the alcoholic's problems may be found in his or her dialogue between the "I" and the "me". Still, many years of observation at A.A. meetings has revealed a belief among recovering alcoholics that

alcoholism is a disease of perception. Thus, even the recovering alcoholic's perception of the other's discernment of his or her appearance is often distorted.

Symbolic Interactionism, based largely upon some of the theoretical contributions to sociology by Mead and further developed by Herbert Blumer, focuses on subjective perceptions or other symbolic processes of communication. The three basic assumptions of Symbolic Interactionism, as conceived by Herbert Blumer, are as follows:

The first premise is that human beings act toward things on the basis of the meanings that the things have for them. Such things include everything that the human being may note in his world...The second premise is that the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows. The third premise is that these meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things he encounters. (1969:2)

Thus, Blumer shared Mead's view of individuals, selves and capacity for interaction, yet he deviated from Mead's social behaviorism when he added, more explicitly, a sociological dimension. For Blumer, the repeated use of identical forms of interpretation is a condition of the continuance of established social patterns. A.A. is dependent on members' recurrent use of identical forms of interpretation of alcoholism and the solution offered. Each member must adopt A.A. principles, beliefs and

practices in order for the program to work in arresting his or her alcoholic condition. Likewise, A.A. as a whole must do the same in order for the fellowship to persevere. Such principles, beliefs and practices are constructed and reconstructed through interaction, much of which occurs at A.A. meetings.

### **Socialization and Gender-Role Development**

Gender and socialization play a significant part in the construction and reconstruction of meanings in every area of life and A.A. is no exception. "The study of gender roles has emerged as one of the most important trends in the discipline of sociology in the last half century" (Lindsey, 1997:1). The socialization process of gender-role development effects language, marriage, family relations and social institutions.

Gender is a social construction. While sex refers to the biological aspects of a person, gender refers to one's social roles. Sociologist Linda Lindsey (1997) defines gender as "those social, cultural and psychological aspects linked to males and females through particular social contexts." Gender is achieved by adhering to a set of norms, laws and mores that govern social expectations with regard to behavior, interaction, life opportunities and



life outcomes. From the time we are born, we are taught to be the gender that matches our sex by adopting a certain gender role. "Gender roles are defined as those expected attitudes and behaviors which a society associates with each sex" (Lindsey, 1997:3). Such roles are achieved through the socialization process, a lifelong course of learning one's cultural expectations with respect to sex and gender.

Basic differences exist between traditional male and female gender roles. For example, the male gender is often seen as appropriate when instrumental, goal and task oriented, aggressive, stoic, powerful and dominant, and the female gender is often seen as appropriate when expressive, sensitive and supportive, passive, emotional, nurturing, and subordinate. Gender roles are reinforced by the family, sexism, patriarchy, the double standard and other social institutions via social sanctions. Because socialization is an ongoing process throughout our lives, gender roles change with modifications in culture. As psychoanalyst Karen Horney sees it,

...the difference in male and female development is the difference between "being" and "doing"...the female identity is "ascribed" while the male identity has to be "achieved" ...Women are women because of what they are, men are men because of what they do. (Mendell, 1996:19)

Gender differences create disparity in most any human experience due to socialization and sexuality, and this has impeded communication and understanding between the sexes for centuries. Men and women communicate differently and this fact is no different in Alcoholics Anonymous. Women in A.A. can better identify with other A.A. women who share not only an expressive nature, but also the effects of living with the double standard. A.A. women's shared gendered themes in narratives can allow them to better diminish feelings of uniqueness and better develop a wholeness of self. Gender tends to link men to women differently than it does women to women. Men are more likely to view women with a sexual attraction and 13<sup>th</sup> Step sentiments are evidence of this assertion (the 13<sup>th</sup> Step is defined on page 17). All this is evidence that A.A. women can better assist other A.A. women in the re-socialization process from alcoholic self to A.A. self.

#### **A.A. and the Alcoholic Self**

I turn now to a brief discussion of Alcoholics Anonymous, the philosophy upon which it is based, the principles under which it operates and the ways that is likely to shape or socialize the alcoholic self into the A.A. self (Denzin, 1997).

A.A. is a fellowship of two million or more men and women in over 100,000 groups in 150 countries around the world (A.A., 2001:xxiii). Unity is one of the basic tenets of A.A. and unity with other A.A. members, individuals with whom the alcoholic is able to negotiate identity, is key for the alcoholic to be able to take the attitude of what one might call the "A.A. generalized other" (the general consensus of the A.A. society as a whole).

Bill Wilson, A.A.'s founder, confirms in "The Doctor's Opinion" (a section in the A.A. text written primarily by William D. Silkworth, M.D.) that "the body of the alcoholic is quite as abnormal as his mind" (A.A., 2001:xxiv). Dr. Silkworth, a non-alcoholic physician who treated chronic alcoholics for many years, describes alcoholism as an allergy of both the body and the mind. The physical aspect of alcoholism, which Dr. Silkworth termed the "phenomenon of craving", reveals itself through a complete loss of control over the amount of alcohol consumed. The mental aspect may be generally described as an inability to differentiate what is true from what is false that finds alcoholic drinkers seeking comfort in libations that lead over and over again to feelings of remorse and hopelessness rather than the desired effect (A.A., 2001:xxvi-xxviii). According to A.A., repeated alcoholic drinking behavior is

driven by "the obsession that somehow, someday, they [the alcoholic] will beat the game. But they often suspect they are down for the count" (2001:23).

In subsequent chapters, *Alcoholics Anonymous* goes on to describe the alcoholic self as intensely self-centered, and the steps as a way out of this condition. Its preamble is a basic summary of what the program is and is not.

*Alcoholics Anonymous* is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership; we are self-supporting through our own contributions. A.A. is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety. (Alcoholics Anonymous World Services, Inc., 2003)

The A.A. program is based on 12 steps of recovery (see Appendix A) outlined in its basic text, *Alcoholics Anonymous*, more commonly referred to as *the Big Book*. The 12 steps are designed to effect a spiritual answer to the alcoholic problem. The program is structured to be all-inclusive, non-hierarchical and void of gender-specific roles within the organization. Three basic tenets of A.A. are unity, service and recovery. The concept of unity in A.A. encourages interaction with other recovering

alcoholics in order to effect a sober self. Interaction generally occurs at A.A. meetings, however interaction outside of meetings is encouraged within the fellowship. Spirituality is the solution offered by A.A.'s 12 steps and interaction with other recovering alcoholics is part of A.A. spirituality. Recovery from alcoholism in Alcoholics Anonymous is a set of processes. These processes include adopting a system of beliefs and practices, mentoring and a transformation from the alcoholic self to the A.A. self (Denzin, 1997).

*The Alcoholic Society: Addiction & Recovery of the Self* (1997) is Denzin's analysis of the experiences of alcoholic men and women. Chapter three describes the A.A. view of alcoholism and the solution offered by Alcoholics Anonymous with regard to the problem of alcoholism. The A.A. solution is spiritual in nature and involves finding a higher power via twelve steps and ideals contained in the A.A. text, known as the Big Book, in order for the alcoholic to achieve a transition from a sick alcoholic self to a recovering A.A. self. Denzin explains,

The alcoholic self who comes to A.A. finds an existing society of recovering alcoholic selves. In G.H. Mead's (1934) terms, Alcoholics Anonymous is an emergent society of preexisting alcoholic selves organized around the principles of recovery contained in the texts of A.A. Recovery involves learning how to take the attitude of the selves in this preexisting

structure so that their attitudes can be applied to the individuals own experiences with alcoholism. (1997:49)

Denzin further asserts his six theses, or interpretive positions, that shape his understanding of alcoholism, noting one underlying basic premise. According to Denzin,

Every alcoholic I observed drank to escape an inner emptiness of self. This emptiness...was manifested in terms of a fundamental inability of self...The self-other experiences, the self ideals and the ideal selves that the alcoholic pursues are largely imaginary and out of touch with the world of the real...As a result of living in the realm of the imaginary, the alcoholic is unable to take the attitude of the other...He or she is unable to enter into and find a place in a society of preexisting selves. His or her imaginary life will not permit this. Intense preoccupations with self shut the alcoholic off from others. (1997:7)

A.A. and Denzin seem to agree that one aspect of alcoholism is a distorted perception of life and reality. Hence, processes of socialization and self-transformation occur differently for recovering alcoholics in A.A. than for non-alcoholics, in part, because people with a routinely distorted perception of reality have difficulty taking the attitude of those with a routinely undistorted perception of reality. Consequently, for practicing alcoholics, interactions between persons who are in alignment with each other may best occur with other practicing alcoholics. The same is true for recovering

alcoholics. The bottom line is that alcoholics have difficulty negotiating identity with non-alcoholics.

As a result of what Denzin terms "living in the realm of the imaginary" (1997:7), the alcoholic is unable to experience a clear perception of the situation at hand. Consequently, a response with an appropriate "I" for the alcoholic self is more elusive than for the non-alcoholic self. The language of A.A. includes phraseology, signs and symbols within the dominant language of mainstream culture. Examples include "hitting bottom," the end of an alcoholic spree that can manifest internally and/or externally, "the committee," referring to the internal voices in conflict or debate, and the triangle within a circle, signifying A.A., unity, service and recovery. Many A.A. members speak about "the committee," referring to the many aspects of self in their alcoholic mind and the dialogue & conflict that occurs between these differing aspects.

Denzin (1989) opened up the world of interactional interpretation to life-changing moments in people's lives called epiphanies, as well. Such an epiphanic process may be what A.A. calls a "spiritual experience" that may manifest as "sudden revolutionary changes" or "develop slowly over a period of time" (A.A., 2001:567). The spiritual experience, or epiphany, may be the catalyst in

transforming an individual from the alcoholic self into the A.A. self. Denzin describes the epiphany as,

Those interactional moments that leave marks on people's lives...have the potential for creating transformational experiences for the person. They are "epiphanies." In them, personal character is manifested and made apparent...They are often interpreted, both by the person and by others, as turning point experiences (Strauss, 1959). Having had this experience, the person is never again quite the same. (1989:15)

In meetings, A.A. members commonly refer to moments that left a mark on their life as turning points, moments of clarity, spiritual experiences, or spiritual awakenings. Many members report that such moments occur over and over again throughout their sobriety.

Denzin recognizes that "gender, sexuality and personal biography structure the transitions in self that occur within the A.A. social group" (Denzin, 1997:315). A.A. has both a male (or instrumental) moral code that represses emotionality and a female (or emotional) moral code that releases emotionality and this is what "aligns males to males and females to females" (Denzin, 1997:315) within the fellowship. Moreover, Denzin reports that women seem to acquire the attitude of A.A.'s generalized other more rapidly than men because,

Their empathetic abilities and previous socialization experiences allow them more quickly to enter the



emotional space that exists within any A.A. meeting.  
(1997:315)

Denzin goes on to discuss the double standard that stigmatizes female alcoholics to a greater degree than their male counterparts and how women's personal histories of emotional expression are different from that of many males in American society. Yet he seems a bit idealistic when discussing a "merger of gender-specific attitudes on emotionality" to the extent that "a neutral emotional zone of self-disclosure appears" such that both men and women may "discuss self-degrading or emotionally disruptive experiences and not be evaluated negatively by members of the opposite sex" (Denzin, 1997:315-316).

I postulate that the double standard exists within A.A., just as it does outside of A.A., and that meetings without men allow more safety for women to discuss experiences specific to their own gender. So, what "aligns males to males and females to females" (Denzin, 1997:315) in A.A. may be a process involving much more than morality and emotionality. It may involve hitting a sexual bottom with men for women to favor seeking the help of other A.A. women. Such a bottom may be what some common phrases in A.A. grew out of (i.e. "Men stick with the men and women stick with the women" and "The men will pat your ass, the

women will save your ass"). These phrases may be an attempt to protect A.A. women, particularly newcomers, from sexual vulnerability and bottoming out in that manner by encouraging social bonding with fellow A.A. women. However, such phrases may fail to elicit social attraction among women in order to effect social integration within the A.A. women's community. Sexual attraction and gender roles may thwart efforts to save newcomers from a sexual bottom in A.A.

### **Social Bonding**

Social integration or social bonding, referred to by 12-step programs as unity or fellowship, is one of the three basic tenets of such programs and key to successful recovery for A.A. members. In his classic study of suicide, Emile Durkheim determined that suicide and social integration have an inverse relationship. Thus, "people who are well integrated into a group are...less likely to resort to extreme behavior such as suicide," delinquency or alcohol abuse (Coser, 1977). Application of Durkheim's theory to A.A. finds that appropriate integration of alcoholics into the A.A. society results in them being less likely to act in ways destructive to themselves and to others.

In order to further expand upon the advantages of social bonding, I will discuss key examples from the literature addressing social bonding among women in order to demonstrate how same-sex bonding has benefited women. Benefits of social bonding among women are evident with respect to intrinsic and extrinsic assets.

Wallace's survey research (2001) showed that mentoring was beneficial for both career (earnings, promotional opportunities, procedural justice and social integration) and emotional (career satisfaction and degree of fulfillment of expectations) outcomes. This mentoring effect was different for female lawyers who were mentored by another female lawyer than for those mentored by a male lawyer. More specifically, the group mentored by males earned significantly more than the group mentored by females, however, the latter reported more career satisfaction, more intent to continue practicing law, more satisfaction with respect to career expectations and less work-family conflict. Wallace noted that future research should examine specific ways in which female mentors prepare and socialize their protégés and how that may differ from male mentors.

A case study of a national historically white sorority (Handler, 1995) was conducted at an eastern U.S. univer-

sity. Interviews covered a variety of issues, including relationships between sorority sisters and benefits of joining. The author determined that sororities are a strategy for cultivating friendships among women and for navigating a male-dominated culture of heterosexual romance. Handler (1995) described sororities as "a celebration of women's friendships" and "the embodiment of the relational model of women's nature" and further contends that women need each other for both intrinsic and extrinsic resources that may be best drawn upon in a collectivity.

Ellen Goodman and Patricia O'Brien (2000) interviewed a distinguished group of women in the United States from all walks of life to collect data for a book about the power of close, personal friendships between women. A collection of stories in the book describe emotional strength such friendships provide, as well as the level of understanding that occurs between women when their comparable ways of being are bonded into a relationship of trust. Goodman and O'Brien report that talk is at the very heart of women's friendship, the core of womens' connection and at the heart of such connections is one sentence that women repeat over and over: "I know just what you mean." Such a phrase may be at the heart of pop culture books that explore the differences in mens' and womens' ways of being

(for example, *Men are From Mars, Women are From Venus*).

Goodman and O'Brien further claim that,

Friendship *matters* to women; it matters a lot; women today—with lives often in transition---depend on friends more than ever. Many who once believed that family was the center of life, with every myth and movie and fairy tale having the same married-happily-ever-after ending, now know that friends may be the difference between a lonely life and a lively one. As they turn over Big Birthdays, women are taking deep breaths and looking around at the other women who are their fellow travelers and saying—sometimes for the first time—this person is important to my life; indeed this may be my most sustaining relationship of all.  
(2000:12)

This passage reflects the deterioration of the nuclear family in U.S. society, a return to valuing extended families, the dissatisfaction women find when not working outside of the home and the essentiality of the support of friendships with other women. Collectively women can empower each other in every area of life.

### **Social Integration in A.A.**

More recent studies show a positive relationship between social integration and successful arrest of alcoholism via the A.A. program. Below I discuss studies that indicate bonding within A.A. is beneficial to recovering alcoholics.

Nealon-Woods, et al. (1995) interviewed residents of a male recovery home for alcohol and substance abusers to

investigate whether and why they continue as A.A. members. Results suggested that residents make a shift from substance dependency to prodependency on their peers. This study determined that "the individual's process of change toward sobriety may be maintained by a reciprocal sense of fellowship, belongingness, and support." A sense of fellowship, one of A.A.'s basic tenets, with others in addiction recovery is an attraction for new members to continue in the program.

Another study "approached A.A. as a social world in which social integration is a key to individual success" (Smith, 1993). Participant observation and in-depth interviews found that a process of the newcomer forming a one-on-one relationship with another A.A. member leads to increased involvement in the program and to subsequent significant other relationships within the A.A. social world. In addition, taking a chance on significant dyadic relationships seems to enhance the newcomer's self-esteem.

A study of A.A. utilization (Thommassen, 2002) found three main areas of usage: (1) involvement in the fellowship, (2) attendance and participation at meetings, and (3) involvement in the bureaucratic functions A.A. and production of its meetings. Fellowship or social involvement was found to be the primary usage type. While

fellowship takes place at meetings, it was found that fellowship outside of meetings, in social, recreational and friendship activity, is a more effective use of the A.A. program. Thommassen notes that benefits and support provided by fellowship outside of meetings has been only generally explored in psychological distress literature and that this area is ready for future research.

I suggest that while A.A. women can best identify with other A.A. women in order to successfully transform the self, they may resist same-sex bonding and surrender to social attraction toward men. In addition, I propose that while the female tendency to care about and nurture relationships is one of women's strengths, it may also be a potential weakness, particularly with respect to same-sex bonding. Studies of differences in male-female development and socialization (Mendell, 1996) have revealed conflict resolution differences between the sexes. Boys tend to learn conflict resolution skills via team sports, finding a way to resolve conflict in order to continue the game according to the rules. Girls are willing to sacrifice rules for relationships they value more, however girls' games often end due to quarrels. Because the tendency toward emotional involvement in relationships may put females at odds with one another, A.A. women may need

encouragement toward the strength of bonding with other A.A. women.

### **Research Hypotheses**

The following hypotheses were born out of my literature review, addressing the last 20 years of A.A. study, and out of symbolic interactionist theories:

- (1) I hypothesize that social bonding among women in A.A. influences life-satisfaction in a positive manner (i.e. the more social bonding an A.A. woman does with other A.A. women, the greater degree of satisfaction she will experience with her life). Literature supports this hypothesis both with regard to benefits found when women mentor other women (Wallace, 2001) and with social bonding among women (Goodman & O'Brien, 2000 and Handler, 1995).
- (2) I hypothesize there is a positive relationship between social bonding among women in A.A. and the number of years A.A. women have been sober. Studies of A.A. members support this hypothesis in that a sense of perceived support, fellowship, belongingness, and higher levels of self-esteem would contribute to a desire to remain a sober A.A. member (Thommassen, 2002; Nealon-Woods, et al., 1995; Smith, 1993).



- (3) I hypothesize that social bonding among women in A.A. may be a latent function of 13<sup>th</sup> Step sentiment, and that its intent may be only to protect women from sexual vulnerability (the 13<sup>th</sup> Step is defined on page 17). Observations at A.A. meetings lead me to believe that expressions encouraging same-sex bonding in A.A. for sponsorship and fellowship are made primarily to protect new members from emotional instability that may occur as a result of being someone's sexual prey.

### **Summary**

Alcoholics Anonymous has provided a solution for millions to alcoholism and has been a popular focus of sociological study. The A.A. view of alcoholism is that of a disease requiring a spiritual solution outlined in its 12 Steps.

A.A. believes the best person to help an alcoholic is another alcoholic, being the most similar other, and professionals across the globe have adopted this notion.

Research has found A.A.'s 12 Steps in harmony with feminist principles of all-inclusiveness, non-hierarchal structure and liberating effect, with expressions of emotionality and spirituality key to successful recovery from alcoholism.

A.A. recovery is an ongoing process of self-transformation, and research has found the basis of self-transformation to be the practice of spiritual principles. Such practice has been described as an ongoing search for self-knowledge while recognizing the existence of a higher power (or God) of one's own understanding, and many addiction specialists support this view. A.A. spirituality is a collective action and unity (or fellowship) among its members is one of A.A.'s main tenets.

Research finds personal stories or narratives to be another essential element in the self-transformation and re-socialization process of A.A., guiding members to identify first as alcoholics and then as A.A. selves. These narratives, with inherent gendered themes, along with A.A. literature, reflect the presence of the double standard within the fellowship.

A.A. encourages same-sexed bonding among its members for guidance and support. Sentiments within A.A. convey aspects of sexual vulnerability, particularly for women. Hence, the A.A. experience for women may be quite dissimilar to that of men.

Charles Horton Cooley taught us that shared perceptions of the world are fundamental to self-constructions because the self arises dialectically. The perception of

reality shared by alcoholics would more likely result in a shared communication through interaction than would discernments between one alcoholic and one non-alcoholic self. A.A.'s system of ideas is the kind of common sense knowledge an alcoholic self must cherish in order to become a successful A.A. self. Other recovering A.A. members must become the primary socialization group in the newcomer's sober life, through interactions occurring primarily during A.A. meetings, in order to affect the transition from practicing to recovering alcoholic in order for the program to work for them as it has for others. A.A. novices might not ever want sobriety unless they understand what it is by the A.A. definition, meaning far more than just not drinking. The concept of unity within A.A. encourages interaction with other recovering alcoholics in order to effect a sober self. You could say that the A.A. other guides the presentation of a sober self, and the alcoholic adjusts to elicit a desirable self-feeling within his or herself. Each A.A. member must come to know the self to be a reflection of others recovering in A.A.

Correspondingly, George Herbert Mead taught us that the fully developed recovering Alcoholics Anonymous member must take the attitude of the "A.A. generalized other" via stages of socialization. Alcoholics Anonymous is not a

stimulus designed to affect an automatic response of abstinence from alcohol. It is a process of self-transformation that occurs only if and when the alcoholic adopts certain beliefs, attitudes, actions, signs and symbols. A "committee" of internal voices in conflict or debate is a hindrance to the alcoholic taking the attitude of the generalized other outside of the A.A. community. With a greater capacity for taking the attitude of the A.A. other, the alcoholic's presentation of a sober individual is guided toward a more complete and socially connected self, a reflection of others recovering in A.A.

From Herbert Blumer we discover that the A.A. program is one method of interpreting alcoholism aimed at initiating a social pattern of abstinence from alcohol and a manner of successfully living life without the drink. The A.A. self is reinforced through identifying communications and interactions with other A.A. members, as is the A.A. group. The construction and reconstruction of A.A.'s principles, beliefs and practices occur primarily at A.A. meetings, however, the program encourages fellowship among its membership outside of meetings and on a more personal level of interaction.

Norman Denzin recognizes the alcoholic's distorted perception of life and describes it as an inability to

experience a clear perception of the situation at hand. He also recognizes gender's imprint within the A.A. program, but fails to follow through sufficiently on its significance. Further, he seems to diminish the significance of the double standard within A.A., yet the standard continues to permeate society at large and the A.A. society is no different. A.A. women have confirmed this in many discussions at A.A. meetings closed to men. Meetings without men allow women to feel safe when discussing experiences specific and perhaps exclusive to their gender. The process of bonding among women in A.A. may involve hitting a sexual bottom for women to favor seeking the help of other A.A. women, as opposed to A.A. men. Such a bottom may be the origin of 13<sup>th</sup> Step sentiment phrases (i.e. "Men stick with the men and women stick with the women" and "The men will pat your ass, the women will save your ass"). Yet these phrases also demonstrate the benefits of friendships between women. Considering both the benefits of relationships among women and the benefits of fellowship within A.A., sociability among A.A. women should enhance sober life two-fold and research exploring this prospect ought to be conducted.

The process of negotiating the self is different for alcoholics than for non-alcoholics due to the alcoholic's

impairment with perception of reality. Likewise, this process is gendered and different for men and women. The program of Alcoholics Anonymous may be utilized by the alcoholic self as a method of interpretation of the disease of alcoholism designed to establish a social pattern of abstinence from alcohol. A.A. may also be utilized to transform the alcoholic self into the A.A. self. For female A.A. members, negotiating an identity of a recovering alcoholic self will be enhanced by mentoring (or sponsorship) and social bonding with other A.A. women, rather than with other A.A. men. Considering the benefits of social integration and same-sex mentoring/networks, theories of addiction recovery need to be more astute, accounting for the subtle processes by which the self is socialized and the ways that gender and social bonding among women shape the social bonding process. We can take Denzin's work on the alcoholic self and expand upon it with respect to gender by discovering how the processes that align males to males and females to females in A.A. occur. In so doing, sociologists can open the door further to potential life-changing moments in the lives of women with alcohol addiction and for all women in our society.

The existence of 13<sup>th</sup> Step sentiment and norms may be indication that upon entering the A.A. community filled

with despair from alcoholic drinking, women are likely to try filling a void created by alcohol abstinence with sexual gratification (the 13<sup>th</sup> Step is defined on page 17). It may also serve to move A.A. women in the direction of bonding with other women to experience benefits found by researchers relative to such relationships. This area of study has been neglected by researchers, therefore, my goal is to expand upon gender-specific alcoholism treatment literature, examining the nature and benefits of same-sexed bonding for women in A.A., as well as sexual dynamics within the A.A. community.

As a result of my literature review, I generated the research questions presented above, and I will address these questions in subsequent chapters. In Chapter II of this thesis, I will describe my research design and methodology. Chapter III is a discussion of the results of my quantitative analysis of survey data gathered from 293 respondents. Chapter IV is a discussion of the results of my qualitative analysis of open-ended interviews with 10 volunteer subjects. Finally, in Chapter V, I summarize the findings of this project, setting forth my conclusions and stating the sociological contributions of this project, as well as ideas that may lead to future research relative to this endeavor.

## CHAPTER II

### RESEARCH DESIGN AND METHODS

This study explores the impact, if any, of social bonding among recovering alcoholic women on life-satisfaction and length of sobriety time. This chapter provides a discussion of the methodology and design underlying this project.

#### **Research Design**

Data collection consisted of survey administration and qualitative interviews designed to elicit demographic information, sobriety information, a measure of life-satisfaction, a measure of bonding with other women and respondents' life experiences within the A.A. community, particularly those within the A.A. women's community. The population consisted of adult women who consider themselves to be recovering alcoholics and attended at least one of a sample of A.A. meetings in Las Vegas and Henderson, Nevada between October 14, 2002 and November 26, 2002. It was not possible to determine a response rate, because many women



in attendance at a particular meeting within the sample were often the same women in attendance at other meetings in the sample. One limitation of the generalizability of the survey is the unknown number of subjects who opted not to respond to the survey based on the intrusiveness of research in a community where anonymity is the spiritual foundation (A.A., 2001:562), as well as other sample selection effects.

### **Methods and Procedures**

Data collection took place in two phases: (1) the survey administration phase and (2) the interview phase. The University of Nevada, Las Vegas Social-Behavioral Institutional Review Board (I.R.B.) approved the research prior to data collection (according to Human Subjects Protocol of the Office for Human Research Protections: see Appendix A: Approval Letter). Survey data provided a large sample size for quantitative analysis of variables and elicited volunteers for open-ended interviews. Qualitative data were collected in order to more thoroughly investigate the complexities of the issues and to evaluate my hypotheses. By comparing findings of quantitative data with qualitative data, one can look for supportive and complimentary patterns.

### **Phase One: Survey Administration**

A sample of 92 meetings was selected from 600 possible meetings using an on-line meeting schedule posted at [www.lvcentraloffice.org](http://www.lvcentraloffice.org) by the Las Vegas Central Office for A.A. Eligible meetings included mixed meetings (those that allow attendance by men and women) and women's stag meetings (those restricted to women only) in Las Vegas and Henderson (men's stag, i.e. meetings restricted to men only, were not eligible for inclusion in this study). Eligible meetings were geographically stratified prior to the final sample selection in order to increase the likelihood of representing all levels of socio-economic status. (The five geographic areas are: (1) the Henderson/Green Valley area, (2) the Northeast area, (3) the Northwest/Summerlin area, (4) the Southeast area, and (5) the Southwest/Las Vegas Strip area.)

From each geographic area a random sample of five mixed meetings beginning between 3:00 a.m. and 2:59 p.m. and five mixed meetings beginning between 3:00 p.m. and 2:59 a.m. was chosen. In addition, all women's stag meetings were included for a total of 92 meetings in the survey administration sample. Data were collected at 72 of the 92 sample meetings; 20 sample meetings were lost to attrition resulting from inactive meetings (e.g. no meeting

occurred) or from women's absence at the meeting. The 72 meetings surveyed consisted of 41 mixed-gender meetings and 31 women's stag meetings and were distributed geographically as indicated in Table 1.

**Table 1. Geographic Distribution of Meetings Surveyed**

MEETING TYPE	NW and Summerlin	SW and LV Strip	NE	SE	Henderson Gr Valley
Mixed Gender Meetings	9	8	7	9	8
Women's Stag Meetings	10	7	0	10	4

**Note: A.A. meeting schedule indicated 0 women's meetings in SE area.**

The survey instrument was developed out of an extensive literature review and from substantive discussions, both theoretical and conceptual, with knowledgeable colleagues. Each survey consisted of 18 questions soliciting 25 responses to: the Satisfaction With Life Scale (SWLS), a five-item standardized scale that evaluates global life-satisfaction (Diener, Emmons, Larsen & Griffin, 1985), six items conceptualizing a measure of bonding with women, eight items gathering demographic information, three items gathering information regarding participation in Alcoholics Anonymous, and one item seeking volunteers for a one-hour qualitative interview with the researcher (See Appendix B: Survey Instrument).

I attended all 72 sampled meetings and made an I.R.B. authorized announcement asking female A.A. members to volunteer for a self-administered survey. Two hundred ninety-three women completed surveys and respondents were distributed geographically as indicated in Table 2.

**Table 2. Geographic Distribution of Survey Respondents**

MEETING TYPE	NW and Summerlin	SW and LV Strip	NE	SE	Henderson Gr Valley
Mixed Gender Meetings	23	17	32	18	38
Women's Stag Meetings	59	17	0	42	47

**Note:** A.A. meeting schedule indicated 0 women's meetings in SE area.

The sample (N=293) represents approximately 15 percent of the Clark County, Nevada women's A.A. membership. I determined this based on a report from a staff member of the New York General Service Office of Alcoholics Anonymous in January of 2003 that an estimated 8,320 A.A. members reside in Nevada. Based on state population statistical data, approximately 69% of Nevada's population resides in Clark County (US Census 2000). If, likewise, 69% of the Nevada A.A. community lives in Clark County, the estimated Clark County, Nevada A.A. membership is 5741. The 3<sup>rd</sup> Edition of the book *Alcoholics Anonymous* reported women's membership to be one-third in 1991 (A.A., 1976:xxii, 41<sup>st</sup> printing, 1991). If one-third of Clark County, Nevada A.A.

membership is female, then the estimated county membership is approximately 1914 women.

### **Phase Two: Open-Ended Interviews**

I chose a sample of 11 women who volunteered for a one-hour interview during survey administration, all of whom had high life-satisfaction scores (34 to 35) as determined from survey data using the Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985). Focusing on respondents with high life-satisfaction scores allowed more in-depth analysis of how, if at all, their friendships with other A.A. women effect such contentment. Open-ended interviews were conducted with ten women in the sample; after initially volunteering, one woman declined participation in an open-ended interview. The interview sample was diverse in certain demographics, including length of sobriety, female bonding scores and survey geographic area (See Table 3). Presentation of demographic characteristics provides more lucid perspicacity into the background and social positioning of survey respondents. This provides a frame of reference by which we might measure the extent to which the interview sample is representative of a typical survey respondent.

**Table 3. Diversity of Interview Respondent Info.**

<b>Respondent Pseudo-name</b>	<b>Yrs Sober</b>	<b>Age Now</b>	<b>Age Sober</b>	<b>SWLS Score</b>	<b>Bond Score</b>	<b>Marital Status</b>	<b>Meeting Area</b>
Annie	6	43	37	34	5	Divorced	HD/Gr Valley
Bobbie	2	38	30	35	3	Lesbian Partnership	SE
Candace	7	32	25	34	6	Single/ Never Married	NW/Summerlin
Desiree	15	42	27	35	5	Married	HD/Gr Valley
Erica	11	41	33	34	5	Separated	SE
Faith	6	39	33	34	4	Divorced	HD/Gr Valley
Ginger	8	41	33	34	4	Married	NW/Summerlin
Harmony	19	49	30	35	6	Divorced	NW/Summerlin
Ivory	5	40	35	35	5	Married	HD/Gr Valley
Jasmine	12	59	47	34	6	Married	NW/Summerlin

**Note:** Data above are figures from the date of survey administration.

Semi-structured interview questions were developed out my literature review, observations at A.A. meetings, survey data and from substantive discussions, both theoretical and conceptual, with my committee chairperson. I formulated questions that reflect my research hypotheses and allowed respondents to expand upon issues investigated via survey administration. This process allowed me to use qualitative interviews as a method of obtaining in-depth insight into the same kinds of concepts and relationships examined with the survey, and to expand upon such concepts/relationships,

rather than to inductively generate themes. The interview setting was mutually determined and agreed to by each of the respondents and myself (seven interviews took place in the respondent's home and three in my home). Respondents signed or initialed forms prior to each interview in acknowledgment of their understanding of the informed consent process and their agreement to participate in tape-recorded interviews (See Appendix D: Interview Informed Consent Form). Each interview was tape-recorded and transpired for a period of 60 to 90 minutes. I asked a variety of questions about social bonding with women, life before and after sobriety and general topics relative to gender (See Appendix C: Interview Question Guide) in order to expand upon the depth of understanding with regard to major quantitative variables used and to elicit answers to my research questions not addressed by the survey document.

### **Concepts**

This section will define two central concepts of this study:

#### ***Recovering Alcoholic***

The concept of "recovering alcoholic" has many interpretations and definitions. "Recovering alcoholic women" in this study are adult females who have abstained

from alcohol for at least 24 hours, with the desire to continue to abstain from alcohol one day at a time, and who attend meetings of Alcoholics Anonymous.

#### ***A.A. Women's Community***

The concept of the "A.A. Women's Community" refers to the female membership of A.A. Some respondents participate within this community to a greater degree and others to a lesser degree. While some women may attend A.A. functions exclusive to women (for example, recovery day workshops, conferences, stag meetings or retreats), others may attend such functions open to mixed-gender only. Exclusive attendance at one or the other or a combination of the two such functions is a personal choice of each A.A. member.

#### **Measurement**

This section will explicate dependent, independent, and control variables, as well as the measurements utilized in the analysis of survey data.

#### ***Dependent Variables***

The "Life-Satisfaction Score" for each respondent is calculated by using the Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985). The SWLS has been shown to be a valid and reliable measure of life-satisfaction and is well-suited for use with a wide range



of age groups and applications. This measure contains five statements measured on a seven-point Likert-type scale ranging from one (strongly disagree) to seven (strongly agree). Item scores are computed to score a total that ranges from five (low satisfaction) to 35 (high satisfaction). The SWLS correlates positively with measures of self-esteem, happiness and life-satisfaction and negatively with psychological symptoms and neuroses (Diener, et al., 1985). In addition, the SWLS was not correlated with a measure of social desirability. The SWLS is recommended for use when emotional well-being is being assessed (Pavot & Diener, 1993).

"Years Sober" is a self-reported measure, in full years, of the amount of time between the respondent's sobriety date (the first day abstinent from alcohol) and the date of survey administration.

"Term of Sobriety" is a four-part categorical measure of the number of years sober as follows: (1) long-term (10 years or more), (2) medium-term (5 years to < 10 years), (3) short-term (3 months to < 5 years), and (4) newcomer (less than 3 months).

#### ***Independent Variable***

The "Female Bonding Score" for each respondent was calculated via a point system using six items from the

survey. Each item response was given a point value of zero or one to indicate lesser or greater bonding with women as follows: (1) whether or not R sponsors other women in A.A. (+1 for sponsoring  $\geq 1$  woman in A.A.), (2) gender of R's sponsor (+1 for having a female sponsor), (3) whether or not R attends women's stag meetings of A.A. (+1 for attending  $\geq 1$  women's stag meeting), (4) whether interaction between R and other women in A.A. has increased, decreased or stayed the same since R's sobriety date (+1 for increased interaction), (5) whether interaction between R and non-A.A. women has increased, decreased or stayed during R's sobriety (+1 for increased interaction), and (6) R's participation in women's issues outside of A.A. (+1 for any level of participation). Points were computed to score a total that ranges from zero (low inter-gender social bonding) to 6 (high inter-gender social bonding). The index had a mean of 4.12 and a standard deviation of 1.31.

### ***Control Variables***

The following is an explicated list of the control variables used in the analysis:

1. "Age" refers to the self-reported age of the respondent during survey administration (mean = 44 years).
2. "Age Sober" was calculated by subtracting the "years sober" from the "Age" (mean=37 years).

3. "Marital Status" refers to data elicited via question 10 of the survey, originally coded as single, married, divorced, separated, widowed or lesbian partnership, recoded into a dummy variable to represent those who reported their marital status as "married" and those who reported something other than that (Table 4 shows percentages for this variable).
4. "Race" of the respondent refers to data elicited via question 11 of the survey, originally coded as white, black, Asian or Hispanic, recoded into a dummy variable representing those who chose the response of "white" and those who chose another response (Table 4 shows percentages for this variable).
5. "S.E.S." (socio-economic status) refers to data elicited via question 16 of the survey, originally coded as Upper-Class, Middle-Class, or Lower-Class/Poverty, recoded into a dummy variable to represent those who indicated some level of the middle-class or a higher status and those who chose a response less than lower middle-class (Table 4 shows percentages for this variable).
6. "Level of Education Completed" refers to data elicited via question 15 of the survey, originally coded as less than high school, high school graduate, some college,

trade/tech school, BA degree, graduate school, graduate degree, or post graduate work, recoded into a dummy variable to represent those who indicated some level of education less than a four-year degree and those who indicated completion of a four-year degree or more (Table 4 shows percentages for this variable).

7. "Religious Affiliation" refers to data elicited via question 17 of the survey, originally coded as Catholic, Protestant, Jewish, Spiritual/Not Religious, Lutheran, Methodist, Baptist, or Christian, recoded into a dummy variable to represent those who indicated some type of organized religious affiliation and those who chose a response other than that (Table 4 shows percentages for this variable).
8. "Sexuality" refers to data elicited via question 12 of the survey, originally coded as heterosexual, homosexual, or bi-sexual, recoded into a dummy variable to represent those who chose a response of "heterosexual" and those who chose a response other than that (Table 4 shows percentages for this variable).
9. "Registered Voter" indicates the voter registration status of respondents at the time of survey administration (Table 4 shows percentages for this variable).

**Table 4. Categorical Control Variable Percentages**

<b>Variable</b>	<b>%</b>	<b>Variable</b>	<b>%</b>
<b>MARITAL STATUS</b>		<b>RELIGIOUS AFFILIATION</b>	
Single	20.5	Catholic	14.0
Married	36.9	Protestant	7.5
Divorced	31.7	Jewish	4.1
Separated	4.8	Spiritual/Not Religious	47.3
Widowed	2.59	Lutheran	3.8
Lesbian Partnership	1.0	Methodist	.7
Other/Missing	1.31	Baptist	1.7
<b>RACE/ETHNICITY</b>		<b>SEXUALITY</b>	
White	89.1	Christian	16.8
Black	2.7	Other/Missing	4.1
Hispanic	4.4	<b>SEXUALITY</b>	
Asian	.7	Heterosexual	85.3
Other/Missing	3.1	Homosexual	7.5
<b>SELF-PERCEIVED S.E.S.</b>		Bi-Sexual	4.1
Upper-Class	3.4	Other/Missing	3.1
Middle-Class	88.4	<b>VOTER INFO.</b>	
Lower-Class/Poverty	6.1	Registered Voter	75.8
Other/Missing	2.1	Not Registered	23.9
<b>LEVEL OF EDUCATION</b>		Other/Missing	.3
< High School	6.8		
High School Grad	17.7		
Some College	44.0		
Trade/Tech	8.9		
BA Degree	11.6		
Graduate School	3.1		
Graduate Degree	3.4		
Post Graduate Work	4.4		
Other/Missing	.1		

10. "Avg. Meetings/Week" indicates the average number of A.A. meetings per week attended by the respondent, whether mixed-gender or women's stag, as reported during survey administration (mean=4.65).

### **Quantitative Data Analysis**

The survey data in this study were analyzed utilizing the SPSS 10.0 statistical software program. Frequency and descriptive statistical analyses were used to show the geographic distribution of meetings and respondents surveyed, the diversity of interview respondents, various variable percentages, the range, mean and standard deviation of interval variables. Linear regression analysis was used to test Hypotheses 1 and 2. Categorical variables were converted to dummy variables for use as control variables in the regression analysis.

### **Qualitative Data Analysis**

Tape-recorded interviews were transcribed and printed. I then systematically color-coded interview transcripts into a long list of themes (e.g. routine when drinking, routine in sobriety, experiences with A.A. women, legal issues, financial issues, etc.) similar to and expanding upon themes addressed in my survey. My original list of

themes being more comprehensive than necessary, I then re-coded interviews by clustering themes into the following groups:

- (1) Respondents' Alcoholic Self;
- (2) Respondents' A.A. Self;
- (3) Learning from Other A.A. Women
- (4) Differences Between A.A. and Non-A.A. Women;
- (5) Learning From A.A. Men;
- (6) The Double Standard;
- (7) The Impact of Social Bonding;
- (8) The 13<sup>th</sup> Step.

In my qualitative analysis, I used quotes from interview transcripts in support of the above-referenced themes. In addition, qualitative data were used to support and expand upon results derived from the survey data and to explore Hypothesis 3.

### **Validity and Reliability**

Validity and reliability of the life-satisfaction measure used in this study is supported by previous research (Diener, Emmons, Larsen & Griffin, 1985).

The measure of female bonding was created through collaborated effort and is in its pilot form, as no other comparable index was found in existing literature. Thus,

this measure is not supported by previous research nor has validity or reliability of the same been established.

Despite a moderate standardized Cronbach's Alpha (.39), theoretical reasoning underlies the choice of variables used to compute each respondent's female bonding score.

While tape-recorded interviews accurately recount responses of interviewees, the small sample size (10 respondents) precludes generalizability of the research data. However, qualitative data allow further in-depth understandings of the kinds of relationships that become apparent in survey data. For example, survey data reveal significant and positive relationships between major variables, yet it does not reveal how such relationships work for respondents.

By combining quantitative and qualitative methods, the different methodological perspectives complement each other in the study of an issue and this is conceived as the complementary compensation of the weaknesses and blind spots of each single method. (Flick, 2002:265)

According to Flick (2002), linking quantitative and qualitative results allow for the acquisition of broader-based knowledge than either single approach can provide, as well as the opportunity to mutually validate findings. In addition, each method can focus in a complimentary manner



on different aspects of an issue, leading to a fuller understanding of a phenomenon.

## CHAPTER III

### QUANTITATIVE RESEARCH RESULTS AND ANALYSIS

This chapter is a compilation of data gathered via survey administration and a discussion of major variables and their interrelationships. I will present a section of descriptive statistics for variables used in data analysis, as well as a discussion of regression analysis.

#### **Descriptive Statistics**

Survey data analysis of demographic variables reveal the average respondent to be a white, middle-class, heterosexual female, 44 years of age, with some education beyond the level of high-school graduate, either married or divorced, and a registered voter who attends four to five A.A. meetings per week (3-4 are mixed-gender meetings; 1-2 are women's stag meetings), sponsors one other women in A.A., has a life-satisfaction score of about 24 and female bonding score of just over four. Further, 48.5 percent of all respondents have some type of organized religious affiliation; 47 percent are spiritual/non-religious (See Table 4 for categorical

variable percentages; Table 5 for interval variable descriptive statistics).

In reference to sobriety term, survey data indicate 31 percent of respondents have long-term sobriety, 19 percent have medium-term sobriety, 38 percent have short-term sobriety, and 12 percent are newcomers (for a detailed explanation of sobriety term, see the Measurement section of Chapter V). Eighty-eight percent of survey respondents have a female sponsor (or mentor) and 43.7 percent sponsor other A.A. women themselves. An overwhelming majority (87.7 percent) report that their interaction with women in A.A. has increased during their sobriety, while only half (49.1 percent) report increased interaction with non-A.A. women during that time. Furthermore, 72 percent report some degree of participation in women's issues outside of the A.A. program. (Table 5 shows averages on interval level variables; Table 6 shows average respondent percentages.)

### **Relationships Between Major Variables**

This section is a discussion of the relationship between three major variables used in this study: (1) the respondents' Female Bonding Score (FBS), (2) the respondents' Life-Satisfaction Score (LSS), and (3) the number of years the

respondent has been sober (YRS). Table 7 reports linear regression results for Models 1, 2, and 3.

**Table 5. Descriptive Statistics of Interval Variables**

Variable	N	Range	Mean	Std. Deviation
Age of R	290	19-77	44	10.93
Years Sober	293	0-33	6.85	7.43
Age Sober	290	13-61	37	9.41
Avg # A.A. meetings/wk	292	0-17	4.7	2.34
Avg # mixed-gender meetings/wk	292	0-16	3.4	2.59
Avg women's stag meetings/wk	292	0-7	1.3	1.25
Avg #A.A. women sponsored by R	293	0-10	1	1.78
Life-Satisfaction Score	293	5-35	24.06	7.14
Female Bonding Score	291	0-6	4.12	1.31

**Table 6. Percentages for Categorical Variables**

Variable	%
R has religious affiliation	48.5
R is spiritual/not religious	47.1
Long-Term (= or > 10 years)	30.7
Medium-Term (5 to < 10 years)	19.1
Short-Term (3 months to < 5 years)	37.9
Newcomer (< 3 months)	12.3
R has a female A.A. sponsor	88.0
R sponsors women in A.A.	43.7
Interaction w/A.A. women increased	87.7
Interaction w/non-A.A. women increased	49.1
Non-A.A. women's issue Participant	72.3

Model 1 tests Hypothesis 1 for a significant relationship using a dependent variable of LSS and the independent variable of FBS, while controlling for marital status, age, perceived S.E.S. class, level of education, religious affiliation, sexual preference, race, voter registration status and the average number of A.A. meetings attended per week by each respondent. This model supports my first hypothesis, suggesting that the more an A.A. woman socially integrates/bonds with other A.A. women, the greater degree of satisfaction she will experience with her life. Column one of Table 7 shows there is a significant and positive relationship between social bonding among women in A.A. and life-satisfaction ( $p < .001$ ). Each one-point increase in the female bonding score is associated with an increase of 2.4 on the life-satisfaction scale. The essence of this finding is that the more A.A. women seek out bonded friendships with other A.A. women, the more satisfied they will be with life, a condition that may directly effect their decision to continue as a sober member. Further, the R Square in Model 1 (.268) indicates that almost 27 percent of a respondent's LSS can be explained by her FBS and control variables.

Model 2 tests Hypothesis 2 for a significant relationship using a dependent variable of YRS and the independent variable of FBS, while controlling for marital

status, age, perceived S.E.S. class, level of education, religious affiliation, sexual preference, race, voter registration status and the average number of A.A. meetings attended per week by each respondent. This model supports my second hypothesis, that higher female bonding scores among women in A.A. are related to longer sobriety terms. Column two of Table 7 shows there is a significant and positive relationship between social bonding among women in A.A. and the number of years they have maintained sobriety. Additionally, the R Square in Model 2 (.082) indicates that about eight percent of a respondent's years of sobriety can be explained by her female bonding score and control variables.

Model 3 tests for a significant relationship using a dependent variable of YRS and the independent variable of FBS, while controlling for life-satisfaction, marital status, age, perceived S.E.S. class, level of education, religious affiliation, sexual preference, race, voter registration status, and the average number of A.A. meetings attended per week by each respondent and her FBS. This model shows that, after controlling for life-satisfaction and other variables used in Models 1 and 2, the positive relationship between female bonding scores and sobriety term is no longer statistically significant, disconfirming Hypothesis 2. Column

three of Table 7 shows the significant relationship between life-satisfaction and years sober in Model 3 ( $b=.275$ ,  $p<.001$ ) and the insignificant effect of female bonding. These results suggest that the effect of social bonding on years of sobriety is mediated by life-satisfaction. Thus, it is likely that higher female bonding scores among women lead to higher life-satisfaction and, in turn, higher life-satisfaction leads to longer sobriety terms.

**Table 7. Linear Regression of FBS, LSS & YRS Variables**

Independent Variables	Model 1 Dependent Variable=LSS		Model 2 Dependent Variable=YRS		Model 3 Dependent Variable=YRS	
	B	SE	B	SE	B	SE
Female Bonding Score	2.418***	.294	.862**	.301	.249	.327
Life-Satisfaction Score					.254***	.061
Married/Non-Married	1.994*	.782	-.491	.800	-.997	.786
Age	-.002	.035	.332***	.036	.332***	.035
Middle-Class/Non M-C	3.252*	1.576	-.210	1.612	-1.035	1.577
≥ BA Degree/< BA Degree	.04	.875	1.138	.895	1.128	.868
Religious Affiliation/None	-1.155	.751	-1.146	.769	-.853	.749
Heterosexual/Non-HS	-1.648	1.204	-.376	1.231	-.042	1.199
White/Non-White	-2.076	1.181	.189	1.209	.715	1.180
Register Voter/Not Reg.	-1.646	.974	-.747	.997	-.329	.973
Avg. No. A.A. Meetings/Week	-.360*	.158	-.490**	.162	-.399*	.158
Constant	17.908***	3.243	-7.183*	3.318	-11.722***	3.402

\* $p \leq .05$ , \*\* $p \leq .01$ , \*\*\* $p \leq .001$

### Summary of Quantitative Analysis

In this chapter, I have concluded that social bonding among women in A.A. has a statistically significant and

positive influence on life-satisfaction. Moreover, higher female bonding scores among A.A. women will likely lead to greater life-satisfaction, resulting in longer sobriety terms for them. Having addressed hypotheses 1 and 2 quantitatively, the next chapter is an analysis of qualitative data with regard to all hypotheses and research questions.



## CHAPTER IV

### QUALITATIVE RESEARCH RESULTS AND ANALYSIS

This chapter will present a narrative analysis of data obtained via open-ended interviews based on emergent themes discussed in Chapter II.

Interview respondents were closely representative of the average survey respondent with respect to both demographic variables, term of sobriety, A.A. sponsorship and interaction with women both in and outside of the A.A. fellowship. Respondents differed from the average survey respondent with respect to their life-satisfaction score (34/35 vs. 24 for the average survey respondent). The following is a discussion of the interview data with respect to emergent patterns, my research questions and hypotheses.

#### **Respondents' Alcoholic Self**

All respondents described self characteristics prior to their sobriety that were generally negative in nature. Common responses included that of or something similar to

the following: fearful, lonely, selfish, insecure, lacking in or void of self-esteem, dishonest and/or deceitful, not trustworthy, irresponsible and/or unreliable, promiscuous, angry, argumentative, judgmental, not a good person, friend, and/or mom. Some expressed positive characteristics while living as a practicing alcoholic, but such responses were infrequent.

"Fun" activities were centered on alcohol and common types included going to bars or dance clubs, music concerts, and outdoor activities such as barbecues. The most common response to the question, "What did you typically do to have fun?" was "I drank." Furthermore, most respondents reported using alcohol or drugs to get through the routine of everyday life which was typically mundane and limited in scope.

Most respondents had very few, if any, female friendships, prior to getting sober. Those who had no female friendships expressed that women were their competition in the culture of romance, the enemy and unworthy of trust. Such feelings often emanated from negative experiences with other women at one time or another in their lives. Most said they were more comfortable in the company of men, despite sexual preference indicated in their surveys. Those who reported having female friendships described such

relationships as superficial, one-sided and immature. Respondents in both groups reported feeling inadequacies toward other women based mostly on extrinsic characteristics. All expressed positive and negative aspects of interacting with other women when drinking, yet the negative outweighed the positive and the positive was often a one-sided benefit on the part of the respondent who may not ever give anything of herself in return. When asked what, if anything, they learned from female friends when drinking, the most common responses were things relative to activities involving alcohol and drugs. In sum, the women developed selves and created a restricted or isolated environment that sustained their drinking.

### **Respondents' A.A. Self**

Characteristics of respondents' A.A. selves were drastically different from their alcoholic selves. Surprisingly, most respondents seemed less comfortable describing themselves today, rather than when drinking. Five respondents verbalized this discomfort in one way or another (e.g. "Years ago I would have told you I don't have any positives" or "I always find it hard to talk about me in sobriety"). While characteristics offered were both positive and negative, the most common responses included

that of or something similar to the following: less fearful, spiritual, caring, kind, loving, compassionate, nurturing, giving, grateful, happy with who I am today, emotionally strong, stable, honest, trustworthy, responsible and/or reliable, faithful and/or loyal, more patient and/or tolerant, less judgmental, a good person, friend, wife, and/or mom. In addition to positive responses outweighing negative, answers reflected greater self-worth and a greater degree of self-confidence. For example, one respondent told me, "I don't think I'm a piece of shit anymore." Another made a similar statement regarding a pact she has with her three closest A.A. girlfriends, telling me, "Self-loathing is not allowed by any of us." Responses even more positive and energetic included, "I absolutely love who I am today and I love my life today and I am the woman that I believe God always intended me to be" and "I think I am positive and upbeat and wear the mask of confidence so that people tend to want to be around me."

It is interesting to find women with high life-satisfaction scores hesitant to describe their A.A. self, while readily describing their alcoholic selves. The practice of humility as an A.A. member might be one possible explanation for such a phenomenon. No inquiry was made into this circumstance for the purposes of this study.

Respondents also reported a colossal variety of typical "fun" activities, most of which involve A.A. women friends, spouses and/or their children. Further, the routine of everyday life was expressed with enthusiasm and gratitude and described as fulfilling, meaningful and purposeful. Three respondents commented on their legacy.

I want to leave a little bit of me behind...to teach [my partner's children] something, you know, that they can teach their children...If I die today, I had a good life.

I don't pretend to be someone I am not and am accepted for who I am. If my life ended today, my life would have been beyond my wildest dreams.

When I come to the end of my life, can I say I lived well and loved well? That makes the difference for me.

All respondents told me that women are a positive in their lives today. Many also said that women have been connected to negative experiences in sobriety, but all respondents noted that such negatives can be seen as positive learning experiences. I will note that one respondent who described only negative experiences with A.A. women did not describe herself as having bonded friendships with any women (A.A. or non-A.A.), rarely has anything to call an A.A. sponsor (or mentor) about since she makes good decisions on her own and devotes her social time to her children. This interview respondent ("Annie")

differs considerably from all others in socio-economic status (upper-class S.E.S. vs. middle-class S.E.S.). One possible explanation for her high life-satisfaction may be relative to S.E.S., rather than to her female-bonding score. "Annie" told me that God gave her what she has and that God can take what she has away. She further stated,

You know there's not a lot that I rely on women for. You know, I more rely on God. You know, if I have any expectations on anyone, I will have disappointments. So I basically try not to have expectations and I'm not disappointed.

Aside from "Annie", all other respondents have bonded friendships with women in A.A., and many have similar relationships with non-A.A. women. Such friendships were described, in one way or another, as essential, reciprocal and emotionally supportive and were related to me with a level of excitement that brought several of the respondents to tears. In most cases, as newcomers, respondents' lack of trust and inadequacies toward other A.A. women, based on experiences shared via A.A. narratives at meetings, was cause for feeling hesitant and uncomfortable about initiating friendships with them. These newcomers either took the direction of an A.A. female sponsor (or mentor) and sought out such friendships or found themselves being sought out for friendship within the A.A. women's community. In both cases, the newcomer took a chance, either at reaching out

to other A.A. women or at accepting other A.A. women reaching out to them for fellowship. As newcomers inside of this fellowship, they began to feel a part of the A.A. women's community and to equate themselves with other A.A. women, based mostly on experiences shared interacting within friendships.

In sum, each respondent's A.A. self was a much more well-rounded individual than the former alcoholic self, with a fuller and happier life. The general consensus among interviewees was that other women, particularly other A.A. women, are a positive and important aspect of their sober lives.

### **Learning from Other A.A. Women**

When asked what, if anything, they learned from female friends in sobriety, most responses from interviewees were about life skills, self-development and emotional balance. "Bobbie" told me that A.A. women have taught her "everything about life, love, responsibility, walking through fear, tolerance." Likewise, "Candace" credited A.A. women for teaching her about herself and life, saying,

They've taught me so much about myself and about what it means to be a friend and to be loved and just about life...everything I know about everything has been taught to me by the women of A.A.

"Desiree" commented on a better sense of emotional balance that is reflected in family relationships behind her own door. She voiced this by saying,

The time I spend with my girlfriends helps make my family time a lot more enjoyable, because I get centered with my girlfriends.

"Erica" told me that A.A. women teach her both directly and indirectly and help her to better navigate the culture of romance. She remarked,

They teach me things I want to do and things I don't want to do. Mostly boundaries with other people, setting them and loosening up around other people. How to date and be intimate with a man without having sex. How to be what I feel is appropriate.

"Faith" confided how her A.A. sponsor helped her to trust other women. She said this woman taught her "that it is okay to trust other women, just to be careful who you choose to trust, so to choose better friends."

"Harmony" described how A.A. women teach her by recounting,

They teach me by example...how to identify feelings and emotions...tolerance, patience, love; a kind of love that doesn't need hostages. They let me screw up, be obnoxious...just be who I am and be accepted.

Thus, the kinds of things respondents learn from other A.A. women vary greatly and assist them, in a nurturing manner, in the transition from alcoholic self to A.A. self.



### **Differences Between A.A. and Non-A.A. Women**

Seven respondents reported having bonded friendships with non-A.A. women, five of whom noted that these friends teach them many of the same kinds of things they learn from A.A. women. Nevertheless, a few described differences between A.A. and non-A.A. women. As one described a difference in perception,

For some reason they just, there is just a difference. They don't understand the depth of, the depth of pain, the depth of sorrow...I don't even know how to put it into words, how close we came to dying. They just don't comprehend where we came from.

In general, time spent with non-A.A. women friends is less than that spent with those in A.A. resulting in a difference in shared intimacy. As one respondent described this,

She's the only friend that lasted through my drinking years and we can go months without talking to each other, but as soon as we talk it's like we're right back in there and we have the same kind of, I don't think it's the same intimacy, only because we don't have that constant contact but I still love her and trust her implicitly and I know she feels the same way about me.

Another respondent recounted a story about a reunion with her non-A.A. girlfriends, indicating their method of doing life is different from her own. She told me,

It's so much different with a non-A.A. woman than it is with an A.A. woman... They are different in the way that they solve and or look at and solve their problems. They, some of them feel like their problems are

stuck to them, that they have no choice out of them, that it was done to them. Some of them are in very controlling modes where they think they have grips on things, and it's coming out in physical ailments...and some of them are still stuffing a lot of things from their past that comes out in the way that they handle things. Like, for example, the reunion that we had with the six women, we made a survey for all of us to write out different questions, just because there wasn't going to be enough time and we didn't want to leave the retreat, say, or the, well, it was like a retreat only it was in my own house. Ah, we didn't want to leave there thinking you know, oh, shoot, I forgot to ask someone about their parents or something. So we wrote down all the questions we wanted to know about everybody and we went around the table and we answered each one. And one, I wrote most of the questions but, one of the questions was who are your friends now? And my best friend, who I have been in contact with, she wrote down her mother and me. And that was it. And she's forty years old. And it almost made me want to cry. My list, I couldn't even, I couldn't even write all the names.

Still another respondent told me that non-alcoholics at her place of employment are drawn to her,

...because of the self-evaluation that we learn to do so we are truly in touch with who we are. It's the spirituality of A.A. that comes through.

A.A. women have a regular and structured forum in which to learn to identify and to practice spiritual principles that are the foundation of the A.A. self. It is less likely to find non-A.A. friends who contribute such aspects to the new A.A. self that A.A. women can contribute to the recovering woman's self-transformation.

### Learning From A.A. Men

A handful of interview respondents commented on learning from A.A. men. One talked about women's gentler way of communicating.

[men are] much more direct, logical, um, like [my partner], he's very much to the point, very confrontational when dealing with stuff. Um, just a direct line, boom, splat, it's there. Whereas women are like a round about and upside down and we're gonna work it, shimmy it so that it sounds nice. What I say sounds nice, I don't want to hurt your feelings.

Two interview respondents related the impracticality of a married A.A. woman communicating with, seeking assistance from or hanging out with A.A. men.

You know, I have a husband and if I am on the phone with a guy too long, he is not a happy camper. So, I am not willing to jeopardize my marriage to go out and do things with men in A.A.

...my experience had always been um, I only wanted men for one thing. I, I didn't go to them to get any kind of intellectual help or spiritual guidance, I wanted sex. I have had no healthy relationships with men after the sex is over. I mean I have not maintained any relationships with old boyfriends because I do not, and this is just for me, I do not know how to have a relationship with men except in a sexual way. And because I know that about myself I don't, I don't try and I mean there's men in the program that I'll say hi to but there's no reason for me hang out with one. I would never call one if I was having a problem with my husband. It's just not an area that I feel healthy going to.

Still another respondent told me that she learned that she is okay just the way she is and that she did not learn that from men, who never seemed to validate any worth

within herself. When asked if she could learn that from an A.A. man, she replied, "Probably [but] better from women, because they're women. Because we're smarter." I am not inclined to think it's a question of one gender being smarter. Men and women are socialized to communicate differently, and as a result, they have different ways of being. A woman's way of being is commensurate not only with a woman's way of understanding, but also with the disclosure of emotionality at the heart of A.A. (Denzin, 1997). Thus, the structure and format of A.A. is designed so that women in A.A. will likely learn better from other A.A. women. In addition, the double standard may play an important role in this process.

### **The Double Standard**

I also asked respondents about gender differences that may or may not exist for practicing alcoholic and recovering alcoholic men and women. Most acknowledged the double standard that stigmatizes women to a greater degree when drinking, and many acknowledged gender differences within A.A. One woman told me,

Well, this sounds really jaded and whatever but I just think, because of the pressures put on women in general, that it is a lot more astounding for a woman to sober up and to get it and turn her life around and uh, because of all the added pressures and all the

added expectations and...I just believe that men have a lot more leeway uh, they're expected to go you know, go to work, provide financially for the family and that's it...I mean my husband does so much more than I do. But in general terms it's, and then the woman takes care of the kids, cleans the house, you know, is all the emotional support for the family and, you know, sometimes works on top of it outside of the house and you know, there's so many unspoken things that go with that.

Another woman commented on gender role differences, saying,

We're stronger...I believe the women are a lot stronger in this program than the men...emotionally...because the men have too many of those hang-ups that they were raised with, you know, that it's not the macho thing to do, and we don't give a shit. [It's not okay for men] to cry, to be emotional, you know, to sit in a meeting and say, you know what? I'm feeling scared.

Another expressed an opinion reflecting women's roles, saying,

I think it's probably a little more difficult for a woman, because we have all these jobs we have to juggle in...when I look and I watch, what my husband does is goes to work, he comes home, his clothes are clean, his house is clean, he has a few more options, I think. And it's probably stuff that I put on myself more than anything, but, he just has to be the breadwinner and come home. You know? And maybe be an entertainer every now and then, as far as gettin', you know, Boy Scouts and stuff. Whereas a woman, she, in my case, I have to work, I have to be a mother and I have to participate in some of those outside projects and stuff and still get to meetings and still be available for people to call and...I think we're definitely more emotional beings...

Two respondents expressed differences between A.A. men and women with regard to sex. As one put it,

I think men have a tendency to do the steps and they go to a certain point in the principles and they've done their job. Their job's done. They look at it very logically...One of the big things is just how the Big Book's written? It's written for men. Because in the 4<sup>th</sup> step, it says, and "now about sex." And men don't have a problem doing a, quote, sexual inventory [end quote]. And if it was written "and now about relationships," women could get a better grasp of their sexual inventory. It's a relationship inventory vs. a sexual inventory. That's one of the basic differences in an A.A. sober community between men and women, in my opinion.

Another related,

I have a problem seeing the efforts in men in bringing the program in all areas of their life as much as I see with women bringing into all areas of their life...mostly, deceitfulness. You know, like allowing lying in areas where they feel it's ok...taxes, sex, business, and insurance.

The dynamics of male-female communication and sexuality may impede the growth of an alcoholic woman into an A.A. self, whereas the dynamics of female-female mentorship may enhance such development.

### **The Impact of Social Bonding**

Interview data obtained via open-ended interviews definitely illustrate a relationship between social bonding among women in A.A. and life-satisfaction. This relationship is evident not only by responses to my questions, but with the excitement, enthusiasm and emotional expressions of gratitude by the vast majority of respondents for the

bonded relationships they have found with other A.A. women. Such emotional expressions are not attainable in survey data. An apparent majority of A.A. women understand and enhance each other's lives on a regular basis, often daily. They assist each other in developing their A.A. selves in a variety of ways. They not only guide each other through the re-socialization process of understanding and doing the A.A. way of life, they support each other emotionally and assist each other with practical aspects of everyday life (e.g. child-care and fashion). They introduce new fun activities into once extremely limited social lives, helping each other to navigate a new and unfamiliar life as sober women. While uncomfortability and fear may never cease entirely, due to alcoholic thinking, fear is diminished by the collectivity of similar others. The general consensus among interview respondents was that a negative attitude about having bonded relationships with other A.A. women changed to a positive attitude as a result of a change in their self (from the alcoholic self to the A.A. self) and that A.A. women contribute in some manner to their life-satisfaction. This not only supports hypothesis one, that social bonding among women in A.A. influences life-satisfaction in a positive manner, it also expands upon findings of my quantitative analysis. Unlike survey

data, qualitative data reveal that the vast majority of interview respondents have a sense of perceived support, fellowship, belongingness, and higher levels of self-esteem that studies have shown contribute to a desire to remain a sober A.A. member. When asked if relationships with women in A.A. influence the length of time she's been sober, one respondent told me,

Yea, I think that's a part of it. Could I have stayed sober without it? Maybe. Would I have been as well adjusted and happy as I am? I don't think so.

This suggests that the effect of social bonding on years of sobriety is mediated by life-satisfaction. Thus, the benefits of female bonding among A.A. women may lead to longer sobriety terms. Beyond findings of my quantitative analysis, it is interesting to note that five interview respondents shed light on possible effects of their failing to bond with other A.A. women, as they did not remain sober from the time of their first A.A. meeting. Four of these respondents formed no relationships with other A.A. women during that time. One did report having associated with A.A. girlfriends during that time, but such "friendships" were void of any trust or emotional bonding.

While some respondents told me they learned things about trust and friendship from women prior to their getting sober, many learned only skills or ideals supportive



of a drinking life-style. In contrast, the vast majority of respondents shared a variety of learning experiences involving other A.A. women. Several respondents said they learn similarly from non-A.A. women, but this seems to stem from their experiences with A.A. women. One respondent told me,

I used to have an "us and them" attitude. Us being the ones in A.A. and we're looking at ourselves and trying to be better and...them...I have learned over the years and you know, it wanes, it goes back and forth sometimes, but that a lot of my friends that aren't in A.A., that they have the same knowledge about life that I had to go to A.A. to get.

One respondent made an interesting comment on what she's learned from A.A. men. As she put it, "[A.A.] men taught me about jealousy with other women...men have taught me a lot by using women."

The impact of social bonding among A.A. women has been an all-encompassing imprint on the selves and the lives of the ten women interviewed in this study. The complete A.A. experience has been a continual learning process of self-transformation for all respondents and is often a gender-specific undertaking, particularly with respect to sexuality, as suggested by 13<sup>th</sup> Step sentiment.

### **The 13<sup>th</sup> Step**

Definitions of the "13<sup>th</sup> Step" that I obtained from each respondent were quite similar. According to them, the 13<sup>th</sup> Step is an unofficial rung in the 12-Step ladder. The 13<sup>th</sup> Step advises A.A. newcomers to avoid sexual involvement within the first year of sobriety and frowns upon A.A. members with any substantial time in the program preying upon emotionally vulnerable newcomers for sex, perhaps under the guise of helping them in the program. Social sanctions may be applied to violators (e.g. gossip or exclusion from events outside of meetings) within the A.A. community. The main purpose seems to be to protect the newcomer from what might be an extremely vulnerable situation until they are able to gain some emotional balance as a sober member of A.A. Of course, the official view on sex in A.A. is that members "do not want to be the arbiters of anyone's sex conduct" (A.A., 2001:69) and 13<sup>th</sup> stepping does occur.

In reviewing interview data, 13<sup>th</sup> step sentiment seems to indicate men are part of the "attraction, rather than promotion" (See Appendix F) in A.A. for many women. Because of this, many A.A. women may have to "hit a bottom" through a shameful and sobering experience of a double standard version of sexuality before they are ready to bond

with other A.A. women. Per, *Twelve Steps and Twelve Traditions*, "Great suffering and great pain are A.A.'s disciplinarians; we need no others" (A.A., 1994:174). Therefore, the pain of such an experience may be the sort of discipline required for a change of heart toward same-sex bonding for female newcomers. Many respondents described themselves as sexually promiscuous prior to developing their A.A. self, and three heterosexual respondents related homo-sexual experiences, either during or prior to sobriety. Such experiences seem to be an attempt to feel loved and desirable and to diminish the loneliness of alcoholism. In addition, three respondents expressed displeasure with such sentiments, as they may be cause for feelings of guilt or failure on the part of newcomers, as well as aversion toward all A.A. men. A handful expressed how helpful A.A. men who are "winners" (i.e. A.A. members who have truly implemented program principles into their life, rather than those who merely talk about such ideology) have been for them. One articulated that potential female "victims" of the 13<sup>th</sup> step may be more visible, but that their behavior may not be all that bad.

...women, when they come in, you can see 'em. They dress sexy. They act sexy. They blow off the women

and they head for the guys. And you know what? I think that's great if that's what keeps 'em there.

Thus, interview data support my third hypothesis, that social bonding among women in A.A. may be a latent function of 13<sup>th</sup> Step sentiment, and that its intent may be only to protect women from sexual vulnerability. While such protective measures may often be unsuccessful for women who are newcomers, 13<sup>th</sup> step sentiment may plant a seed of knowledge so that a woman who hits a sexual bottom in A.A. knows who to go to for help, and the appeal of bonding with other A.A. women may be the result.

### **Summary of Qualitative Analysis**

All interview respondents indicated they have experienced a transformation of self, from an alcoholic self to an A.A. self, as a result of their membership in A.A. In addition to that re-socialization process, the vast majority of this group has experienced a considerable change in interaction with and attitudes about other women. In general, this change is that of increased interaction and change from a negative (or less positive) attitude toward women to that of one which is very positive. These A.A. selves see value in relationships with other women, particularly fellow A.A. women. This value is expressed

with emotion and enthusiasm and is reported as having a positive effect on both life-satisfaction and length of sobriety. Most respondents not only learn from and share friendship with fellow A.A. women, they share an understanding that is different from anything they have ever experienced with A.A. men or non-A.A. women. Truly significant relationships between A.A. women seem to be essential to most respondents' new sense of self, new sense of value in others (particularly women), and new sense of spirituality. A.A. women can support fellow female members through both the subtle and the obvious gender differences that can effect satisfaction with life and the maintenance of sobriety in a way that A.A. men and non-A.A. women cannot match. The general consensus is that for these A.A. women, sustained interaction (i.e. social bonding/social integration) with other A.A. women is fundamental in the transformation of the alcoholic self to the A.A. self.

## CHAPTER V

### DISCUSSION AND CONCLUSIONS

This chapter offers a summarized discussion of this study's pertinent literature, major findings, limitations, and suggested direction for future research.

#### **From Alcoholic Self to A.A. Self**

The self develops through communication and interaction within any society. Fellowship being the primary utilization of A.A. (Thommassen, 2002a) finds relationships among members to be an essential part of long-term sobriety. The re-socialization process outlined by the A.A. program is one way for an alcoholic self to effect an A.A. self. This occurs, as Mead might say, by taking the attitude of the A.A. generalized other. Denzin and I agree that Cooley's Looking-Glass Self works differently in the sub-culture of A.A. because alcoholics have a distorted sense of reality, unlike non-alcoholics. Established members must become the primary socialization group for the A.A. newcomer to achieve a successful self-transformation.

Self-transformations are gendered processes and are different for women and men. Differences in gender socialization seem to allow women an advantage in acquiring the attitude of the A.A. other (Denzin, 1997; Beckman, 1993). For A.A. women, sharing this advantage with each other seems to enhance their sober lives, providing them a new sense of self, of others and of spirituality. Failure to bond with other A.A. women may impede the success of female newcomers. Suggestions from a "significant other" (Cooley, 1998), particularly those of an A.A. sponsor, are often the catalyst for female newcomers bonding with other A.A. women. It is essential for A.A. women to bond with other A.A. women in sponsorship relationships, as friends and in service to best effect the transformation from alcoholic self to A.A. self. Allowing other A.A. women to become the female alcoholic's primary re-socialization group is a tool of survival within the fellowship. Differences with respect to sexuality and the double standard, in particular, find enhanced support for women via same-sexed bonding within the A.A. fellowship. Thirteenth step sentiment, while not the official A.A. view, may direct female A.A. members to bond with other A.A. women. Taking such direction may be the result of hitting a bottom with respect to sexuality, aided by the double

standard, for some A.A. women. Gender is a significant factor in self-development and this study expands upon prior research by focusing on same-sex bonding in the development of the A.A. self.

### **Research Findings**

Quantitative data collected from 293 respondents surveyed at A.A. meetings support Hypothesis 1, that sustained interaction (i.e. social bonding or social integration) among A.A. women does indeed have a positive impact on the transformation from the alcoholic self to the A.A. self. Moreover, this impact is significant with respect to life-satisfaction, a factor effecting the desire to remain a sober A.A. member. While survey data reject Hypothesis 2, that higher female bonding scores among A.A. women are directly related to longer sobriety terms, it nevertheless indicates that a positive effect of social bonding on years of sobriety is mediated by life-satisfaction.

Qualitative data support and expand upon quantitative findings. These data reflect emotion, enthusiasm and gratitude with which A.A. women speak of their bonds within the A.A. women's community. Subtle and obvious gender differences have assisted interview respondents in effect-



ing a new sense of self, of others and of spirituality. Utilizing both quantitative and qualitative methods allows for a fuller understanding of the process of social bonding within the A.A. women's community. For women, same-sex bonding in A.A. is fundamental in the transformation of the alcoholic self to the A.A. self.

### **Limitations of the Study**

One primary limitation of this study may be validity and reliability of the Female Bonding Score. Nevertheless, the FBS, calculated using survey data, utilizes sound theoretical reasoning. In addition, survey and interview data may or may not be generalizable to other female A.A. members and may only be indicative of the A.A. women's community in Las Vegas. The small sample size of interview volunteers lessens the depth and value of the qualitative data.

It is important to note that the findings of this research have not established temporal order, a necessary condition of causality. Further, statistically significant correlation between the three major variables used in this study (Female Bonding Score or FBS, Life-Satisfaction Score or LSS, and the number of years the respondent has been sober or YRS) is a necessary but insufficient condition for

substantiating causality. Establishing temporal order using cross-sectional data is precarious and similar to the chicken-and-egg problem. Additional data are needed to resolve this dilemma and a blend of quantitative and qualitative data is useful in this regard. Qualitative data in this study help put the time back into the analysis, as subjects enthusiastically and emotionally describe bonding with other A.A. women as being a integral and essential component of their sobriety.

It is also important to acknowledge some possible effects due to sample selection. It is conceivable that the sample selection process in obtaining quantitative data was more favorable to A.A. women who attend meetings more frequently than to those attending less often, particularly since each meeting in the sample was surveyed only once. In general, women who volunteered to participate in the survey may have higher life-satisfaction scores than those who declined to volunteer. Subjects chosen for qualitative interviews were confined to survey participants whose life-satisfaction score was one of the highest, according to the SWLS index. Not only does this show disfavor to those scoring low on the life-satisfaction scale, but also to those groups defined by certain control variables (i.e. age and/or average meetings attended per week). Future

research may address such concerns of sample selection effect.

### **Future Research**

This study has expanded on some gender-specific aspects of addiction recovery and opens the door to further research on the effects of female-female bonding in other research settings. A standardized measure of the degree to which women bond with other women would be extremely helpful in examining such gendered effects. Drug and alcohol rehabilitation centers might investigate gender-specific training methods to assist clients in their recovery process and may be a source of research subjects to assist in diminishing some of the effects of sample selection. In addition, existing data gathered in this study may be utilized for qualitative examination of subjects with low life-satisfaction scores and/or those who attend the fewest meetings in an average week. Finally, future research studying the connection between A.A. spirituality and friendships, particularly same-sexed friendships, might be helpful to alcoholics in acquiring a sense of perceived support, fellowship, belongingness, and higher levels of self-esteem.

APPENDIX A

APPROVAL LETTER



**Notice of Approval to Conduct Research Involving Human Subjects**

**DATE:** September 23, 2002

**TO:** Tina M. Winger, Sociology  
Dr. Kate Hausbeck  
M/S 5033

**FROM:** Dr. Fred Preston, Chair  
UNLV Social Behavioral Sciences Institutional Review Board

**RE:** Status of Human Subject Protocol Entitled; *Recovering Women of Alcoholics Anonymous and the Impact of Social Bonding*

OPRS#115S0902-448

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This memorandum is official notification that the protocol for the project referenced above has been reviewed by the Office for the Protection of Research Subjects (OPRS) and has been determined as having met the criteria for exemption from full review by the UNLV Social Behavioral Sciences Institutional Review Board (IRB) as indicated in regulatory statutes 45CFR 46.101. The protocol has been submitted through the expedited review process and has been **approved for a period of one year** from the date of this notification. Work on the project may proceed.

Should the use of human subjects described in this protocol continue beyond **September 23, 2003**, it will be necessary to request an extension. **Should there be ANY changes to the protocol, it will be necessary to submit those changes to the Office for the Protection of Research Subjects.**

If you have questions or require any assistance, please contact the Office for the Protection of Research Subjects at 895-2794.

Cc: OPRS File

Office for the Protection of Research Subjects  
4505 Maryland Parkway • Box 451046 • Las Vegas, Nevada 89154-1046  
(702) 895-2794 • FAX: (702) 895-0805

## APPENDIX B

### SURVEY QUESTIONNAIRE

University of Nevada, Las Vegas  
Department of Sociology

General Information: My name is Tina Wininger, I am from the UNLV Department of Sociology and I am the researcher on this project. You are invited to participate in a research study that examines social bonding within the A.A. women's community.

Procedure: If you volunteer to participate in this study, you will be asked to answer the survey questions contained in this document.

Benefits: By participating you will be adding to the body of knowledge on social bonding and expanding the data available on women in Alcoholics Anonymous.

Risks: You might feel uncomfortable answering some of the questions asked. I would encourage you to discuss such questions with me so that I might offer some explanation of the same.

Contact Information: If you have any questions about the study, you may contact me or Dr. Kate Hausbeck at the UNLV at 895-3322. For questions regarding your rights as a research subject, please contact the UNLV Office for the Protection of Research Subjects at 895-2794.

Voluntary Participation: Your participation in this study is completely voluntary. You may withdraw from participation without prejudice to your relations with either the researcher or the university. You are encouraged to ask questions at any time during your participation in this study.

Confidentiality: All information gathered in this study will be kept completely confidential. No reference will be made in written or oral materials that could link you to this study. All data will be stored in a locked facility at UNLV for at least 3 years after completion of the study.

Participant Consent: By answering the following questions, you are consenting to participate in this study.

Q1. Sobriety Date     /     /       
                         MM   DD   YY

Q2. Date of First A.A. Meeting     /       
   MM       YY

Q3. How many women do you presently sponsor?     \_\_\_\_\_

Q4. Gender of your sponsor (circle one):

Female           Male           I don't have a sponsor

Below are five statements with which you may agree or disagree. Please circle one response per statement:

Q5a. In most ways my life is close to my ideal.

strongly	disagree	slightly	neither	slightly	agree	strongly
disagree		disagree	agree nor	agree		agree
			disagree			

Q5b. The conditions of my life are excellent.

strongly	disagree	slightly	neither	slightly	agree	strongly
disagree		disagree	agree nor	agree		agree
			disagree			

Q5c. I am satisfied with my life.

strongly	disagree	slightly	neither	slightly	agree	strongly
disagree		disagree	agree nor	agree		agree
			disagree			

Q5d. So far I have gotten the important things I want in life.

strongly	disagree	slightly	neither	slightly	agree	strongly
disagree		disagree	agree nor	agree		agree
			disagree			

Q5e. If I could live my life over, I would change almost nothing.

strongly	disagree	slightly	neither	slightly	agree	strongly
disagree		disagree	agree nor	agree		agree
			disagree			

Q6. Number of Meetings Attended in an Average Week \_\_\_\_

Q6a. Of the number of meetings indicated in Q6, how many are:  
 mixed-gender meetings \_\_\_\_  
 women's stag meetings \_\_\_\_

Q7. Since my sobriety date, my communication and interaction with other women in A.A. has (choose the response that best fits you):

Increased ____	Decreased ____	Stayed the same ____	I don't interact much with other A.A. women ____
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Q8. Since my sobriety date, my communication and interaction with other women not in A.A. has (choose the response that best fits you)

Increased ____	Decreased ____	Stayed the same ____	I don't interact much with other A.A. women ____
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Q9. What is your age? \_\_\_\_

Q10. Current marital status (circle one):

single	married	separated	divorced	widowed
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Q11. Race/ethnicity (circle one):

White/      Black/      Hispanic      Asian      Other  
Caucasian      African Am.

Q12. Sexual preference (circle one):

hetero-      homo-      bi-sexual      would rather      other \_\_\_\_\_  
sexual      sexual      not say

Q13. I have been an active participant in women's issues outside of my A.A. program:

Often      Sometimes      Rarely      Never

Q14. Are you a registered voter?      Yes      No

↓

Q14a. If yes, do you consider yourself to be (circle one):

very      somewhat      neither      somewhat      very  
conservative      conservative      liberal nor      liberal      liberal  
conservative

Q15. Indicate the highest level of education you've completed:

\_\_\_\_\_ Less than high-school      \_\_\_\_\_ 4-year degree  
\_\_\_\_\_ High-school      \_\_\_\_\_ Graduate school  
\_\_\_\_\_ Some college      \_\_\_\_\_ Graduate degree  
\_\_\_\_\_ Trade/Tech school      \_\_\_\_\_ Post-graduate work

Q16. Please indicate which of the following socio-economic class categories you perceive yourself as belonging to:

\_\_\_\_\_ Upper class      \_\_\_\_\_ Poverty class  
\_\_\_\_\_ Upper Middle class      \_\_\_\_\_ Lower class  
\_\_\_\_\_ Lower Middle class      \_\_\_\_\_ Other \_\_\_\_\_

Q17. Please indicate which of the following religious affiliations best describes your current practice:

\_\_\_\_\_ Catholic      \_\_\_\_\_ Lutheran  
\_\_\_\_\_ Protestant      \_\_\_\_\_ Methodist  
\_\_\_\_\_ Jewish      \_\_\_\_\_ Baptist  
\_\_\_\_\_ Spiritual/Not Religious      \_\_\_\_\_ Other \_\_\_\_\_

Q18. If you would be willing to participate in a 1-hour interview with the researcher, please provide your first name and telephone number.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Telephone

## APPENDIX C

### INTERVIEW QUESTION GUIDE

1. Tell me what your life was like before you got sober.
  - What did you typically do in a routine day?
  - What did you do to have fun?
  - Before you got sober, did women play a big part in your life? Explain.
2. How many girlfriends did you have then?
  - What kinds of things would you be doing when you spent time with them?
  - How much time in an average week would you say you spent with your girlfriends when you were drinking?
  - Did you learn anything from these women when you were drinking? Did they teach you anything? If so, what kinds of things?
  - So when drinking, were women a positive, a negative or both in your life? In what way?
3. Tell me what your life is like in sobriety.
  - What do you typically do in a routine day?
  - What do you do to have fun?
  - In sobriety, do women play a big part in your life? Explain.
4. How many girlfriends do you have today? (A.A. and non-A.A.)
  - What kinds of things would you be doing when you spend time with them?
  - How much time in an average week would you say you spend with your girlfriends today?
  - Do you learn anything from these women now that you're sober? Do they teach you anything? If so, what kinds of things?
  - So in sobriety, are women a positive, a negative or both in your life? In what way?
  - What percentage of your girlfriends are other A.A. women?
5. Have you stayed sober since your first A.A. meeting?
  - IF NOT: Are friendships with A.A. women something new for you this time in sobriety?
6. You've told me that your life has changed since sobriety, so can you give me a list of characteristics, traits, qualities or attributes to describe:
  - Yourself when drinking
  - Yourself today in sobriety
7. Do your friendships with A.A. and non-A.A. women contribute to the overall change in who you are today?
8. Do your friendships with A.A. and non-A.A. women contribute to an overall change in how satisfied you are with your life?
9. What is "The 13<sup>th</sup> Step"?



10. A couple of phrases I've heard in A.A. They are:
  - a. "women stick with the women, men stick with the men"
  - b. "The men will pat your ass, the women will save your ass."
  - Can you tell me what those phrases mean to you as an A.A. member?
  - Did these phrases have any sort of effect on you as a newcomer?  
If so, what kind of effect?
  - Do these phrases have any effect on you today?  
If so, what kind of effect?
11. Do you think that being a practicing alcoholic woman is different from being a practicing alcoholic man?
  - If so, how?
  - If not, why not?
12. Do you think that being a sober woman is different from being a sober man?
  - If so, how?
  - If not, why not?
13. Okay, now I'd like to talk about your relationships, outside of meetings and sponsorship, with A.A. women friends:
  - Who initiated the friendship?
  - If by "R", Why did you do so?
  - If not by "R", Why did you not do so?
14. You told me before that you DID NOT used to have women friends. What do you think it was that changed your attitude about having women friends?
15. Has being a member of A.A. changed how you feel about yourself? HOW?
16. Has your participation in A.A. influenced how satisfied you are with your life? In What Way?
17. Have relationships with women in A.A. changed how you feel about yourself? HOW?
18. Have relationships with women in A.A. influenced how satisfied you are with your life? In what way?
19. Have relationships with non-A.A. women changed how you feel about yourself or how satisfied you are with your life?
20. Was there a particular moment or event that you remember as a turning point, when you clearly began to see yourself differently as a result of A.A.?  
If yes, tell me about that moment.
21. Was there a particular moment or event or some time that you remember as a turning point, when you clearly began to see the value of friendships with other women in A.A.?  
If yes, tell me about that moment.
22. What is a feminist, to you?
23. Do you consider yourself a feminist?
24. Do you ever participate in events particular to women's issues outside of A.A.?
25. What is a family?
26. Is A.A. a family?

## APPENDIX D

### INTERVIEW INFORMED CONSENT FORM

# UNLV

University of Nevada, Las Vegas  
Department of Sociology

**General Information:** My name is Tina Wininger, I am from the UNLV Department of Sociology and I am the researcher on this project, under the direction of Dr. Kate Hausbeck, my faculty advisor. You are invited to participate in a research study that examines social bonding within the AA women's community.

**Procedure:** If you volunteer to participate in this study, you will be asked to answer interview questions about your sobriety and your relationships with other recovering alcoholic women and to allow me to audio tape our interview for transcription purposes only.

**Benefits:** By participating you will be adding to the body of knowledge on social bonding and expanding the data available on women in Alcoholics Anonymous.

**Risks:** Risks are minimal and may include feelings of discomfort answering some of the questions asked. I would encourage you to discuss such questions with me so that I may help you to feel as comfortable as possible during our interview.

**Contact Information:** If you have any questions about the study, you may contact me or Dr. Kate Hausbeck at the UNLV at 895-3322. For questions regarding your rights as a research subject, please contact the UNLV Office for the Protection of Research Subjects at 895-2794.

**Voluntary Participation:** Your participation in this study is voluntary. You may withdraw from participation without prejudice to your relations with either the researcher or the university. You are encouraged to ask questions at any time during your participation in this study.

**Confidentiality:** All information gathered in this study, including completed surveys and transcripts from audio tapes, will be kept completely confidential. No reference will be made in written or oral materials that could link you to this study. Audio tapes will be destroyed upon transcription of the same. All data will be stored in a locked facility at UNLV for at least 3 years after completion of the study, at which time all such data will be destroyed. Your signature on this document may consist of your first name and the first initial of your last name to better insure your anonymity.

**Participant Consent:** By signing this document you are acknowledging your understanding of the information provided to you about this study and you agree to voluntarily participate in a 1-hour audio taped interview with the researcher.

---

Interview Participant

---

Date

## APPENDIX E

### THE 12 STEPS OF ALCOHOLICS ANONYMOUS

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. Became 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 wherever 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 F

### THE 12 TRADITIONS OF ALCOHOLICS ANONYMOUS

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 He may express Himself 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 non-professional, but our service centers may employ special workers.
9. A.A., as such, ought never be organized; but we may create service boards or committee 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.

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