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**The politics of belonging in Alcoholics Anonymous: A qualitative interview study**

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**Abstract**

A prevalent critique of Alcoholics Anonymous (AA) is that members must adopt an inflexible illness narrative, taking on an “alcoholic” identity and performing a set of practices to address this condition. Conversely, a small body of research suggests that, rather than comprising the uniform adoption of a rigid narrative, integration into AA is achieved by negotiating individual beliefs, values, and preferences with the AA model. In order to investigate such processes of negotiation, the current study aimed to explore the politics of belonging (Yuval-Davis, 2006) in AA. The study involved semi-structured interviews with 15 AA members recruited from meetings across Sydney, Australia, and data were analyzed thematically. Findings illustrated how participants navigated the politics of inclusion/exclusion within AA. While some aspects of AA were found to be negotiable by participants, a non-negotiable aspect of AA ideology that emerged was the axiom that

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“alcoholics” have no control over alcohol and therefore should maintain abstinence.

Findings raise questions about how the politics of belonging in AA may shift over time following broader patterns of societal change.

## **Introduction**

Alcoholics Anonymous (AA) is a non-government, community-based mutual aid/peer-to-peer support organization dedicated to helping anyone who identifies as alcoholic achieve and maintain abstinence. Since its constitution in the 1930s, AA has grown to comprise more than two million members and 129000 groups across 180 countries globally (AA, 2020a). Each AA group hosts structured meetings where members participate in mutual sharing around a particular topic. There are “I.D.” (identification), “Steps”, and “Discussion” meetings, where members’ sharing pertains to their stories of coming into AA and their lives in recovery, the 12 Steps, or other topics relevant to recovery, respectively (AA, 2020b). AA members are encouraged to attend regular meetings, as well as work on the 12 Steps under the guidance of a ‘sponsor’, or AA mentor. The 12 Steps comprise a sequential set of tasks, undertaken through writing or conversing with a sponsor, that aim to promote both abstinence and holistic wellbeing (Borkman, 2008). While one factor influencing the efficacy of AA is how compliant any prospective member is to its ideology and practices, evidence suggests that for those who join, AA involvement may be even more effective than conventional treatment at supporting abstinence (Humphreys & Moos, 2007; Kelly, Humphreys & Ferri, 2020).

Both inside and outside of AA, the process of “recovery” is taken to extend beyond simply addressing an individual’s alcohol dependence, with broad improvements in psychosocial functioning and wellbeing considered equally important (Witkiewitz, Monte, Schwebel & Tucker, 2020). For example, the Recovery Science Research Collaborative recently defined recovery as an “individualized, intentional, dynamic, and relational process

involving sustained efforts to improve wellness” (Ashford et al., 2019). AA, however, specifically emphasizes that *total abstinence* is required to make these positive changes possible (Witkiewitz et al., 2020).

It has been proposed that group settings such as AA can facilitate individuals constructing new social identities that promote continued abstinence (Buckingham, Frings & Albery, 2013; Frings & Albery, 2015; McIntosh & McKeganey, 2000). The AA model offers a strong narrative and set of associated practices, with members learning to individually and collectively place their own experiences and life events into the AA narrative (Cain, 1991; Humphreys, 2000). AA members ultimately learn to see themselves as “alcoholics” in recovery and perform various actions to combat their “alcoholism” (Cain, 1991; Rudy, 1986; Thune, 1977). For instance, AA purports that not only do “alcoholics” have a “physical allergy” that renders them “powerless” over alcohol, but they also have a particular “alcoholic personality”, described as immature, egotistical, selfish, and “spiritually defective” (Thune, 1977). Accordingly, recovery in AA encompasses a complete lifestyle change involving particular daily actions that adjust this mode of being (AA, 2001, p. 85; Cain, 1991; Thune, 1977).

A major critique of AA is that members must conform to a uniform and inflexible narrative to the detriment of their own sense of self or personal identity (Greil & Rudy, 1983; Rudy, 1986). Indeed, a number of studies indicate that struggles to conform to fundamental aspects of AA lead to either ambivalence towards, or disaffiliation from, the organization (Caldwell & Cutter, 1998; AUTHOR, 2020a; Kitchin, 2002; Tonigan, Miller & Schermer, 2002). For example, individuals who do not accept the concept of a “higher power” have been found to engage with AA less intensively compared to those who do (Caldwell & Cutter, 1998; Tonigan et al., 2002). Further, AUTHOR (2020a) highlighted various components of AA ideology that ex-members were unable to accept and cited as

their reasons for leaving AA, such as the beliefs that “alcoholism” is a chronic incurable illness and that “alcoholics” have no control over alcohol.

In contrast, some research has suggested that, rather than there being a single narrative that members must accept and conform to, individual beliefs, values, and preferences can be integrated into the AA model. For instance, Ratliff (2003) illustrated how members of a particular AA group assimilated the “community identity”, dominated by spiritual-based ideology, with their own understandings of various psychological discourses. These participants demonstrated “hybrid” views that drew from ideology found in AA and more professional psychotherapeutic settings (Ratliff, 2003). For example, they learnt in AA to problematize “resentment”, or the complex emotions resulting from perceived insult or injury that focus attention onto the offenses of others. However, they also discussed the healthiness of “justifiable anger” and having boundaries (Ratliff, 2003). Thatcher (2011) explored the ways in which members mediated the tensions between the competing discourses of Christianity and spiritual pluralism within AA given their personal ideological leanings. Several more studies have demonstrated that members can develop personalized conceptions of a “higher power” (Arnaud, Kanyeredzi & Lawrence, 2015; Bond & Csordas, 2014; Hahn, 2019). Finally, Smith (1993) found that even individuals who were not naturally inclined to socially interact in groups could successfully integrate into AA through different pathways, such as forming a close bond with a single person. Thus, while it is generally accepted that there is a core narrative in AA that can lead to changes in members’ self-identities, these studies suggest that the ideology and practices in AA can be negotiated and adapted to some degree.

Although much research has concentrated on the *outcomes* of AA membership (e.g., conceptualizations of the self as “alcoholic” and regular performance of AA-based actions), few studies have specifically focused on the *process* of how members navigate taking on the

AA narrative and practices. Considering that a common critique of AA is that members must adopt the ideology and practices inflexibly, it is important that research explores how these might also be negotiated and integrated with members' own personal self-understandings, beliefs, values, and preferences. A better understanding of how individuals navigate the discourses and practices within AA may also assist healthcare providers support this process for prospective members and make more effective referrals to the organization.

### *Theoretical perspective*

In order to explore the negotiation processes that occur amongst AA members, we found it useful to utilize a specific, contemporary conception of *belonging*. Historically, belonging has been primarily understood with respect to feeling 'at home' in a particular system or environment, and/or having a sense of identification with the people in this system or environment (Antonsich, 2010; Yuval-Davis, 2006). However, Yuval-Davis (2006) made a distinction between this traditional conceptualization of belonging, or the feeling of being 'at home' in a place (place-belongingness), from the discourses and practices of inclusion/exclusion at play in that very place (politics of belonging). Discussions on the politics of belonging encompass establishing what is involved in belonging to a particular community and what narratives of identity operate within this community (Yuval-Davis, 2006). We may ask what characterizes 'us' and 'them', what distinguishes 'us' from 'them', and who or what has the power to delineate these boundaries of identity and belonging? (Yuval-Davis, 2006).

Following Butler's (1990) notion of performativity, the concept of belonging has also become progressively understood as a *process* rather than simply a state of being (Antonsich, 2010; Bell, 1999; Yuval-Davis, 2006). Rather than a sense of belonging being fixed, there is an act of constructing, performing, claiming or "doing belonging" (Antonsich,

2010). Thus, while the ‘politics of belonging’ relates to broad views of how and where the boundaries of belonging are drawn, the ‘performance of belonging’ denotes the individual or collective behavior that creates or reinforces belonging. Overall, belonging is considered to be entrenched in the everyday actions of individuals and is negotiated depending on a complex interplay of psychosocial, structural and cultural factors (AUTHOR, 2020).

Applying this lens to AA entails focusing on the narratives of identity and practices that accompany membership and exploring members’ experiences of acquiring these personally, thereby constructing their sense of belonging in AA. Through this lens it also becomes relevant to consider where the boundaries of belonging in AA are drawn - how much of the AA narrative can be negotiated and adapted at the individual level without compromising belonging, and what cultural or structural aspects of AA might some struggle to assimilate with? The current study employs understandings of the politics of belonging to conceptualize the process of negotiating individuals’ personal self-understandings, beliefs, values, and preferences with the ideology and practices in AA.

### ***Aim***

This study aimed to explore the politics of belonging in AA. By recruiting individuals with different lengths of time in AA, we sought to explore the negotiation processes taking place at varying points in AA membership careers.

### **Methods**

#### ***Design***

The study design was a single semi-structured interview.

#### ***Researcher team and reflexivity***

The first author and interviewer is a member of AA and had been attending meetings for approximately six years prior to interviews. While this insider knowledge and experience can confer various advantages (e.g., enhancing participants’ comfort discussing stigmatized

experiences), there are also potential pitfalls of insider research that must be negated (Hockey, 1993). For example, while the first author readily identified when participants' responses were in line with, or diverged from, AA ideology during coding, the subsequent interpretation and analysis required consideration of wider critical perspectives. The remaining three investigators had no experience in AA and encouraged a critical approach throughout the research process.

### *Sample*

Participants were recruited from AA meetings across Sydney, Australia. Of the 382 AA meetings operating in Sydney, the first author approached 14 group secretaries who were known to her to assist in the recruitment process. Utilizing researchers' existing social networks is a common practice in stigmatized fields where self-selection is difficult without the involvement of a trusted person. Snowball sampling has been the norm in past research on AA (AUTHOR, 2020b), however we took additional care to recruit participants from meetings across varied regions of Greater Sydney to increase the heterogeneity of our sample. Group secretaries were approached from five I.D., five Steps and four Discussion meetings across several urban areas (Inner City, Western Sydney, Inner West, Eastern Suburbs, and Northern Beaches). While there can be substantial variation across different AA groups, these were considered to follow a typical structure whereby the group secretary opens the meeting, portions of AA literature are read, and members are invited by a chairperson to share. This structure may differ slightly from AA meetings in other regions, such as America, where it is common practice that members raise their hand and offer to share instead of being invited.

The secretaries were given information regarding the purpose and aims of the research and were invited to hand out information statements for the study to their group attendees. Prospective participants contacted the researcher directly. Individuals were



eligible for inclusion in the study if they identified as a member of AA and were able to participate in an interview in English lasting approximately one hour. However, we recruited participants who varied in time spent in AA, as well as both individuals who had and had not relapsed at some point since entering AA. This meant that we stopped recruiting individuals who had spent many years in AA or had never relapsed once the proportion of these participants became too high. Recruitment also stopped amongst individuals who were female or heterosexual to ensure that our sample included representation of varied demographics. While there was variation in where participants reported attending AA meetings across Sydney, we also had several participants who reported attending shared weekly meetings. These participants referred to the time and location of specific weekly meetings in their interviews when describing the groups that they attended regularly. This purposive sample comprised 15 participants. Our sample size allowed for in-depth investigation, yielding rich and complex data suitable to address the aims of the study (Braun & Clarke, 2021). Demographic information is presented in Table 1.

### *Data collection*

Interviews took place between October 2018 and February 2019. The interviewer was familiar with most participants prior to the interviews through attendance and interactions at meetings. The interview began with a brief clarification of the study's aims and participants were given time to discuss any queries or concerns related to the research. A semi-structured interview guide was employed (see Supplementary Material), with additional questions and prompts included to elicit more information from participants where appropriate. The interview guide encouraged participants to discuss what brought them to AA, their initial experiences, what their AA membership had involved historically and more recently, and their understandings of and identification with AA ideology. Interview questions were designed to be broad and open-ended to allow participants scope

to discuss what was significant to them. The mean interview length was 72 minutes (range: 38-147). Interviews were audio-recorded and transcribed verbatim. Participants were later given a copy of their transcript to verify whether they considered it to be accurate and complete, however no alterations of the content were requested.

### ***Data analysis***

The data were analyzed following the steps for thematic analysis described by Braun and Clarke (2006). The data were transcribed, and the first author familiarized herself with the data set and noted initial ideas. The first author then began an inductive open coding process and coded the data set systematically. Preliminary codes and themes related to participants experiences with the people, practices, and ideology in AA. Throughout this initial phase of analysis, we became aware that participants differed in the extent to which they embraced, or aligned with, the people, practices, and ideology in AA. At this point, all authors discussed several theoretical concepts that could emphasize prominent aspects of the initial analysis. This led to the initial findings being reviewed and restructured with belonging as the organizing principle. Data from and about participants were tabulated (e.g., 'participant's first response to AA'), and all authors engaged in the process of grouping participants based on the extent of their negotiation work. Ongoing analysis led to the refinement of three groups delineated by participants' quality of negotiation processes and level of resolve around their AA membership.

### ***Trustworthiness***

In the current study, trustworthiness refers to whether the experiences and understandings of our participants were identified and described by the researchers. A number of strategies were utilized in order to strengthen the trustworthiness of our findings. First, the investigators' own views and personal biases regarding the research were explored, using memo-writing and co-researcher debriefing throughout every stage of the

research process (Noble & Smith, 2015). For instance, the whole research team debriefed regularly during the coding process to discuss how preliminary codes and themes were being constructed and how the first author's own experiences impacted her interpretation of the data set. Second, we allowed participants to guide the inquiry process by prompting participants for more information regarding any newly introduced topic (Chiovitti & Piran, 2003). Third, we used participants' actual language to ensure that we captured their understandings of phenomena as we constructed our theory and reported our analyses (Chiovitti & Piran, 2003). Finally, prolonged engagement with participants via attendance and interactions at meetings was used as a source of triangulation to further legitimize our interpretations of the data (Noble & Smith, 2015).

### ***Ethics***

The ethical aspects of this study were approved by the University of Sydney's Human Research Ethics Committee (#2018/273). All participants gave their consent to participate based on written and verbal information about the study. Data presented in this paper have been handled in full confidentiality. Data have been anonymized by altering key personal details and giving participants pseudonyms.

### **Results**

Participants were grouped into three categories: those who reported minimal struggles belonging in AA, those who reported having had struggles belonging in AA that they negotiated and resolved, and those who reported ongoing struggles belonging in AA. These categories were developed for analytical purposes in order to extract overall themes related to each group, and examples were chosen to best illustrate each category. Participants were grouped into categories based on their overall position throughout the interview, however no participant necessarily fit precisely into any single category in every way. Notably, participants' groupings were not found to be related to their amount of time

spent in AA. Several participants were found to have aligned with the people, practices, and ideology in AA very strongly after only a few months, while some reported strained belonging in AA after many years.

We identified that, amongst all participants, there was some degree of work that had occurred or was still occurring in order to enact belonging. This began for all participants with mental labor, or coming to problematize the state of their mental health and/or alcohol use. Participants invariably discussed being in a state of desperation and pain prior to their embracing AA ideology and practices.

### ***Participants who had minimal struggles belonging in AA***

Ten participants (#1-10) were identified as having undertaken minimal negotiation work to belong in AA. These participants were largely characterized by their identification with the “alcoholic personality” outlined in AA’s primary text (AA, 2001, p. 61), establishing links between AA ideology and their own life experiences and self-understandings with little tension. An exception was Thomas (respondent #10), who explained that his identification as “alcoholic” centred solely on being powerless over alcohol and he did not believe that he was different from ‘non-alcoholics’ in any other way. Otherwise, participants commonly explained that as an “alcoholic”, they were particularly selfish, self-centred, fearful, and/or dishonest, and therefore had a propensity towards being disconnected from their “higher power”. Several explicitly referred to descriptions of “alcoholics” in AA literature, explaining that they were naturally “restless, irritable and discontented” (AA, 2001, p. xxviii) when sober and therefore needed help to live happily in recovery. Rather than appropriating a single AA narrative, participants often drew on a variety of explanatory models (e.g., brain chemistry and childhood trauma) that were easily incorporated into AA’s conception of “alcoholism”. Many participants described having issues that compromised their belonging in AA initially, such as not believing they were

powerless over alcohol, disliking perceived religiosity, or difficulties changing social circles or lifestyles to support their abstinence. However, it was explained that these were overcome relatively quickly through engagement with the people and practices in AA.

Participants commonly reported that an AA-based routine of daily actions (e.g., attending meetings, working on the Steps, prayer, meditation, and/or being of service to others) helped them experience relief from their “alcoholism” symptoms. While Thomas stated that his AA involvement was limited to simply attending meetings, others in this group discussed performing a wide range of AA-based practices daily. In many cases, participants referred to a period of time when they were a “dry drunk”, using this term to denote being sober but not performing enough recommended practices to alleviate their “alcoholism” symptoms. Moreover, many also used the term “emotional sobriety” to signify the inverse of this, or a state of mental and emotional wellness that comes about through consistently practicing AA-based actions. Trish (respondent #1) explained that her AA involvement had consisted of attending I.D. meetings sporadically for 18 months and that she was still struggling with her mental health when she attended her first Steps meeting. Trish reported that she heard members discussing “the solution” for “alcoholism” (i.e., daily AA-based actions) for the first time during this meeting. She explained that she had a strong reaction in this meeting whereby she associated AA’s conception of “alcoholism” with her own narrative. Like other participants, Trish explained that she came to identify as an “alcoholic” firstly through hearing members speak in meetings, then through the teachings and guidance of a sponsor and reading AA literature. When describing her “alcoholism”, Trish said:

*“...almost like I have an allergy to myself... because when I don’t have a drink in me, I am that restless, irritable, discontent that the book talks about. I’m on edge. I’m worried. I’m trying to think of what everybody is thinking of. I’ve got*

*expectations on everyone. I'm making assumptions about what everyone thinks. I'm trying to control everything. I'm very naturally selfish. All I can think about is me, whether I'm not okay or I'm too much or I'm – any kind of combination of that. So, I really identify with how the book describes the alcoholic mind, even more so than just the alcohol. I like that it says it's a symptom. Alcohol is a symptom. I knew it was my head. I knew it, and I've got it, level 10."*

Here, Trish elucidates her understanding of some of her cognitive, affective, and behavioral “alcoholism” symptoms, emphasizing that her problems are intrapsychic and occur when she is abstinent. Like other participants in this group, Trish heavily focused throughout the interview on her need to constantly perform AA-based actions in order to be ‘emotionally sober’. Moreover, Trish’s repeated references to “the book” suggest that AA literature has been integral in her initial adoption and ongoing legitimization of her “alcoholic” self-concept.

Overall, the marked alignment with AA and lack of tension reported by these participants suggests that embodying an “alcoholic” identity and performing some variation of AA-based practices engenders a robust sense of belonging in AA. Participants’ “alcoholic” identity varied, however, from simply being a person who has no control over their alcohol use, to more commonly, a person with an “alcoholic personality”. For Thomas, belonging seemed to be negotiated by compartmentalizing AA ideology and only taking on a part of the “alcoholic” identity. The performance of AA-based practices also varied according to participants’ conception of their “alcoholism”, with those who discussed needing to rigorously combat their “alcoholic personality” describing more intensive AA involvement.

### ***Participants who overcame struggles to belong in AA***

Three participants (#11-13) described needing to negotiate both formal and informal aspects of AA with their personal self-understandings, beliefs, and preferences in order to achieve a sense of belonging. All three participants explained that they continued attending AA despite these issues because they believed their alcohol use was problematic and treatment avenues outside of AA had been thus far unhelpful.

Neve (respondent #13) recalled that her intense discomfort with the practices of self-examination and disclosing personal information to a sponsor kept her distanced from AA for several years. She explained that she eventually learnt that as an “alcoholic” she had trouble being honest with herself and that she needed her sponsor to help rewire “faulty thinking”. Neve reported coming to value these practices for how they gave her relief from her “alcoholism” symptoms. Moreover, Anthony (respondent #12) explained that he spent five years attending AA sporadically as he struggled to reconcile AA’s conception of “alcoholism” with his preferred “medical model” approaches that did not require belief in a “higher power”. Following several stays in inpatient rehabilitation facilities and ongoing ambivalence towards AA, Anthony was asked by a psychiatrist who endorsed AA what he would be “doing differently this time”. This conversation was described as pivotal in legitimizing AA’s approach, allowing Anthony to incorporate a variation of the psychiatrist’s position into his own narrative. He described ultimately accepting ideas that he initially perceived as incompatible with scientific thought, such as being powerless over alcohol and needing to embrace some variety of a “higher power”. Like Neve, Anthony reported that his sponsor was largely responsible for teaching him to identify with AA’s conception of “alcoholism” and perform recommended practices that he found useful in combatting his “alcoholism” symptoms. That is, both participants described learning how to ‘do AA’, or enact belonging, through interactions with their fellow AA members.

Jo's (respondent #11) struggles belonging in AA centred around her needing to reconcile her identity as a gay woman with an organization that she experienced as patriarchal and homophobic, particularly when she first joined in the 1970s. Jo explained that she realized that she was gay after having been sober for a number of years and described several experiences of being discriminated against by members following this, including instances of overt harassment (e.g., a member yelling out homophobic slurs at her) to more covert prejudice and exclusion (e.g., her sponsor terminating their relationship after her coming out). Additionally, Jo described experiencing patriarchal undertones in both the formal (e.g., male-gendered God in AA literature) and informal (e.g., only asking men to share in meetings) aspects of AA. Jo reported several ways in which she negotiated belonging in AA, both historically and presently. In the earlier years, Jo sought the company of members who she felt supported by, including a small group of openly gay women. This group of women later co-founded the first LGBTIQ meetings in Sydney, allowing for honest and open discussion around issues related to the intersectionality of gender, sexuality, and "alcoholism". Jo also adapted various practices in AA to suit herself, such as forgoing formal sponsorship and rather seeking guidance from various peers when needed. Further, Jo discussed coming to see AA as an extension of broader society and therefore did not blame AA itself for sexist or homophobic attitudes. Jo's interpretation of the homophobia she experienced, as not an expression of a general trend in AA but rather a reflection of broader societal discourses, highlights her mental labor to belong. While discussing the patriarchal undertones in AA literature, Jo explained:

*"I've still got my (AA literature) where I started going through it, and every time it says 'God' I crossed it out and said 'higher power', and every time it says 'He', I've put 'She', and there was a whole period... we used to come out as lesbians and feminists, and there are still people who have a bad attitude*



*about me. We challenged that behavior, and um, you know, it wasn't that long ago that it wasn't male-female-male-female at meetings. It was male-male-male-male and let's call a woman right at the end... so that's all changed. Um, I think it could do with reflecting, because the world is still sexist, but let's not reinforce that. In my view, I would like to see it ("God") be non-gender, and it's not hard to do that in the language, to say he/she..."*

Here, Jo describes her efforts to adapt the language and practices in AA to accommodate her own beliefs, gender identity and sexual orientation. By challenging norms and establishing factions within AA, Jo worked to create an inclusive space for herself and her peers. Jo's acknowledgement of aspects of AA that she remains unsatisfied with (e.g., male-gendered God) highlights the lingering conflict between these and her personal identity. Despite her concerns, however, Jo explained that her affiliation with AA gave her a deep sense of belonging.

Overall, like those in the former group, these participants derived a sense of belonging in AA through their identification as "alcoholic" and performance of associated recommended practices. While Anthony and Neve reported having resolved the issues that compromised their belonging by changing themselves, Jo made significant changes within the organization to better include herself. Despite the malleability of some aspects of AA ideology and practices, Jo described a belonging experience marred by a degree of tension and a continued need for negotiation work. In other words, Jo identified several structural and cultural aspects of AA that conflicted with her own identity, beliefs, and preferences, and that she tolerated as she continued to engage with AA.

#### ***Participants who had ongoing struggles belonging in AA***

Two participants (#14-15) reported substantial and ongoing conflicts between their own identities and AA ideology that hindered their belonging. Like other participants, both

Kim (respondent #14) and Katie (respondent #15) explained that AA had been very beneficial for them and that they experienced a sense of belonging there like nowhere else. Kim reported that during a two-and-a-half-year period of continuous abstinence she was at a “high point”, embracing the identity of “alcoholic” and routinely performing AA-based actions. Katie discussed strongly identifying with having an “alcoholic personality” and benefitting greatly from AA-based daily practices. Both emphasized these positive experiences of inclusion and the many components of AA that they valued.

Although both participants discussed aspects of AA that they continued to enjoy, they also described feeling somewhat different from their peers and expressed distress around this. Kim and Katie’s reports suggest that their belonging was compromised by a non-negotiable aspect of AA ideology - that all alcoholics have no degree of control over alcohol. For example, while Katie identified with having an “alcoholic personality”, she had never been convinced that she was powerless over alcohol and was not sure that her drinking was out-of-control like other members. Kim explained that after a two-and-a-half-year period of continuous sobriety four years ago, she had not been able to maintain abstinence for longer than a few weeks. During her interview, Kim focused considerably on her more recent experiences in AA as a “chronic relapser”. Kim discussed lacking the sense of community she once felt, feeling judged by peers, and no longer “embracing” the label of “alcoholic”. During a discussion of why she believed the label of “alcoholic” induced distressing guilt in her, Kim said:

*“...Because I’m a chronic relapser, because I struggle and I question and I don’t just do what they say, I am sort of shunned within my own community. And that makes me resent AA instead of the individuals. And if I say that to an older sober member they say, ‘tut, that’s your disease talking’. And I say, ‘no, fuck off, it’s not my disease talking, this is me’. You know? I’m an intelligent adult*

*capable of forming my own opinions. I'm not a sheep."*

Kim's identity as a "chronic relapser" and her perceived inability to "struggle" or "question" indicate that a non-negotiable aspect of AA ideology is that an "alcoholic" is powerless over alcohol and should not drink. She emphasizes that she no longer belongs to 'mainstream AA', but rather is somewhat otherized as someone who is not living in line with core AA tenets. Kim's comment that she is unable to restrict her upset to "the individuals" suggests that she believes that the attitudes she resents are systemic to AA. By describing what she perceives as a typical reaction from a veteran in AA, to pathologize her questioning (i.e., "that's your disease talking"), she again highlights that as a "chronic relapser" she is in a stigmatized position. Kim's anger in response to this further exemplifies the conflict between this aspect of AA ideology, her current position as a "chronic relapser", and her broader identity as an "intelligent" and "capable" person.

Kim and Katie's reports suggest that when the concept of Step 1 (admitting to being powerless over alcohol) is violated it becomes impossible to have an entirely positive belonging experience in AA. While Katie is only privately considering having power over alcohol and feels different from her peers because of this, Kim is seen to hold a belief that she has power over alcohol and is subsequently sanctioned for this. Although members never told Kim that she must leave, her overt transgression of Step 1 renders her in a stigmatized "chronic relapser" position. Her reports indicate that if a person cannot stay sober, belonging in AA can become a problematic, negative experience. Thus, while it may be possible to tolerate aspects of AA that one is not entirely aligned with (e.g., for Jo), Kim and Katie's reports indicate that conflicting with this particular AA tenet can create a highly uncomfortable experience.

## **Discussion**

It is well-established that belonging is an intrinsic human need (Baumeister & Leary, 1995). It is clear that having an environment that feels like ‘home’ and a sense of relatedness amongst others is incredibly important for health and wellbeing. The need to belong is especially articulated amongst marginalized individuals, as their sense of belonging is threatened (Yuval-Davis, 2006). Given that those with alcohol dependence are stigmatized by mainstream society and often come to see themselves negatively, the sense of belonging that AA offers its members is particularly valuable (Hill & Leeming, 2014; Schomerus et al., 2010; Zakrzewski & Hector, 2004). Indeed, the mutual identification and sense of belonging that AA offers has been emphasized by members in official AA publications as well as in empirical research (AA, 2001, p. 276; Robinson, 1997; Strobbe, Hagerty & Boyd, 2012; Suprina, 2006). Our finding that participants labored to varying degrees to belong in AA can therefore be understood with respect to the value of belonging generally, and in particular amongst marginalized groups.

Literature in the field of AA has indicated that membership necessarily involves assimilating with a strong core narrative (Cain, 1991; Humphreys; 2000; Lederman & Menegatos, 2011; Thune, 1977). However, many of these works have employed frameworks that *only* allow for identifying such core narratives, such as those that focus on how storytelling allows AA members to reinterpret their life histories and come to see themselves as “alcoholic”. Such works that follow the principles of narrative theory (Fisher, 1984) were largely designed to explore the structure, content and/or function of core narratives, rather than illuminate variations in the narrative. In contrast, the belonging framework that we chose allowed us to explore the fluidity and nuance in coming to belong in AA, as well as variations in the quality of belonging experiences (i.e., belonging with little or substantial tension). While our findings do indicate that there is a core narrative in AA, with all participants having described adopting an “alcoholic” identity and AA-based

routine, they also demonstrate that many aspects of AA can be negotiated and adapted at the individual level. It is possible to belong by only taking on a part of the ideology and practices offered, or by adapting these considerably.

By highlighting components of AA ideology and practices that were negotiable by participants, our findings demonstrate that AA has been capable of flexibly adapting to the needs of its members. Marginalized factions within the organization have gradually contested the boundaries of belonging to be more inclusive of the views and preferences of these identities and populations. For example, the rise in visibility and affirmation of LGBTIQ status and recognition of issues related to this identity has led to the establishment of AA groups specific for this population. Moreover, Ratliff (2003) argued that the integration of psychological discourses with AA ideology has been required given the growing popularity of psychotherapy and the secularization of society. As Western society has become more secularized, the popularity of atheist/agnostic groups within AA has also become more widespread. Many of these meetings use particular texts that have translated the AA Steps to be entirely secular in nature. Adages such as “take what you need and leave the rest” (AA Agnostica, 2016) have also been introduced by members to explicitly encourage others to individually negotiate AA ideology and practices. However, the Sydney region may not offer the same opportunities for inclusiveness for those who hold secular beliefs compared to areas that have more atheist/agnostic meetings, such as many American states. If atheist/agnostic meetings were more prevalent, perhaps our participants who reported holding secular beliefs upon entry to AA would have retained these rather than take on some variety of spiritual or “higher power” beliefs. Overall, however, despite the fact that the primary text of AA has not been meaningfully modified since its original publication in 1939, the way in which members interpret and utilize the doctrine has

evidently changed significantly. It is clear that the politics of belonging in AA has evolved over time and mirrors broader patterns of societal change.

It is unsurprising that accepting the tenet that “alcoholics” have no degree of control over alcohol was found to be a non-negotiable aspect of AA membership for two of our participants. AA asserts that “alcoholics”, distinct from ‘non-alcoholics’, have an abnormal biochemical reaction to alcohol that eventually produces intense and insurmountable craving and “mental obsession” (AA, 1953, p. 22). This premise underpins Step 1 and AA’s mission statement (“our primary purpose is to stay sober and help others achieve sobriety”; AA, 2013). AA’s conception of “alcoholism” was initially endorsed by American government officials and organizations following AA’s establishment and growth in the nineteenth century (Levine, 1984). However, the past century has seen the emergence of numerous explanatory models of alcohol dependence that incorporate and combine various biological, psychological, and sociological perspectives (Reinarman & Granfield, 2014). Scientific communities and government bodies have more recently diverged from predominantly promoting abstinence-based approaches, with harm reduction methods (e.g., medication-assisted treatment) often preferred. Considering that the politics of belonging are influenced by broader society, it is possible that these wider contemporary discourses related to the nature and treatment of alcohol dependence might impact AA over time. These discourses may, for example, challenge the alcoholic/non-alcoholic dichotomy, or how various mental health troubles (e.g., restlessness, irritability, anxiety, or self-centeredness) are interpreted as symptoms of “alcoholism”. Given how strongly many of our participants identified with AA’s conception of “alcoholism” and valued AA-based practices, the ideology AA offers seems to be resonating with current members regardless of whether it is entirely in line with broader discourses. However, the question remains as to whether an upsurge in differing approaches to understanding and treating alcohol

dependence could one day render aspects of AA to seem outdated or redundant even to members. Further, would it even be possible for the organization to integrate discourses that challenge aspects of its ideology that are currently non-negotiable?

The current study found that a markedly high proportion of participants, many of whom had attended AA for only a few months, reported minimal tensions belonging. These participants described learning to assimilate their own self-understandings, identities, and beliefs with AA ideology and perform AA-based practices that they found helpful. Most reported quite comprehensive involvement in AA, including attending meetings, having a sponsor, sponsoring others, working on the Steps, and trying to help others. In general, they described a socialization process whereby they learnt how to 'do AA' comprehensively through interactions with those around them, particularly their sponsors. This finding is in line with existing literature that has highlighted the strong core narrative that is taught and learnt by AA members (Cain, 1991; Humphreys, 2000; Rudy, 1986; Thune, 1977).

However, in our recent study exploring the experiences of ex-members of AA, we noted that AA groups likely encourage conformity to the prototypical AA narrative to different extents through their culture and sponsorship practices (AUTHOR, 2020). Some groups comprise members who seem to be very aligned with AA ideology and discourage divergence from AA ideology (AUTHOR, 2020). Conversely, some groups attract members who may wholly reject aspects of AA ideology, such as those who attend atheist/agnostic groups. Our finding that two thirds of participants reported minimal tensions belonging indicates that our sample may have included over-representation of individuals whose peers, sponsors and/or local groups promoted stronger alignment with the AA model. Overall, our findings suggest that belonging in AA is impacted not necessarily by the amount of time spent in AA, but by how a person learns to 'do AA' from those around them. The extent to

which a person's fellow members align with AA ideology, or rather have tension belonging themselves, will influence their own experience.

While it has been common practice for qualitative researchers in this field to simply recruit current AA members (AUTHOR, 2020b), we applied additional criteria that enhanced the heterogeneity of our sample. By selectively recruiting individuals with varied relapse histories and lengths of time in AA, our sample included representation of diverse negotiation processes and levels of comfortability in AA. Additionally, we did not restrict our investigation to one particular area of tension, but rather broadly explored the kinds of concerns participants raised regarding AA ideology and practices. Although there would have been alternative theoretical frameworks that could have facilitated different interpretations of the data set, the belonging lens that we worked from illustrated negotiation processes that have not been well-documented in the existing literature. However, since belonging was an emerging theme, interview questions were not designed to specifically elicit information regarding negotiation processes. If done so, it is possible that more instances of tension and negotiation would have been found. Still, this demonstrates that our analysis was inductive, and perhaps that the work that goes into belonging is not prominent for everyone at the same time. Moreover, our findings are derived from AA members based solely in Sydney, Australia, and therefore only convey instances of negotiation work done in this region. It is very likely that there would be further non-negotiables that would impede on belonging in other sociocultural contexts, such as in countries that do not have LGBTIQ groups. Finally, it is important to note that responses may have been influenced by many participants knowing the interviewer's insider position. While responses may be richer with someone who participants consider understands them through shared experiences and dialect, there may also have been greater reluctance to respond in ways that



might challenge AA (Hockey, 1993). The possibility that the interviewer's insider position restricted the scope of findings should therefore be noted as a limitation.

### **Conclusion**

By employing a 'politics of belonging' lens, this article has explored the identities and practices that delineate the boundaries of inclusion/exclusion within AA and the extent to which these are negotiable. Our analysis suggests that, rather than comprising uniform conformity to a single narrative, integration into AA involves taking on a multiplicity of small-scale practices and learning various beliefs that are somewhat negotiable. Participants demonstrated some variability in their self-conceptions as "alcoholics" and the practices adopted to address this. However, our findings suggest that positive inclusion experiences in AA are predicated on holding the belief that "alcoholics" have no control over their alcohol use. The findings can also be interpreted as an example of how members have shifted the politics of belonging in AA over time following broader societal changes, with the organization now more inclusive of previously marginalized identities and populations. This draws into question how AA might change in the future, such as with the increasing dissemination and legitimization of differing understandings of alcohol dependence.

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**Table 1.** Participant demographics

Participant*	Age	Gender Identity	Ethnicity	Marital Status & Sexual Orientation	Education & Occupation	Identified Religion	AA Attendance History	Alcohol Use History	Reported AA Involvement at Time of Interview
(1) Trish	30-40	Female	Caucasian	Divorced Bisexual	High School Certificate Strategist	Non-religious	2-3 years since first attended Periods of both sporadic and consistent attendance since this time	2 years abstinent Several short periods of abstinence prior to this	4-5 meetings weekly, has sponsor, sponsors others, ongoing work on the Steps, other AA-based daily actions
(2) Louise	60-70	Female	Caucasian	Married Heterosexual	Bachelor's Degree Accountant	Anglican	2-3 years since first attended Consistent attendance	2-3 years abstinent	4 meetings weekly, has sponsor, sponsors others, working on the Steps and up to Step 9, other AA-based daily actions
(3) Julia	50-60	Female	Caucasian	Married Heterosexual	Bachelor's Degree Performing Arts	Non-religious	30+ years since first attended Consistent attendance	30+ years abstinent	3-4 meetings weekly, has sponsor, sponsors others, ongoing work on the Steps, other AA-based daily actions

(4) Alisha	70-80	Female	African American	Widowed Heterosexual	Bachelor's Degree Retired, formerly Teacher	Uniting Church	10+ years since first attended Consistent attendance	10+ years abstinent	4-6 meetings weekly, has sponsor, sponsors others, ongoing work on the Steps, other AA-based daily actions
(5) Nick	20-30	Male	Caucasian	Single Heterosexual	Bachelor's Degree Sales Representative	Non-religious	1-2 years since first attended Consistent attendance	3-6 months abstinent Several periods of abstinence beginning 1-2 years prior to this	9 meetings weekly, has sponsor, working on Steps and up to Steps 1-2, other AA-based daily actions
(6) Renee	30-40	Female	Caucasian	Married Heterosexual	High School Certificate Medical Administration	Non-religious	1-2 years since first attended Consistent attendance	3-6 months abstinent Several short periods of abstinence prior to this	6 meetings weekly, has sponsor, working on Steps, other AA-based daily actions
(7) Dennis	40-50	Male	Caucasian	Engaged Heterosexual	Certificate IV Massage Therapist	Non-religious	3-6 months since first attended Consistent attendance	3-6 months abstinent	7-10 meetings weekly, has sponsor, working on Steps and up to Step 1, other AA-based daily actions

\*NB: Pseudonyms have been used.

Participant*	Age	Gender Identity	Ethnicity	Marital Status & Sexual Orientation	Education & Occupation	Identified Religion	AA Attendance History	Alcohol Use History	Reported AA Involvement at Time of
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									Interview
(8) Josh	40-50	Male	Caucasian	Married Heterosexual	Master's Degree Financial Advisor	Non-religious	3-6 months since first attended Consistent attendance	3-6 months abstinent	4-5 meetings weekly, has sponsor, working on Steps and up to Step 4
(9) James	70-80	Male	Caucasian	Married Heterosexual	Teacher's College Certificate Retired, formerly Human Resources Director	Anglican	50+ years since first attended Consistent attendance	50+ years abstinent	3-4 meetings weekly, had sponsor for first 25 years but not currently, sponsors others, ongoing work on the Steps, other AA-based daily actions
(10) Thomas	60-70	Male	Caucasian	Married Heterosexual	High School Certificate Journalist	Non-religious	30+ years since first attended Periods of both sporadic and consistent attendance since this time	10+ years abstinent Periods of 1, 2- and 15- years abstinent prior to this	"Not deeply involved" currently, 1 meeting weekly, no sponsor
(11) Jo	60-70	Female	Caucasian	Single Lesbian	Bachelor's Degree Retired, formerly Medical Administration	Spiritual	40+ years since first attended Consistent attendance	40+ years abstinent	3-5 meetings weekly, no sponsor "since early recovery" however seeks support from peers,

									ongoing work on the Steps
(12) Anthony	40-50	Male	Caucasian	Divorced Heterosexual	Master's Degree Project Manager	Non-religious	5-10 years since first attended Periods of both sporadic and consistent attendance since this time	3-5 years abstinent Many short periods of abstinence over a 5-year period prior to this	7-10 meetings weekly, has sponsor, sponsors others, ongoing work on the Steps, other AA-based daily actions

\*NB: Pseudonyms have been used.

**Table 1 (continued).** Participant demographics

Participant*	Age	Gender Identity	Ethnicity	Marital Status & Sexual Orientation	Education & Occupation	Identified Religion	AA Attendance History	Alcohol Use History	Reported AA Involvement at Time of Interview
(13) Neve	40-50	Female	Caucasian	Single Heterosexual	Bachelor's Degree Chiropractor	Spiritual	10+ years since first attended Periods of both sporadic and consistent attendance since this time	3-6 months abstinent Many short periods of abstinence over a 10-year period prior to this	9 meetings weekly, has sponsor, working on the Steps and up to Step 10, other AA-based daily actions
(14) Kim	40-50	Female	Caucasian	Single Heterosexual	Post-Graduate Degree Executive Assistant	Non-religious	5-10 years since first attended Periods of both sporadic and consistent attendance since this time	2-4 weeks abstinent Many short periods of abstinence over a 5-10-year period prior to this	2 meetings weekly, no sponsor, not currently working the Steps

(15) Katie	30-40	Female	Caucasian	Divorced Heterosexual	Master's Degree Economist	Spiritual	2-3 years since first attended Consistent attendance	2-3 years abstinent Short period of abstinance two years prior to this	4 meetings weekly, has sponsor, sponsors others, working on the Steps, other AA-based daily actions
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\*NB: Pseudonyms have been used.