An open-ended questionnaire regarding various aspects of the mutual-help program of Alcoholics Anonymous (AA) was administered to a sample of 25 AA members. The questionnaire was designed to examine which elements of the AA program members considered most important in helping them overcome problems with alcohol. The data were also analyzed to determine which program element(s) were most responsible for maintaining membership in the organization. Our typical sample member was in their 30’s, a member of AA for at least 5 years, attended between 8 and 15 meetings a month, and became involved with AA through an order of the court or hospitalization. Our primary findings were that the spiritual, affiliative, and cognitive aspects were perceived as being most important. Although for most of the members surveyed, the entire program (i.e., the twelve steps, ‘Big Book,’ meetings and sponsor etc.) was perceived as critical in making it possible for them to overcome alcohol problems. Some evidence was found for the importance of ‘fellowship,’ broadly defined, in terms of the retention of members. The relation of these findings to earlier work on AA and 12-Step groups in general is discussed.

Introduction

Many people are committed members of Alcoholics Anonymous and fervently believe in the power of this 12-Step program to help them overcome alcohol dependency. This study examines a sample of individuals who have maintained long-term affiliation with AA. One purpose of the analysis, which follows, is to explicate the attributes of the program these members believe to be essential to their sobriety. Another goal is to consider other aspects of AA, such as fellowship, which also serve to keep these AA members actively involved.

Clearly, alcoholism is a serious problem in the U.S. and in most other countries around the world. According to the 1993 World Development Report (as cited in Desjarlais et al. 1995:87), “alcohol-related diseases affect 5% to 10% of the world’s population each year.” The Surgeon General writes that the misuse of alcohol accounts for nearly 100,000 deaths in the U.S. alone (Satcher, 1999). AA helps a large number of people who experience problems with alcohol. Albeit, a 1990 poll found that the majority of respondents (70% as cited in Frank Riessman & David Carroll, 1996) who had changed their drinking habits had done so without the help of doctors, therapists or AA, the vast majority of people who receive treatment for alcohol problems utilize the AA 12-Step program (Bute, 1998).

Development of AA

Although the development of AA is most often characterized as arising from early temperance movements in this country, the origins of AA can be traced to the Oxford Group Movement (later known as Moral Re-Armament), and to the even earlier influence of the Washingtonians, which began in the 1840’s (Mäkelä et. al. 1996). The Oxford Group
Movement began as an evangelical Protestant group on U.S., and later, on British college campuses in the 1920’s and 1930’s. Clearly, AA has borrowed from this movement. The AA program brought together elements of the Quaker and Methodist class meetings, the psychology of Carl Jung, and the philosophy of William James (see Flores, 1988). Room suggests, however, that the timing of the initial development of AA was “due to conflicting realities of a structural economic depression and increasing willingness on the part of women to contemplate kicking men out” (1993:179). According to Room, it was during the Great Depression that the middle-class and middle-aged men who founded AA were in crisis and not just because of their drinking. It became clear that hard work no longer guaranteed financial success, and that gender relations were changing, making divorce an option.

A survey conducted in 1990 found that more than 13% of U.S. adults have attended a 12-Step, mutual-help meeting, directed at modifying some addictive behavior, during their lifetime (Room and Greenfield, 1993). By far the most popular of these programs is the original 12-Step program, Alcoholics Anonymous. According to Room and Greenfield, (1993), 9% of adults in the U.S. have attended at least one Alcoholics Anonymous meeting during their life.

It is estimated that there are more than 90,000 AA meeting groups currently operating in 150 countries with close to 2,000,000 members. Al-Anon, a program for family members and others whose lives have been affected by an alcoholic, is the second most popular 12-Step group. Since the start of AA, dozens of 12 Step groups have organized to deal with problems including eating, shopping, smoking, sex, obsessive/compulsiveness, cocaine addiction, schizophrenia and codependency, to name only a few. Mäkelä et al. (1996:12) report that more than 600 “mutual-aid self-help” organizations were listed in a recent guide for “disabilities and stressful life situations.”

The Efficacy of AA

Emrick (1987:421) concludes: “Without question AA involvement has been associated with vast numbers of alcohol-dependent individuals becoming abstinent for long periods of time.” The problem of empirically establishing the efficacy of AA as a ‘cure’ for alcoholism is much more complicated, however, and has been the subject of controversy for a number of years. While Trice and Roman (1970:51) state that “Alcoholics Anonymous represents one of the few clearly successful treatment approaches for alcoholism,” Cahalan (1993:279) argues that there is nearly consensus among specialists in this area of research “that there is at [sic] yet little solid proof as to its [AA’s] effectiveness.” Even though alcoholism and its treatment have been widely studied with a vast literature extant, problems associated with defining ‘success’ or ‘cure,’ sampling, and the difficulties in disaggregating the effects of AA from other factors, which affect treatment outcomes, have prevented a definitive evaluation.

The recent Project MATCH investigation (Project MATCH Research Group, 1997) found, however, that the 12-Step program of AA is equally effective in maintaining sobriety as the other two treatments tested: cognitive behavioral coping skills and motivational enhancement therapies. For some categories of participants, i.e. outpatient clients and those without severe psychiatric impairment, the 12-Step treatment was related to slightly better outcomes in terms of some abstinence measures.

Research Questions

The research questions investigated in the analysis which follows are: how do ‘successful’ AA members view their association with and participation in AA: what are the programmatic elements of Alcoholics Anonymous that members perceive as most efficacious in maintaining their sobriety; and what motivates participants in AA to continue their association.
Although a naive observer might assume that problem drinking or ‘alcoholism’ is the sine qua non for both becoming a member and continuing membership in AA. It was our belief that the motivation for continuing participation in this organization involves more complex social variables, such as the desire for fellowship.

The Study

After reviewing the literature, an open-ended questionnaire was developed to elicit information as to why our informants became members of AA, their degree of participation, the elements of AA they considered most important, and the cognitive, affiliative and emotional components associated with participation. This questionnaire was pretested with ten AA members and revised in order to ensure our items were interpreted as intended. The data were subjected to content analysis for both manifest and latent content (Babbie, 1998). The data were further analyzed using the TextSmart software.

The Sample

Our sample consisted of 25 members of Alcoholics Anonymous. It is one of convenience, consisting of people residing in a suburban area in Southern California. A ‘snowball’ procedure was used to obtain the sample. Several individuals, who were known by one or more of the researchers, to be members of AA, were asked to fill out the questionnaire. They, in turn, asked their AA friends to participate. Anonymity was maintained for all respondents. For our purposes, membership in AA is a matter of self-designation. Our operational definition of an AA member is anyone responding affirmatively to the item: “Are you a member of AA?”

Hospitalization for substance abuse and court ordered attendance were the dominant reasons our respondents gave for their initial involvement with AA. Fifteen members of our sample are women (one individual did not disclose her/his gender). This gender distribution is unusual given that females represent only 30% of AA membership (Walitzer and Connors, 1997). Further, it is estimated that there are from two to six times as many male alcoholics as female in the U.S. population (Walitzer and Connors, 1997, Kessler et. al, 1997). The ages of our sample members ranged between 19 and 72 years with the vast majority (76%) in their 30’s and 40’s. Eleven of the people in our sample had been members of AA for more than 10 years, while ten respondents reported they had been members for five years or less. The majority of our sample reported attending between 8 and 15 meetings a month.

Findings and Discussion

The ‘Twelve and Twelve’ and a ‘Higher Power’

When asked, “What do you think are the most basic principles of the program?” many responded in terms of the Twelve Steps and Twelve Traditions as outlined in the ‘Big Book of AA’ (Alcoholics Anonymous, 1976). Most included the ‘spiritual’ (a belief in a ‘higher power’) as among the most essential principles. As one respondent wrote: “The most basic principle

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1 Version 1.1, 1998, SPSS.
2 It should be noted there were minimal differences in the responses to our questions given by men and women other than: (1) the responses from men tended to be shorter and less developed and; (2) women made reference to spirituality more frequently than men. Further, when the answers of those with five or fewer years in AA were contrasted with those having 6 or more years of membership, no systematic differences could be detected. Therefore, given the relatively small sample size, all the responses were analyzed as a group.
is a belief in a higher power. Having faith that God can do for me what I can’t do.” Another stated, “Believing that a higher power can restore sanity to our life.” They also indicated that a willingness to change, tolerance of and a willingness to help others, attendance at meetings, and personal honesty were important principles.

Our data do show some indication of dissatisfaction with traditional religion, although, in answering other questions, many of our respondents stated that they continue to participate in various traditional religious organizations. It seems that many of the people in our sample were using AA to redefine and further develop their spiritual lives as a supplement to participation in religious organizations.

The finding that AA members perceive the spirituality of the program to be central in the maintenance of their sobriety is consistent with those of Johnson (1993) and Chalfant (1992). In fact, Minnick (1994:iii) states that what is unique about 12-Step programs is their “focus on addiction as a metaphor for spiritual plight.” Further, it is interesting to note that there is a body of research literature suggesting that religion, operationalized in a number of ways, is the best single predictor of chemical nonabuse (Gorsuch & Butler, 1976).

Ellis and Schoenfeld (1990:459), however, in a critique of AA, posit, that the religious orientation of AA “locks [members] into a pattern of dependence on something outside themselves in order to function” (they do not make a distinction between religion and spirituality although AA is careful to do so). They argue further that this orientation alienates large numbers of people who could otherwise benefit from the 12-Step approach in dealing with their addictions. From our findings, nonetheless, it is questionable whether AA minus ‘spirituality’ would have the same perceived effects and ‘holding power.’

Numerous writers have commented on various analogies between AA and religious organizations and movements (see Mäkelä, 1996). Rudy and Greil (1989:41) argue that “AA is properly classified as a quasi-religion” and that the spiritual element, especially as manifested in the emphasis on transcendence, is a functional part of AA that serves to build and maintain a strong commitment to the goals and interests of the program. The teachings of AA would hold that such a level of commitment is necessary for alcoholics to break their relationship with alcohol.

‘Working the Whole Program’

Respondents were asked to: “Describe a week in which you think you ‘worked your program.’” The behaviors most mentioned were attending meetings and engaging in prayer and/or meditation. Other responses included: reading the ‘Big Book’ and following the advice contained therein, writing in a journal, talking on the phone to a sponsor or other AA friends and ‘taking care of one’s mental health.’ Spending time with family and helping other AA members were mentioned by several respondents. A typical response stated: [attend] “at least 1 meeting a day, talk to at least 1 alcoholic on the phone daily, read daily meditations, call my sponsor at least 3-4 times and pray, pray, pray.”

In order to examine which elements of AA membership were regarded as most important by our respondents in terms of their maintaining sobriety, a question was designed which asked respondents to rate nine program elements from 1 to 10 (least important to most important). The cognitive element (“Change in Your Thinking/Outlook”) was regarded as most important. There was, however, very little difference between the ranking of this aspect of the program and the ‘Spiritual’ element which ranked second. ‘Mutual Sharing of Problems,’ ‘Helping Others,’ ‘Working the 12-Steps,’ ‘Lifestyle Changes,’ and ‘Emotional Support’ were also very highly rated by our sample. All program elements listed were rated at the ‘Most
Important end of the scale by at least one-half of our sample. Certainly, there was broad acceptance of all the elements of the program.

‘Get a Sponsor:’

New AA members are strongly encouraged to arrange for a sponsor, who serves as a socializing agent for the newcomer. A sponsor is an AA member who has been sober for some period of time and who serves as a mentor for the newcomer in the ways of AA. This person functions as a confidante and counselor on a wide variety of problems of life and living. All but four of our respondents reported that they currently had a sponsor with whom they maintained some contact. Most of our sample reported that they talked with and or met with their sponsor at least weekly and many stated that they had contact with their sponsor several times a week. They characterized their relationship with their sponsor as that of a ‘good friend’ or ‘older sibling.’ A fairly typical response was: “The relationship I have with my sponsor is that of a close friend. She has made a commitment to ‘be there’ for me and is very wise in matters concerning AA.” A small number of respondents felt they no longer needed a sponsor or had ‘outgrown’ their sponsor.

‘A Natural High:’

Attending meetings was considered an important element of the program by all of our respondents and was seen as necessary for maintaining sobriety by the vast majority. What keeps AA members in the program? In our sample, the desire to remain sober or the fear of relapsing was the reason most often given for staying with the program. Many of our respondents were fearful of the personal consequences if they were to drink again. A one word response (to the question: “What keeps you in the program”) was: [fear of] “dying.” Although a few in our sample found AA a means of avoiding and coping with guilt feelings, more individuals stated that they attended meetings due to the positive feelings they associated with AA participation.

A number of respondents stated their belief that ‘isolating’ is a behavior correlated with and, by inference, a cause of relapse. By attending meetings they were avoiding this tendency. One person wrote with regard to going to meetings: “AA’s like to isolate—and their heads are like dangerous neighborhoods—no place to go alone—you can’t have a good program unless you give it away.”

We asked them if they felt differently after attending a meeting and if so how? Almost our entire sample stated, in some fashion, that they experienced an elevation of mood, which carried over for some time after. One member expressed this reaction: “I feel pumped when I leave a meeting and I feel content and happy after meetings.” They used terms such as “serene,” “connected,” “positive” and “rejuvenated” to describe their after-meeting feelings. The process of sharing, or talking about problems and feelings, was viewed as a critical part in achieving the positive state associated with meeting attendance. Listening to or ‘hearing’ the sharing of others was considered more important than sharing oneself. One could hypothesize that for some AA members the meeting has come to replace the social settings formerly associated with drinking.

‘Self-Disclosure’

Self-disclosure was reported as another key element in staying sober. This typically occurs in meetings through the ‘sharing’ process. The experience of unpleasant emotions such as pain, fear, loneliness, nervousness and low self-esteem were found to precede the greatest temptations to drink. Comments included: “Normally if I have a problem and share
it, it is dispelled pretty easily or I get a solution,” and “I felt like I had to confess. I felt like it was akin to Catholic confession.” AA affords its members an opportunity to, as another member wrote, “unleash a burden whether real or imagined.” Self-disclosure appears to take some of the sting away from a painful emotional state thereby mitigating shame or guilt associated with it. Members refer to this as: “revisiting the wreckage of the past.” One respondent stated: “Admitting the wrong was right, and made me feel good.” It is an article of faith in AA that even those members with many years of sobriety, need to keep in mind how bad life was as an alcoholic.

Self-disclosive ‘sharing,’ as it occurs in AA meetings, produces an atmosphere of “understanding, sympathy and compassion” (Denzin, 1993:60). In approaching the AA group from the perspective of symbolic interaction, Denzin (1993:252) postulates that through the process of ‘sharing’ in meetings “authentic alcoholic understanding” occurs. This is a process “whereby alcoholics interpret, know, and comprehend the meanings intended by the other in terms of previously experienced interactions with the active and recovering phases of alcoholism.” It seems apparent to us that experiencing this form of understanding provides a great deal of reinforcement to AA members and is one of the most salient factors in their retention. Further, this same quality of understanding would appear to be central in fostering socializing between members in a variety of situations apart from the meetings themselves.

Beyond the Meeting

In order to examine the extent to which the fellowship aspects of AA influenced the lives of our sample members outside the meeting itself, we asked them: “What, if any, AA activities beyond local meetings do you attend?” Eighteen of the twenty-three who responded to this item confirmed that they attended such events. The other activities most often mentioned were AA conventions, AA birthdays (celebrating years of sobriety), sober dances, picnics, retreats and recovery workshops. When asked if they tended to spend their leisure time, outside of meetings with other AA members, most of our respondents said that they did. The reasons they gave had to do with spending time with people with whom they had things in common, people who understood them and with whom they felt comfortable and could be themselves. Clearly, other AA members were people with whom our respondents could easily communicate and have fun. These would appear to be the same sorts of reasons that people, whether they be recovering alcoholics or not, have for choosing their leisure time companions.

Mitchell-Norberg, Warren, and Zale (1995:122) suggest that the current popularity of mutual-help groups in our society “represents a critique of that society as making inadequate provision for nurturance and relatedness.” Based on our research on AA and earlier work on Al-Anon we tend to agree. For most of the respondents in our sample, AA membership had become a significant and primary element of their identity. The ideology of AA had suffused most aspects of their lives. Alcoholics Anonymous functioned for them well beyond that of a ‘treatment’ modality for ‘problem drinking.’ Our findings in this area are consistent with those of Greil and Rudy (1984:264) who studied AA groups in ‘Mideastern City’ and wrote, “AA members find their lives totally permeated with AA activities.”

Beutler, et al. (1993:360), drawing on the work of Flores (1988) and Thune (1977) suggest that “alcoholism is a lifestyle in which the misuse of alcohol is only one component.” Therefore, a program, such as AA, which very specifically outlines an alternative way of living, and can be readily infused into various aspects of life, may be effective for many alcoholics who suffer from this more ‘systemic’ condition. In addition, as Fowler (1993:133) states, “many persons who are not alcoholics or other substance abusers are nonetheless in desperate need of places where their ‘false self’ can be recognized and allowed to deflate.” Such people create a market for 12-Step programs tailored to other problems or conditions.
'A New Pair of Glasses:'

When asked, “Has membership in AA changed the way you think about life, yourself, others?” Twenty-two of the 23 who responded to this question said it had. The changes that were attributed to participation in AA were varied, and it was clear from many of the answers that the perceived changes were gradual, yet dramatic, and difficult to briefly describe. One respondent wrote in answering this item: “I feel better about myself. I’m more understanding of other people and I know I am powerless over people, places and things.” The majority felt that the attitude changes which had been brought about were instrumental in allowing them to lead happier, more productive lives. The perception of many of the individuals in our sample was that they had learned functional ‘rules’ for leading more fulfilling lives—lives with greater acceptance of self and others, more spiritual lives with increased honesty and hope. Another person wrote: “Now that I am 6 yrs. sober, I can hold my head up—I am a good mother, aunt, sister, friend. I am dependable, self-sufficient, competent, and smart.”

'Take What You Need and Leave the Rest'

Two items were designed to investigate directly what members might consider some of the less desirable aspects of AA. In response to the question: “Are there parts of the program you don’t like or have trouble accepting?” almost invariably our respondents answered ‘no.’ When troubling aspects of their experience with AA were mentioned, they most often had to do with ‘difficult’ people encountered at meetings. The onus is upon individual AA members to be tolerant of those regarded as unpleasant. One respondent was more critical and stated: “I find it in some ways patriarchal, rigid, and dogmatic.” There were, however, almost no responses made which would indicate a challenge to or rejection of any elements of the AA program.

We also asked, “Are there good and bad AA meetings?” About one-half of our respondents stated, that all meetings are ‘good.’ A typical response was: “I have been to very few ‘bad’ AA meetings maybe 4 or 5 in fifteen years. There is always something good to hear, say, meditate on, or smile about.” These responses appear to reflect the AA attitude that if you find a meeting to be ‘not good’ the problem is with you and not the meeting. Better meetings were viewed as those which tended to focus on positive feelings and to be inspirational. Meetings concerned with negative affect, complaining, or those dominated by ‘rude’ people were considered ‘bad’ by respondents. Several of our respondents did not like and tried to avoid meetings that were, in some fashion, controlled by individuals referred to as “AA Nazis.” This label was applied to some long-time members of AA who had relatively ridged views of the structure of AA meetings and who made some overt attempts to ensure conformity.

Fellowship and Spirituality

In reviewing the answers to all of the open-ended questions in our questionnaire, it became evident that references to fellowship and spirituality predominated over references to other elements of the program. A content analysis of the questionnaires was then conducted with the purpose of indirectly comparing the overall relative importance of the spiritual and fellowship dimensions of AA as perceived by our respondents. The words and phrases contained in the responses to the 14 questions, asking how respondents viewed AA, were examined for manifest and latent content related to fellowship and spirituality, broadly defined. Words such as ‘sharing,’ ‘relationships,’ ‘contact,’ ‘closeness,’ ‘unity,’ ‘acceptance,’ ‘belonging,’ were counted in the fellowship category. Phrases such as the following were considered fellowship items: “AA is my family...these people really know me and still love me;” “I feel more connected with other human beings, a sense of belonging, humanity;” and “Most of my friends are sober members of AA and their spouses. We enjoy the same things, we talk the same language and we keep each other sober.”
Words such as ‘higher power,’ ‘God,’ ‘faith,’ ‘spiritual,’ ‘spiritual awakening,’ ‘meditating,’ ‘praying,’ ‘church’ etc. were counted as spiritual items. Comments such as the following were also considered spiritual: “[AA] has given me a god of my understanding;” and “I view life as a spiritual process today;”

Of the 25 respondents, 24 referred to fellowship more often than spirituality, as defined above. There was an average of 2.92 spiritual elements in each questionnaire compared to 8.4 elements of a fellowship nature. From this examination we infer that the desire for and rewards obtained from the fellowship of the program are more important than the spiritual aspects in motivating our sample to continue their involvement with AA. Certainly, the fellowship aspects are more important than many of our respondents recognize.

Nealon-Woods, Ferrari, and Jason (1995:316) also found that a sense of fellowship was one of the most important reasons members of her sample gave for continuing AA program involvement, suggesting that respondents were “shifting from substance dependency to prodependency on peers.” She concludes that the maintenance of sobriety results from a “reciprocal sense of fellowship, belongingness, and support.” It seems clear that for most of the AA members in our sample this same ‘sense’ was related to the maintenance of their sobriety. Kaskutas (1994) also found that for her sample of women, ‘friends and fellowship’ was one of the most frequent reasons given for attending AA.

Identity transformation

It is probably the case that most of our respondents had undergone an identity transformation of sorts in becoming members of AA, although, we have little information about their identity prior to AA membership. This identity transformation appears to be born in anonymity, which encourages self-disclosure. Greil and Rudy (1983:22) liken the process of becoming an AA member to religious conversion. Both processes are characterized by: (1) “affective bonds within the group and intensive interaction with group members;” (2) “the likelihood is reduced that the prospective convert will interact with reference others who do not share the group’s perspective;” (3) “The organization stresses the homogeneity of members;” and (4) “Concrete acts of commitment strengthen the loyalty of the perspective convert to the group.” Although our investigation did not deal directly with the identity formation and/or transformation of the alcoholics in our sample, the above model seems to accurately describe several aspects of AA, which lead to committed membership.

Rice (1992:338) persuasively argues that 12-Step groups should be understood as arenas for “discursive formations” in which people select and relate narrative life stories in order “to acquire a new and more satisfying sense of identity.” Taking a similar position, Anderson (1994:164) states that “12-Step programs are mechanisms of socialization that feature retrospective interpretations of past selves” consistent with 12-Step ideology. It is certainly the case that life stories are constructed, shaped and refined via the process of leading and sharing in 12-Step meetings. In addition to affecting the members’ identity, this disclosive process provides connection with others and reduces isolation. Our recovering alcoholic respondents came to recognize that there were numerous parallels in their own alcoholic ‘careers’ and emotional lives with those experienced by many other people. This recognition served to mitigate their guilt and fear.

Summary and Conclusions

Our typical sample member was in their 30’s, a member of AA for at least 5 years, attended between 8 and 15 meetings a month and became involved with AA through court or hospitalization. Our primary findings are that the spiritual and cognitive aspects of the AA
experience are reported as being most important. It should be noted, however, that most of
the members we surveyed considered the entire program, including the Twelve Steps, ‘Big
Book,’ sharing/meetings, and having a sponsor etc., critical in making it possible for them to
overcome alcohol problems. Further, we conclude that the ‘fellowship’ aspects of the program
are the most salient in retaining members. Those who continue affiliation with AA, or perhaps
even those who join AA initially, are likely to find this aspect rewarding or perhaps have a higher
than average need for this experience. Our sample of AA members found membership a very
involving experience that played a central role in their lives. Our sample of members attended
at least 2 meetings per week, met at least one time per week with their sponsor, had mostly
AA friends and engaged in many AA activities. Indeed, AA was seen by many as a ‘way of life.’
The AA program was perceived as overwhelmingly positive by our sample and the only
criticism was of other AA members and not the program itself. Meetings were seen as the
cohesive force that holds the organization together and as essential to maintaining sobriety.
Most in our sample felt they received inspiration from the meetings as well as a reminder of
‘where they had come from.’ Respondents felt that AA had changed their view of life, allowing
them to lead happier and more fulfilling lives by gaining more acceptance of self and others,
increasing spirituality, honesty and hope.

Obviously, we cannot purport that the results presented here are representative of
the larger AA population. It should be noted that a sample gathered in the manner employed
here is most often going to produce a more homogeneous group than would be produced if
twenty-five individuals were selected who had had no interaction with one another. On the
other hand, in comparing our data with the results from other samples as reported in the
literature we do not conclude that our sample is grossly aberrant. Further, we recognize that
we are dealing with ‘perceptions’ of what keeps an individual sober. The factors that are
actually at work in keeping an individual from drinking are no doubt myriad and, for many
‘problem drinkers,’ unrelated to participation in AA.

Minnick (1994:3) argues that 12-Step programs provide resources for a large segment
of the American population to cope with the “normative ambiguity” of contemporary American
society. They provide a means of “redefining and reconstructing a spiritual life [for people]
dissatisfied with traditional religious forms.” The 12-Step use of ‘higher power’ certainly
represents a restructuring of more specific religious conceptions of God. We did not directly
ask about participation in and satisfaction with religious organizations.

There is some support for the ‘normative ambiguity’ hypothesis in that the 12-Steps, and
the other teachings and slogans of AA, seem to appeal to a need for structure in the lives
experienced by many of our sample members. This body of AA wisdom provides a rather
definite answer to the question: ‘how should I live?’ In a world often viewed as operating on
‘fuzzy’ morality, AA offers defined roles, predictable outcomes, and a ‘how to’ manual that
affords members rules, direction, and discipline. At the same time it offers a sense of belonging
which extends beyond that available with many traditional religious organizations.
References


