

# Talking out of alcoholism: results from a survey of Alcoholics Anonymous in England and Wales

STUART HENRY, PH.D

Senior Lecturer in Sociology, Addiction Research Unit, Institute of Psychiatry, London

DAVID ROBINSON, PH.D

Research Sociologist, Addiction Research Unit, Institute of Psychiatry, London

**SUMMARY.** A national survey of Alcoholics Anonymous (AA) produced data on the way AA members talk about their experiences and the role this plays in achieving and maintaining sobriety. The survey was based on self-completion questionnaires given to one in four members attending meetings of a one in ten random sample of AA groups operating in England and Wales. Only 1.8 per cent of current members had never spoken at a meeting, while 62.5 per cent spoke regularly. Hearing other people's personal stories was felt by members to be the most useful part of AA meetings. At some time 81.9 per cent of members had told their own story and there was some relationship between dropping out and not telling personal stories. The great majority of those who had told stories reported changes in their content over time; 58.0 per cent of these changes involved a shift of emphasis from drinking to recovery. The results suggest that AA enables people to change the way they perceive and evaluate themselves. It enables them to talk themselves out of alcoholism.

*All we can hope to do, by talking about (a person's) experience is change his attitude . . . Who am I to say he is wrong? I must be tolerant and accept that this is how he is thinking. It may be a barrier to his recovery and all I can hope to do is influence his thinking and outlook . . . by talking. You kick a ball around long enough and you'll have a game, won't you? Talk, talk, talk*

*and because you talk you start a man thinking.*

Bill, General Secretary of Alcoholics Anonymous in Great Britain

## Introduction

ANYONE who has ever been to an AA meeting cannot fail to have noticed that talking is the one thing AA members do more than anything else. For an AA member the range of occasions for talking is almost infinite. All formal meetings are built around the core activity of members exchanging experiences with each other. The style of talking, however, is determined by whether it is a 'discussion', 'speaker', or 'open' meeting. Discussion meetings usually begin with someone reading aloud from the AA literature and then inviting comments from other members. At speaker meetings three or four members, often from another AA group, each stand up and speak for about half an hour on a theme related to their drinking experiences and recovery from alcoholism. An open meeting is similar to a speaker meeting except that non-AA members are allowed to attend.

Surrounding the formal part of any AA meeting there are numerous occasions for informal talk between members, with newcomers or with sponsors: before the start of a meeting, during coffee, and after the formal meeting has been closed. These informal talking sessions enable newcomers to be welcomed in a more personal way than is possible during the full meeting. They also permit a member to talk to his sponsor about intimate, private, or detailed problems that would be irrelevant to the formal meeting.

In addition to talking at meetings there are several other opportunities for talking, such as 'carrying the

**Table 1.** Age and sex of members.

| Age         | Men<br>% | Women<br>% | Total  |      |
|-------------|----------|------------|--------|------|
|             |          |            | Number | %    |
| Under 30    | 1.9      | 13.1       | 10     | 6.0  |
| 30-39       | 19.6     | 29.5       | 39     | 23.2 |
| 40-49       | 30.8     | 27.9       | 50     | 29.8 |
| 50-59       | 29.0     | 23.0       | 45     | 26.8 |
| 60 and over | 18.7     | 6.6        | 24     | 14.3 |

**Table 2.** Length of time in AA and sex.

| Length of time<br>in AA | Men<br>% | Women<br>% | Total  |      |
|-------------------------|----------|------------|--------|------|
|                         |          |            | Number | %    |
| Under 1 year            | 19.4     | 24.2       | 36     | 21.2 |
| 1-2 years               | 13.0     | 19.4       | 26     | 15.3 |
| 2-4 years               | 11.1     | 25.8       | 28     | 16.5 |
| 4-6 years               | 14.8     | 11.3       | 23     | 13.5 |
| 6-10 years              | 19.4     | 8.1        | 26     | 15.3 |
| Over 10 years           | 22.2     | 11.3       | 31     | 18.2 |

message' of AA to another alcoholic on a '12th step' call, talking at AA conferences and conventions, talking about AA's official business, or talking about AA to outside organizations such as schools, hospitals, 18-plus groups, and Women's Institute meetings. Important too is the talking between AA members either over the telephone or when they meet each other outside formal AA functions, at one another's homes, at work, and on social, sporting, and leisure occasions.

### The survey

After a number of long informal interviews with AA members, the survey was carried out in November 1976 with the co-operation of the AA General Service Office in London. Detailed self-completion questionnaires

were given to one in four members attending meetings of a one-in-ten random sample of the groups then operating in England and Wales. One hundred and seventy-one\* questionnaires were completed and returned, which represented a response rate of 85.4 per cent. The survey revealed that, among the current membership, there were 1.7 men to every one woman but that among those members who joined AA in the last four years there were almost as many women as men. The average age of the AA members in our survey was 46.4 years, the men being slightly older at 48.4 years than the women at 42.6 years. Table 1 shows that 56.6 per cent of the members were between 40 and 60 years of age and that 42.6 per cent of women were under 40 compared with only 21.5 per cent of men.

There were almost as many long-standing members of AA as there were newcomers: 18.2 per cent of current members had been in the fellowship ten years or more, while 21.2 per cent attended their first AA meeting less than one year ago (Table 2).

### Talking at a meeting

Since most of the talking takes place at a routine AA meeting, we asked our sample of members whether they had ever spoken at a meeting. Only 1.8 per cent said that they had never said anything, although a further 7.0 per cent admitted hardly speaking at all. The remaining 91.2 per cent were split between 62.5 per cent who said they spoke regularly and 28.7 per cent who spoke occasionally. There is a negligible difference between men and women in talking, with women speaking slightly less regularly than men. The time that members have been in the fellowship does seem to affect the frequency with which they speak at meetings. As might be expected, those who have been in AA for a relatively short time do not speak as regularly as those who have been AA members for longer periods. However, after the peak of between four and six years in the fellowship, the regularity with which members talk at a meeting begins to decline (Table 3).

We asked members to say which parts of the meeting they found most beneficial. Table 4 shows that hearing talks and stories and taking part in discussion groups were most helpful to members and that discussion after

\*The totals given in the tables do not all add up to 171 as replies were not given to some of the questions.

**Table 3.** Speaking at a meeting and length of time in AA.

| Frequency of speaking | Years in AA  |          |          |          |           |              | Total<br>Number | %    |
|-----------------------|--------------|----------|----------|----------|-----------|--------------|-----------------|------|
|                       | Under 1<br>% | 1-2<br>% | 2-4<br>% | 4-6<br>% | 6-10<br>% | Over 10<br>% |                 |      |
| Regularly             | 41.7         | 53.8     | 64.3     | 82.6     | 70.4      | 71.0         | 107             | 62.5 |
| Occasionally          | 38.9         | 42.3     | 25.0     | 17.4     | 22.2      | 22.6         | 49              | 28.7 |
| Hardly at all         | 13.9         | 3.8      | 10.7     | 0        | 7.4       | 3.2          | 12              | 7.0  |
| Never                 | 5.6          | 0        | 0        | 0        | 0         | 3.2          | 3               | 1.8  |

**Table 4.** Helpfulness of different parts of AA meeting.

| Parts of the meeting      | Very helpful % | Fairly helpful % | Not helpful at all % | Total number |
|---------------------------|----------------|------------------|----------------------|--------------|
| Hearing talks and stories | 75.0           | 22.0             | 3.0                  | 164          |
| Discussion groups         | 75.0           | 14.9             | 10.1                 | 151          |
| Discussion after prayer   | 66.0           | 32.0             | 2.0                  | 150          |
| Giving talks and stories  | 64.7           | 26.6             | 8.7                  | 139          |
| Discussion before meeting | 51.7           | 40.6             | 7.7                  | 143          |
| Official AA business      | 30.2           | 44.4             | 25.4                 | 126          |

the formal meeting was the least unhelpful. Interestingly, the discussion of official AA business was the most unhelpful with 25.4 per cent members saying they felt it was of no help at all (Table 4).

The content of the talking which takes place in any of the different aspects of an AA meeting is specific enough to include particular difficulties such as how to avoid drinking, and yet is sufficiently accommodating to accept accounts of almost any aspect of a person's day-to-day living problems. Nevertheless, most AA talk usually relates to problems associated with drinking or not drinking. Personal stories account for 70 per cent of AA's best-selling book *Alcoholics Anonymous* (1955). In addition, no matter how informal is the forum for talking, personal stories are usually the main vehicle for sharing information and experience within the fellowship. An analysis of the telling of personal stories permits us to understand a great deal about talk in AA.

#### Telling personal stories

The core function of telling personal stories is to enable other AA members to share information and experience. Wootton (1977) has distinguished between two kinds of information sharing. First there is information

given by people about themselves when they talk of their past and present life and experiences. Secondly, there is the information provided by people about themselves that is 'the same as' that provided by other people. AA calls the first of these two kinds of sharing "telling personal stories" and it calls the second form of sharing "identifying". It is through identifying with the shared problems, experiences, and attitudes of others that members of AA begin to help themselves.

The format for telling personal stories is given by example in the AA literature and is also easily learned by someone attending an AA meeting. Put simply, it requires a person to describe how he began drinking, his experiences when drunk, what happened to him when he came to AA, and what he has been like since joining the fellowship. A newcomer, on his very first meeting with a member of AA, will be encouraged to listen to the member's personal drinking story, but not to relate his own. The way to do 'talking' during this initial meeting with a member is explained in *Alcoholics Anonymous* (1955):

"See your man alone if possible. At first engage in general conversation. After a while, turn the talk to some phase of drinking. Tell him enough of your drinking habits, symptoms and experiences . . . When he sees you know all about the drinking game, commence to describe yourself as an alcoholic . . . Continue to speak of alcoholism as an illness, a fatal malady . . . Keep his attention focussed mainly on your personal experience . . . Tell him exactly what happened to you . . . outline the programme of action . . . how you straightened out your past and why you are now endeavouring to be helpful to him." (p. 91).

As the AA General Secretary told us, "one can only hope that whatever they may be thinking, whatever doubts they may have, they may be able to identify with you".

Although, as we have said, any AA talking involves personal stories, the formal act of standing up and speaking at a meeting is not something which everybody does. In all, 18.1 per cent of current members had never told their story and women were less likely to have told their story than men (Table 5). Table 5 also shows that, apart from newcomers, the likelihood of members telling their story was unrelated to their time in the fellowship. In fact, of those who had been in the

**Table 5.** Telling personal stories, sex, and length of time in AA.

| Ever told story | Years in AA |       |       |       |        |           | Total |         | Number | %    |
|-----------------|-------------|-------|-------|-------|--------|-----------|-------|---------|--------|------|
|                 | Under 1 %   | 1-2 % | 2-4 % | 4-6 % | 6-10 % | Over 10 % | Men % | Women % |        |      |
| Yes             | 61.1        | 80.8  | 89.3  | 91.3  | 88.9   | 87.1      | 88.0  | 72.6    | 140    | 81.9 |
| No              | 38.9        | 19.2  | 10.7  | 8.7   | 11.1   | 12.9      | 12.0  | 27.4    | 31     | 18.1 |

**Table 6.** Dropping out and telling personal stories among those with 6+ years of membership.

| Dropped out    | Told story |      | Total  |      |
|----------------|------------|------|--------|------|
|                | Yes %      | No % | Number | %    |
| Never          | 45.1       | 28.6 | 25     | 43.1 |
| Once           | 19.6       | 14.3 | 11     | 19.0 |
| More than once | 35.3       | 57.1 | 22     | 37.9 |

fellowship for six years or more, 12.1 per cent had never told their story. This suggests that for some members, at least, telling personal stories is not an essential part of staying in AA.

Nevertheless, among long-standing members there was an association between not telling one's story and dropping out (Table 6). Most of the 18.1 per cent of members who had never told their stories gave reasons for not doing so. Both men and women who had been in AA under one year accounted for not telling their story in terms of: not being in the fellowship long enough; being a 'new member'; and having "not been sober long enough". Most of these members said they lacked confidence and were still "too nervous" to tell their story. Many of those who had been in AA for between one and two years felt they were "still not ready". One member said she was "afraid of getting it wrong and boring people". Two other members said that no one told their whole story at a meeting and another member said that he had told his story to his sponsor but not to the group at a meeting. Of the members who had been in the fellowship longer than four years and who had still not told their story, some were just "shy". One member felt that his story was only "ordinary" and another felt he could say all that was necessary in five minutes. Another member felt that "reticence, embarrassment, and a great deal of shame" prevented him from telling his story.

Of current members who had told their story, 69.5 per cent had told it within six months of going to AA for the first time. After the first year in the fellowship, the regularity with which members told their story was unaffected by their length of time in AA, although it did

**Table 7.** Story told in the past year.

| Number of times story told in past year | Men  | Women | Total  |      |
|---|------|-------|--------|------|
|   | %    | %     | Number | %    |
| Never                                   | 14.1 | 27.4  | 31     | 19.3 |
| Once or twice                           | 19.2 | 25.8  | 35     | 21.7 |
| Three or four times                     | 22.2 | 22.6  | 36     | 22.4 |
| Five times or more                      | 44.5 | 24.2  | 59     | 36.6 |

**Table 8.** Usefulness of hearing personal stories.

| Usefulness of stories                | Men  | Women | Total  |      |
|--------------------------------------|------|-------|--------|------|
|                                      | %    | %     | Number | %    |
| Something gained from all stories    | 53.7 | 35.5  | 80     | 47.1 |
| Something gained from 75% of stories | 27.8 | 38.7  | 54     | 31.8 |
| Something gained from 50% of stories | 14.8 | 14.5  | 25     | 14.7 |
| Something gained from 25% of stories | 3.7  | 11.3  | 11     | 6.5  |

vary between the sexes. Of those members who had told their story in the past year, men had told it more regularly than women (Table 7).

### *The value of personal stories*

The crucial value of personal stories is the opportunity that they provide for members to 'identify'. Identification has been defined by Bean (1975) as meaning to "empathize in reverse, to feel that what the speaker experienced can be meaningful to yourself and feel what he felt, not so that you can better understand him, but so that you can accept yourself". One AA member described identification as "the different things that I may have done or felt which may provoke others to say, 'Oh, I've done this'." Another said that in his first meeting "it was as if they'd opened up my little brain and were reading my lot". However, as Edwards and his colleagues (1967) pointed out in an earlier study of the fellowship, "Identification . . . is not necessarily just with any one established member so much as with fragments of a whole series of life histories which are synthesized into identification with the group ideal".

While it is easy to learn the format of story-telling, it is more difficult to understand what is meant by it. Newcomers may at first see it merely as impression management to qualify them as a member, and may over-dramatize their own experiences to compete with others. But deeper involvement in AA reveals that the story is a vehicle for carrying each member's own set of problems. It has been repeatedly emphasized in our interviews with AA members that "AA is not just about alcohol. It's about problems of living and you can talk about anything that's getting you down".

The value in giving an account involving problems is in its being listened to and drawn on by the other members. This is particularly dramatic when one member's experiences, as expressed through his story, are shared with a newcomer, in order that he may join the fellowship. Similarly, after joining AA, a newcomer confers dignity and self-esteem by asking a member to be his sponsor. One member we interviewed, himself a sponsor, described how, when he was asked, it had seemed like "the final accolade at the time", confirm-

**Table 9.** Time taken for men and women to change their story.

| Sex   | Years in AA  |          |          |          |           |              | Total  |      |
|-------|--------------|----------|----------|----------|-----------|--------------|--------|------|
|       | Under 1<br>% | 1-2<br>% | 2-4<br>% | 4-6<br>% | 6-10<br>% | Over 10<br>% | Number | %    |
| Men   | 10.0         | 12.5     | 12.5     | 8.8      | 22.5      | 23.8         | 80     | 67.2 |
| Women | 10.3         | 25.6     | 23.1     | 15.4     | 5.1       | 20.5         | 39     | 32.8 |

ing that "things had moved on" and that he'd "got a lot better".

Approximately half of the members gained something from *all* stories they heard and men found them more helpful than did women (Table 8). Nevertheless, the majority of members said that they always listened to stories *until* they found something useful. Others pointed out that all stories give reminders of what they were like and could be like again, which, said one member, "keeps us on our toes". Another member said that even having to listen to long, boring details taught tolerance, and so was useful from this point of view.

However, a substantial majority (69 per cent) of members told us that there were things that they did not find helpful in other people's stories. Three themes of criticism kept recurring. The first of these referred to 'drunkalogues', when a speaker dwells on his past drinking history, talking at great length and giving repeated 'blow-by-blow' details of what, when, where, and how he drank, the names of pubs, and the days of the week. Many members found these to be monotonous, laborious, boring, and having a 'sameness' which was unhelpful. A related aspect that members did not like was a negative attitude towards recovery, where members describe their drinking behaviour before joining AA but do not affirm their improvement since coming to the fellowship. The third major criticism of other people's stories was the inclusion of irrelevant

personal problems. These domestic trivialities, war experiences, detailed chores and, as one member graphically put it, "the colour of their grandmothers", were considered to be part of life and, as such, were not worth talking about.

It was obviously unhelpful, as several members pointed out, when a person could not identify in any way with the experiences of the speaker. This was mentioned by some men of women's stories and *vice versa*. More interestingly various members found it unhelpful when people theorized or philosophized about why they became alcoholics, or when they were seeking causes in their childhood backgrounds. Similarly, any emphasis on the humour, romance, or enjoyment of drinking was disturbing, as were descriptions of mental hospitals, prisons, or suicides. As one member said, he did not find it useful to hear "blood-and-thunder horror tales". Especially unhelpful were stories in which the teller was on an ego trip, engaged in self-glorification, self-congratulation or, as one member put it, "being Mr AA".

Finally, certain styles of speaking were felt to be unhelpful, such as when members were being repetitive, wandering, rambling, talking for too long, or giving too much description. The whole position was perhaps best summed up by the member who said that stories were unhelpful when the speaker "forgot everyone else in the room".

**Table 10.** Changes in members' stories over time.

| Changes  | Years in AA  |          |          |          |           |              | Total  |      |
|--|--------------|----------|----------|----------|-----------|--------------|--------|------|
|  | Under 1<br>% | 1-2<br>% | 2-4<br>% | 4-6<br>% | 6-10<br>% | Over 10<br>% | Number | %    |
| More honest  | 25.0         | 25.0     | 21.1     | 9.5      | 30.0      | 14.8         | 24     | 20.2 |
| Remember more details  | 41.7         | 20.0     | 15.8     | 19.1     | 5.0       | 7.4          | 19     | 16.0 |
| Less drinking and more recovery as a way of life                         | 25.0         | 50.0     | 52.6     | 61.9     | 60.0      | 77.8         | 69     | 58.0 |
| Other changes such as more humour, more understanding directed to others | 8.3          | 5.0      | 10.5     | 9.5      | 5.0       | 0.0          | 7      | 5.8  |

## Talking out of alcoholism

Our survey of AA members' talk indicates that a substantial majority of members changed their personal stories. Of the 146 members who had told their stories, 81.6 per cent of men and 81.2 per cent of women said it had changed since they first told it. However, women changed their story far earlier than men with 59.0 per cent changing it within four years, compared with only 35.0 per cent of men over the same period (Table 9).

Our analysis of the changes in members' talk indicates that the longer active involvement in the fellowship goes on, the more members' talk moves away from the original drinking problem. The drinking story includes reportable stages of life since joining AA and aspects of life outside AA which are cited in contrast to the ever-remembered "problem experience". With time the emphasis of personal stories changes from drinking to recovery (Table 10).

This rise in the proportion of members who concentrate on recovery may lead to them changing their formal group meeting to one dealing more with recovery and less with the original drinking problem. However, it is worth noting that as well as changing their account of lapsed experience and their way of separating themselves from their past experience, AA members use a range of other linguistic devices or ways of talking about non-members that cuts them off from the non-alcoholic population. They construct a mutuality of 'we' talk, a private subcultural language, which Bean (1975) has said acts as a verbal symbol of group cohesion. For example, with the concept of anonymity members separate themselves from last names and origins and from the assumption that help and support is related to or informed by outside standards or positions.

## Conclusion

In another paper we will examine the crucial role of friendship within AA, with a view to showing how it sustains the AA member's world outside the group meeting and enables him to manage everyday living problems by taking the AA method outside the group. So far, we can say that our survey supports the notion that through AA talk members changed from 'passive alcoholics' to 'recovering alcoholics'. By changing the way the alcoholic talks about himself and his place in the world, AA enables him to talk himself out of his alcoholism. As one member reflected, "I think in AA we become compulsive talkers. But at least it's a better compulsion than boozing".

## References

- Alcoholics Anonymous (1955). *Alcoholics Anonymous*. New York: AA World Services Inc.  
 Bean, M. (1975). *Psychiatric Annals*, 5, 20.  
 Edwards, G., Hensman, C., Hawker, A. & Williamson, V. (1967). *Social Psychiatry*, 1, No. 4, 195-204.  
 Wootton, A. (1977). *Sociology*, 11, No. 2, 333-350.

heart  
&  
lungs

there is a  
specific  
treatment

millophyline

the well known  
cardiac and  
respiratory  
stimulant and  
bronchodilator

**TABLETS** Containers of  
100 and 500 Tablets. Each  
tablet contains 100 mg.

**AMPOULES**  
Boxes of 6 x 5 ml. each  
containing 700 mg. for  
intramuscular injection.

**SUPPOSITORIES**  
Large: each contains 500  
mg. Small: each contains  
200 mg. Boxes of 10.

Distributor in the United Kingdom  
FARILLON LIMITED  
Chesham House, Chesham Close,  
Romford, RM1 4JX tel: Romford 46033

product information available on request



**DALES PHARMACEUTICALS LIMITED**  
BARROWS LANE, STEETON, KEIGHLEY, YORKS BD20 6PP  
TEL: STEETON 53222