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The Relationship Between Perceived Alcoholics Anonymous Social Group Dynamics and Getting an AA Sponsor

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Abstract

Research has shown that aspects of group dynamics of AA meetings are associated with AA attendance, alcohol use, and engagement in prescribed AA behaviors. This study investigated whether perceptions of AA meeting group dynamics changed over 12-months and whether these dynamics predicted the probability that a new member would get a sponsor. Results showed that perceptions of the group dynamics of AA meetings did not change over the 12-month assessment period. Member perception of group cohesion was the only AA meeting group dynamic that predicted a new member getting a sponsor. Findings suggest that group cohesion plays an important role in AA members recovery efforts.

Keywords

12-step; Alcoholics Anonymous; sponsor; group environment; social dynamics

Introduction

Strong evidence suggests that community-based Alcoholics Anonymous (AA) attendance is associated with increased abstinence, without (Forcehimes & Tonigan, 2008; Wilcox & Tonigan, 2018) and in combination with formal treatment (Humphreys et al 2015). Today, most alcohol treatment programs, regardless of therapeutic orientation, routinely include AA referral during and after treatment (SAMHSA, 2013). As such, researchers have endeavored to understand *how* AA confers benefit to its members. Central to prescribed AA practices is getting an AA sponsor, a more senior AA member whose role is to guide and support new AA members as they work through the 12 steps of AA (Whelan, Marshall, Ball, & Humphreys, 2009). According to the 2014 AA membership survey this recommendation is heeded by AA members, with 82% of all members reporting that they currently have an AA sponsor and 74% of AA members stating that they acquired a sponsor in the first 90-days of AA affiliation (AA World Services, 2014). Research suggests that the prevalence estimates

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on sponsorship in the AA triennial survey are optimistic with some studies reporting rates of sponsorship as low as 42% (Tonigan & Rice, 2010). To date, dozens of studies have examined the relative benefits of sponsorship in accounting for increased abstinence among new AA members and, in general, these studies indicate that getting an AA sponsor is associated with increased alcohol abstinence and decreased use of illicit substances (e.g., Tonigan & Rice, 2010; Witdbrodt, Kaskutas, Bond, & Delucchi, 2012).

It appears that individual characteristics moderate, to some extent, the acquisition of an AA sponsor. In Project MATCH, for example, women with social phobia assigned to the twelve-step facilitation (TSF) condition were significantly less likely to get an AA sponsor during the three-months of treatment relative to matched non-socially phobic women assigned to TSF (Tonigan et al., 2010). Likewise, Jenkins and Tonigan (2010) reported that in a community-based sample of early AA members, high attachment avoidance was associated with significantly lower rates of having a sponsor throughout 18 months of follow-up. Given concern about social rejection in asking another member to be an AA sponsor in addition to the social demands inherent in the ensuing sponsor-sponsee relationship these findings are not surprising. We suspect that additional and correlated measures of psychological functioning will yield similar findings.

Apart from these face-valid findings, very little is known about the underlying factors that influence why, if at all, early AA members get an AA sponsor. The core and approved AA literature, for example, does not explicitly define sponsorship nor does it recommend the nurturing of a long-lasting relationship with another AA member for the purpose of “working the steps”. The message for the need to get an AA sponsor is delivered most directly in AA meetings. Explained, it is difficult to attend an open AA meeting and not hear an AA member extol to newcomers the dire need for getting a sponsor, the benefits of having a sponsor, and gratitude for both having and/or being an AA sponsor. While this may be a relatively universal message in AA meetings, AA-related research suggests that only about 20–40 percent of adults new to AA actually acquire a sponsor. Because the message to get a sponsor is most often delivered in AA meetings, it seems reasonable to predict that the perceived social dynamics of AA meetings contribute to, and perhaps amplify, this message.

Social dynamics have been identified as influential processes in small group treatments. A recent meta-analysis on perceived group cohesion reported a significant aggregate correlation ($r=.25$) between group cohesion and outcomes across 40 different group psychotherapy studies (Burlingame, 2011). The cohesiveness of groups has been associated with significant increases in therapy congruent behaviors like treatment compliance and retention (Hallenbaugh, 2011). Further, studies have evaluated how this group characteristic is related to the probability of a member meaningfully disclosing (Burlingame, Strauss, & Joyce, 2013). Despite the establishment of meeting attendance as a central driver of positive outcomes; only a handful of studies have investigated the social dynamics of AA meetings.

A slowly accumulating body of research has demonstrated that the perceived social dynamics of AA groups differs (Montgomery, Miller, & Tonigan, 1993), that such differences were associated with differential emphasis on discussion of the 12-steps (Tonigan, Ashcroft, & Miller, 1995), and that the perceived cohesiveness of AA groups

predicted later abstinence beyond that predicted by AA meeting attendance (Tonigan & Rice, 2012). Such findings underscore what social psychologists have been voicing for some time, namely that perceived context influences how messages are interpreted as well as the probability that a desired behavior will follow.

With this background, this study had two primary aims. First, as a preliminary aim we sought to document how four dimensions of perceived AA meeting group dynamics changed over nine-months among a community-based sample of early AA affiliates, (1) cohesion, (2) aggressiveness, (3) expressiveness, and (4) self-discovery. Aside from having substantial descriptive value we deemed this important to assess the underlying theoretical model of AA group dynamics. According to the model, for example, we would predict that conflicting perceptions, e.g., cohesiveness and aggressiveness, would change in opposite directions over time. Our second aim investigated how, if at all, perceptions of AA group dynamics predicted later acquisition of an AA sponsor. Here, we predicted that higher perceptions of AA group cohesiveness would enhance the probability that an early AA member would acquire a sponsor while the opposite would occur when early AA members perceived AA group dynamics to be higher on aggressiveness.

Method

The parent study to this retrospective report sought to investigate mechanisms of behavior change among early AA members. Inclusion criteria were: (1) participants had to meet current DSM IV criteria for alcohol abuse or dependence, (2) had to have used alcohol in the previous three months, and (3) had attended at least one AA meeting in the previous 90 days. To offset past learning effects, participants were excluded who reported more than 16 weeks of lifetime AA meeting attendance and/or if prospective participants reported more than a year of abstinence following first AUD onset. Participants were recruited in Albuquerque, New Mexico via public fliers, fliers posted in community AA meetings, as well as through referrals from participants and substance use disorder treatment programs. The parent project was approved and overseen by the University of New Mexico's Institutional Review Board (UNM Protocol #27147).

Procedures

This study was assessment-based, and no intervention was provided. The study featured a rolling admission with 3-, 6-, and 9-month follow-ups after the initial baseline assessment. One locator for each participant was identified at intake to facilitate study retention in the event that participants could not be reached for follow-up interviews. Breathalyzer tests were administered at the start of each assessment to ensure that participants' BAC was 0.05 or less. Participants who registered above a 0.05 were asked to stay at the study site until their BAC dropped below 0.05, at which point they could continue with the assessment or reschedule. Participants received \$50 for each completed assessment for a total of \$200 if all four assessments were completed. Compensations for travel costs were provided for participants using paid transportation to and from the study site. If a participant could not travel to the study site, follow-up assessments were performed by phone. Of the 130 initial participants, 118 (91%) completed the 3-month follow-up, with 113 assessments completed

in-person (96%); 114 completed the 6-month follow-up (88%), with 108 performed in-person (95%), and 113 (88%) completed the final assessment with 106 of those in-person (94%).

Measures

Group Environment Scale (GES; Moos, 1986)—The GES has been widely used to measure perceptions of group social dynamics. Multiple iterations of the GES have been validated through numerous research studies (Wilson et al., 2008). Our study used 7 scales from 56 Likert questions rated 1–5 (strongly disagree to strongly agree). The analysis made use of items comprising the following group environment scales: Cohesiveness, Self-Discovery, Expressiveness, and Aggressiveness. Examples of items measuring expressiveness are “Members are often critical of other members”, or “It’s hard to tell how members of the group are feeling”, and of cohesion, “There is a sense of unity and cohesion to this group.”

Alcoholics Anonymous Inventory (AAI; Tonigan, Connors, & Miller, 1996)—The 13-item AAI was used to assess engagement in prescribed AA activities (e.g. having a sponsor & attending meetings). The AAI has high internal consistency (.85) and excellent test-retest reliability (Allen, 2000). Past research has found associations among AAI, step work, and perceptions of group environment (Tonigan & Rice, 2012).

Form 90. (Miller, 1996)—The Form 90 is a retrospective calendar-based semi-structured interview used to collect reports of daily alcohol and drug use. Two substance use measures were computed from the Form 90. *Proportion of days abstinent from alcohol* (PDA) was defined as the number of alcohol-abstinent days in an assessment period divided by the total number of days in the period. *Drinks per drinking day* (DPDD) was defined as number of drinks consumed per drinking day divided by the number of drinking (i.e., non-abstinent) days in the period. Satisfactory reliability for the Form 90 has been reported for the measures of PDA ($r = .79$ for outpatient samples; $r = .97$ for aftercare samples), and DPDD ($r = .94$; $r = .95$); (Tonigan et al., 1997; Westerberg et al., 1998).

Results

Table 1 describes the sample’s 12-step characteristics, alcohol, and substance use over 12 months from the baseline assessment to the 9-month follow up. On average, over 60% of participants reported having engaged in formal alcohol or substance abuse treatment throughout the study period.

At baseline 44.2% of the sample endorsed having had an AA sponsor. Paired t -tests evaluating sponsorship at 9-months (45.9%) did not indicate a significant increase in sponsorship across the study period ($t(110) .576, p=.566$). On average participants reported attending 12-step meetings on 16% of the 90 days prior to the baseline assessment. Compared to the 9-month follow up, participants did not significantly increase their AA attendance over the course of the study ($t(112) .419, p=.419$).

On average participants reported abstinence from alcohol during 56 % ($SD=.31$) of the 90 days prior to the baseline assessment. Urinalyses conducted at baseline indicated that 59.2% of the sample were abstinent from drugs at baseline. Paired t -tests evaluating participants alcohol use at 9-months compared to baseline indicated that participants significantly increased their percent days abstinent (PDA) by approximately 16% ($t(112) 5.33, p<.0001$) and significantly reduced their drinks per drinking day (DPDD) by 38.9% ($t(112) -5.90, p<.0001$).

Aim 1

AA member perceptions of AA group social dynamics over 9-months are described in Table 2. To test if new member's perceptions of the social group environment changed over time, we estimated four growth models utilizing hierarchical linear modeling (HLM). These HLM indicated no significant change in the 4 subscales of the GES over time.

Aim 2

To examine the relationship between member's perceptions of social dynamics and getting a sponsor we estimated four lagged HLM with perceptions of social dynamics at 3-months predicting sponsorship at six months. First, we examined the association of sponsorship at six months regressed on the scales of the GES at three months controlling only for baseline sponsorship (yes/no). Table 3 describes the results of the initial lagged regressions. Contrary to our predicted hypothesis member perceptions of anger/aggressiveness at three months did not predict getting a sponsor at six months $\beta = -0.0123, p = 0.343$. Consistent with our hypothesis, member perception of group cohesion at three months did predict getting a sponsor at six months $\beta = 0.0266, p = 0.013$. Next, to control for known predictors of members getting a sponsor, we included as covariates: AA attendance at baseline, treatment attendance at baseline, and sponsorship at baseline. As 3-month perceptions of group cohesion were the only group variable that predicted a member getting a sponsor at 6-months, we dropped all other GES scales from this analysis. When controlling for variables related to getting a sponsor and baseline cohesion, member perceptions of group cohesiveness remained a significant predictor of sponsor acquisition $\beta = 0.0243, p = 0.032$.

Discussion

Findings indicate that an AA member's perception of the group dynamics of meetings is associated with getting a sponsor. We found that a member's perception of AA meeting cohesiveness predicted increases in sponsorship acquisition while controlling for variables known to influence the probability of getting a sponsor. This finding makes sense given that representative items from the GES cohesion subscale contain important indicators of group spirit and belongingness. Thus, if a member perceives a group to be more unified, this study's results indicate that they are more likely to get an AA sponsor.

Contrary to our expectations member perceptions of group dynamics did not change over time. This result indicates that member perceptions of group dynamics remains stable and that individuals first impressions of groups is a lasting one. Also contrary to our hypothesis, members perceptions of the meeting's anger or aggressiveness did not decrease the

likelihood that a new member would acquire a sponsor. This result could be explained by the relatively higher anger scores amongst this sample. Higher anger scores reported by this sample could have the effect of “normalizing” the perceived anger or aggressiveness of the group being rated. Stated in another way, it could be that these participants simply did not perceive groups as being angry as they were also experiencing similar emotions at the time of assessment.

Common group processes have begun to emerge as an important factor in AA and a slowly growing literature has begun to link members' perceptions of the group environment to prescribed AA related behaviors (Rynes & Tonigan, 2013; Rice & Tonigan, 2012). These studies can help clinicians inform prospective AA members to attend to their perceptions of the group dynamics when attending meetings.

This study had several strengths. First, our lagged analyses provided confidence into the temporal arrangements of the associations of interest. This method of analysis while powerful is, according to a review of the AA literature (1993–2012), infrequently used (16.6% of 541 studies used a fully lagged design). Second, measures in this study had strong psychometric properties and are widely used in the field. As such, findings are readily comparable to earlier work by other investigators. Third, this study had follow-up rates that exceeded 88% at all assessment periods. These follow up rates increase confidence that the observed linkages are indeed evaluating the associations of interest; which increases confidence in the internal validity of the study. Fourth, this study excluded individuals with more than 16-weeks of lifetime AA experience, thus controlling for past learning effects.

This study has limitations, however. First, no objective measure of meeting social dynamics was obtained, rather we relied on self-reported perceptions, which may be influenced by a host of factors. Although we have confidence in the individual member's rating of the social dynamics of the meeting that they most regularly attended, this method of collection provides a gestalt understanding of the perceptions of the meetings dynamics. Future studies would benefit from using a more dynamic ecological approach to data collection so that ideographic variation can be identified, and this variation can be modeled. Second, to obtain valid informed documented consent and self-report, we conducted BAC screening before each interview. This may have produced assessment reactivity such that participant drinking was influenced before or at the day of the interview. Third, our measure of sponsorship only indicated whether a participant had a sponsor or not. Presented this way, sponsorship is stripped of context, such that we did not evaluate frequency of contact or commitment to the sponsor sponsee relationship.

Historically clinicians have encouraged clients to attend AA meetings, with sheer meeting attendance being the barometer of success. This study suggests that encouraging AA attendance is only a first step, and that encouraging clients to find cohesive meetings may confer additional benefit.

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Table 1.
12 step measures, alcohol, and substance severity of participants: Baseline through 9 months

	Baseline	0–3	4–6	7–9	CI and <i>d</i> (Pre-post)
12-step and treatment measures					
Proportion 12-step days	0.1697	0.2448	0.2255	0.1751	0.04
% Attending AA	98%	80%	79%	76%	(0.94, 0.99)
% Sponsored	44.20%	40.00%	43%	45.90%	(–0.09, 0.16)
% Treatment Days	.06 (.13)	.11 (.17)	.10 (.17)	.07 (.12)	(–0.25, .038)
Group Environment Scale					
Cohesion	31.04 (3.30)	30.32 (4.13)	30.48 (4.03)	30.33 (4.14)	–0.15
Anger/Hostility	19.55 (3.09)	19.50 (3.69)	19.79 (3.57)	20.15 (3.37)	0.099
Expressiveness	29.12 (3.90)	28.82 (4.25)	28.66 (4.07)	29.06 (4.41)	–0.045
Self-Discovery	24.12 (2.98)	23.32 (3.66)	23.78 (3.29)	23.74 (3.13)	–0.091
Substance Use					
Proportion days abstinent from alcohol <i>M</i> (<i>SD</i>)	.56 (.31)	.72 (.32)	.74 (.30)	.73 (.32)	0.51
% abstinent (alcohol)	0	17.7	21.5	22.3	0.51
Drinks per drinking day	14.02 (9.13)	9.67 (10.78)	8.84 (9.05)	8.6 (8.08)	–0.55
Proportion days abstinent from drugs	0.27 (0.37)	0.15 (0.28)	0.13 (0.28)	0.13 (0.27)	0.43

Table 2.

Hierarchical Linear growth models of Group Environment subscales from baseline to 9-months

<i>Slope</i>	<i>B</i>	<i>SE</i>	<i>P</i>	Confidence Interval
Anger	0.182	0.111	0.104	(−0.097, 0.460)
Cohesion	−0.206	0.126	0.103	(−0.523, 0.109)
Expression	−0.070	0.131	0.594	(−0.118, 0.258)
Self-disclosure	−0.071	0.111	0.526	(−0.103, 0.245)

Table 3.

Lagged Hierarchical Linear Regression: Group Environment Scale Predicting Sponsorship Acquisition

	<i>Slope</i>	<i>SE</i>	<i>P</i>	<i>CI</i>
Anger	−0.012	0.013	0.345	(−0.012, 0.036)
Cohesion	0.027	0.011	0.021	(0.006, 0.061)
Expression	−0.007	0.012	0.541	(−0.011, 0.025)
Self-Discovery	0.018	0.013	0.170	(−0.012, 0.048)

Table 4.

Lagged Hierarchical Linear Regression: Cohesion Predicting Sponsorship Acquisition

	<i>Slope</i>	<i>SE</i>	<i>P</i>	<i>Confidence Intervals</i>
Cohesion	0.024	0.011	0.032	(0.007, 0.056)
Treatment	0.266	0.33	0.420	(−0.314, 0.847)
Meeting attendance	0.562	0.252	0.028	(0.316, 0.808)
Sponsorship (Baseline)	−0.036	0.099	0.485	(−0.081, 0.153)