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RESEARCH

Unexpected Social Benefits of Alcoholics Anonymous for Older Women

Lauren S. Ermann, Gerard Lawson, and Penny L. Burge

The authors interviewed older women in Alcoholics Anonymous to explore the participants' most beneficial and meaningful experiences in the program. Findings suggested that these women obtained unexpected social benefits from their participation. These benefits are examined through the framework of Carstensen's (1993) socioemotional selectivity theory.

Keywords: Alcoholics Anonymous, older women, alcoholism, social networks, socioemotional selectivity theory

We've known you forever when you walk through that door.

—Hannah

Research on social engagement and its influence on physical and mental health of older adults has been well documented over the past 60 years. According to Havighurst and Albrecht's (1953; Havighurst, 1961) activity theory, successful aging is "the maintenance as far and as long as possible of the activities and attitudes of middle age" (Havighurst, 1961, p. 8). This theory specifically encompasses behaviors and outlooks related to social engagement. Rowe and Kahn's (1997) research in this area created a definition of successful aging that included interpersonal relations, that is, "contacts and transactions with others, exchange of information, emotional support, and direct assistance" (p. 433). The authors highlighted the connections between social engagement in aging and positive health benefits, explaining that successful aging can be viewed in terms

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of sustained engagement in social and productive activities. Additional research on social engagement in relation to older adults supports the idea that social and emotional connections with other individuals have an influence on both psychological and physical health (Baltes, 1996; Park, Zimmerman, Kinslow, Shin, & Roff, 2012; Thomas, 2011; Tomaka, Thompson, & Palacios, 2006).

SOCIAL ENGAGEMENT AND AGING IN WOMEN

Social interaction has been shown to promote healthy and successful aging, especially in women; however, as women age, their social circles shrink (Katz, 2002). This phenomenon can be attributed, in part, to the death of spouses, family members, and friends (Katz, 2002). Older women may also experience a decrease in social contacts because of retirement. Their daily interactions may decrease drastically once they leave their jobs. Many of these changes in social networks occur beyond a woman's control.

This constriction of companionship circles can also be viewed through the lens of Carstensen's (1993) socioemotional selectivity theory. This theory posits that a person's focus shifts from information-seeking sources (commonly found in relationships with less familiar people) to emotion-regulating sources (most commonly found in already-established relationships with children or other close family) as the individual realizes that his or her time left to live is limited. Therefore, social networks may shrink because of the increasing selectivity shown by older adults regarding whom they choose to include (Carstensen, 1993). Thus, the reduction of social interaction is self-imposed, purposeful, and intentional.

SOCIAL ENGAGEMENT AND ALCOHOLICS ANONYMOUS

Alcoholics Anonymous (AA) was developed, circa 1935, as an approach to alcoholism recovery by alcoholics Bill Wilson and Bob Smith (Alcoholics Anonymous World Services, 2001). The only requirement of AA members is a desire to stop drinking, and members meet in a group format as often as needed with the primary purpose of attaining sobriety and helping others to realize that same goal. AA meetings may be open (i.e., anyone is welcome to attend) or closed (i.e., only alcoholics may attend). AA was viewed as a social organization from its onset. In the foreword to the first edition of *The Big Book* (the AA handbook), the AA group is labeled a "fellowship" (AA World Services, 2001, p. xiii). In 1947, AA's publication, *The Grapevine*, included "The AA Preamble," further establishing the importance of socializing in the AA recovery program. The preamble states that "Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve

their common problem and help others to recover from alcoholism” (AA Grapevine, n.d., “About AA,” para. 1).

Machell (1992) further identified fellowship as “client perceived belongingness” (p. 1) and discussed the importance of the concept of fellowship in AA. His research suggested a clear relationship between an individual’s perception of fellowship and his or her successful treatment outcomes at a residential treatment center for alcoholism. Thus, AA members rely on one another’s support and social interaction to attain and maintain sobriety, and fellowship is a cornerstone of the AA program. AA’s primary goal is sobriety, but integral to the program are the group meetings that incorporate an inherent social component.

WOMEN IN AA AND SOCIOEMOTIONAL SELECTIVITY THEORY

When the experiences of older women in AA are viewed through the lens of socioemotional selectivity theory, their experiences appear to contradict what the theory suggests. Instead of limiting their social interactions to close friends and family, these older women exhibit strong relationships with other members that extend beyond the formal confines of AA meetings into roles typically met through deep friendships or family relationships. We found that these relationships were not only vital but also nearly unanimously endorsed by the women interviewed for this study. Thus, AA may serve a unique secondary function as a social network. For this sample of older adult women, that secondary function may have been particularly important.

METHOD

Phenomenology

We used a qualitative approach and a phenomenological interview process to better understand the lived experiences of older women in AA. In particular, this study centered on the following research questions: (a) What aspects of AA do older women consider beneficial? and (b) How did these older women elicit meaning in their involvement with AA? To assist us in exploring the research questions, we developed an interview guide, which consisted of the following interview questions: (a) What about the AA program is helpful to you? (b) How does being female affect your experience of AA? (c) How does being an older adult affect your experiences of AA? and (d) I’m interested in hearing more about your experiences in AA in terms of meetings, sponsorship, fellowship, and service. What aspects of AA are particularly meaningful? Through these interview questions, we found that the women in this study experienced unexpected social benefits from participating in AA, and these experiences are the focus of the current research.

Participants

Fourteen older women in AA participated in the study. To be eligible, participants were required to be female, active members of AA (i.e., attended AA meetings on a weekly basis), and 50 years or older. Participants ranged in age from 52 to 81 years ($M = 61.0, SD = 7.3$). They represented varied maximum educational levels: Three graduated from graduate school, three completed some graduate school, two received a bachelor’s degree, one attained an associate’s degree, three completed some college, one graduated from high school, and one obtained a graduate equivalency diploma. Many of the women had limited family support: 10 of the women had no spouse or life partner, five had no children, and nine had no grandchildren. Eight women were employed, five were retired, and one was between jobs. In terms of salary and schooling involved, professions ranged from blue collar (custodian) to white collar (physician). In addition, all but one woman had attended at least one women’s-only meeting, and two women exclusively attended women’s-only meetings. Table 1 presents descriptive information about the participants (pseudonyms were used).

Data Collection

Participants ($N = 14$) were interviewed by the first author primarily through face-to-face sessions over a 1-year period. For all but one participant, two interviews were conducted, for a total of 27 interviews. The participant who completed only one interview relapsed between the first and second interviews,

TABLE 1
Participants’ Demographic Information and AA History

Participant	Age	Married or Life Partner?	No. of Children		Years Drinking Before AA	Meetings Attended		Career
			C	GC		Women Only	Coed	
Meg	61	No	0	0	33	Yes	Yes	Retired
Nancy	59	No	1	0	10	Yes	No	Career counselor
Rose	64	No	0	0	21	Yes	Yes	Retired lawyer
Susan	66	No	3	6	18	No	Yes	Patient care coordinator
Beth	58	No	1	0	19	Yes	Yes	Account representative
Betty	64	Yes	2	11	22	Yes	Yes	Retired
Brenda	56	Yes	2 ^a	1	15	Yes	No	Case manager and HIV testing in prisons
Diane	69	Yes	1	2	20	Yes	Yes	Retired
Ginny	57	No	2	0	11	Yes	Yes	Laid off
Hannah	61	No	0	0	14	Yes	Yes	Doctor
Linda	52	Yes	1	0	16	Yes	Yes	Social worker
Louise	81	No	3	7	10	Yes	Yes	Retired
Mary	58	No	0	0	20	Yes	Yes	Banking and management reporting
Ruth	54	No	0	0	27	Yes	Yes	Custodian

Note. All women identified their race as White. AA = Alcoholics Anonymous; C = children; GC = grandchildren.
^aPartner’s children.

and we were concerned that further interviews might hinder her progress toward sobriety. The second interviews occurred within 4 weeks of the first interview. Three of the second interviews were conducted over the phone because of illness or scheduling difficulties. Sessions typically lasted 1 to 2 hours and were held in private homes, offices, and eating establishments to ensure the comfort level and privacy of the participants.

Because of the closed nature of the AA community, a confederate, who is an AA member, assisted with the recruiting of women who met the study criteria. Our sample was homogeneous in that all the participants were White, mostly upper-middle-class women living in and around a small urban community in southwestern Virginia. In every case, we followed strict measures to protect the confidentiality of the interviewees, including assigning pseudonyms in the transcripts and obscuring all identifying information. The women were each forthcoming, and because many of them were interested in this research as a way of giving back, we mailed the results to all the participants upon the study's completion.

Limitations existed with our method of data collection. Because the participants were all obtained through a single recruiter (who often recruited women whom she knew from fellow meetings), this sample was not particularly diverse in terms of race, socioeconomic background, or geographic area. Moreover, with the exception of one woman (81 years old), the demographic leaned more toward the young-old in that the rest of the women ranged in age from 52 to 69 years.

Data Analysis

All interviews were conducted by the first author, who aimed to depict detailed and accurate descriptions of the data by personally transcribing the interviews (more than 300 pages) from the audio recording. Additional notes with observations about the participants' nonverbal behavior and information about the setting from the first author's field notes were included. In addition, participants were sent a typed transcript for review within 4 weeks of each interview to preserve clarity and accuracy. After a review of the transcripts, the first author highlighted excerpts that reflected a better understanding of the research questions. A constant comparison method was later used to open code these excerpts with an eye for incorporating analogous and differing experiences. Next, these open codes were grouped into categories and subcategories from which the first author later developed broader themes that addressed the research questions (Rossman & Rallis, 2012; Saldaña, 2009). The first author sought to obtain thick descriptions of the data that were rich with detailed information about the participants and their experiences (Creswell, 2013; Creswell & Miller, 2000; Patton, 2002). Transcripts were also reviewed by a second researcher (i.e., the third author), who confirmed that all important concepts were included and assisted with the process of

identifying constructs. Finally, interviews with participants displayed similar themes throughout their experiences, indicating strong internal consistency. However, divergent themes were also recorded and noted as important when interpreting the findings.

FINDINGS

A major benefit and mechanism for eliciting meaning in AA involved social interactions. Although the AA fellowship offers an inherent social component, the women in our study discussed additional social benefits that they acquired from participating in the program that went beyond attaining and maintaining sobriety. Two themes emerged: (a) unexpected relationship benefits in AA and (b) unexpected support and activities beyond AA. Within these themes, the women cited (a) the value of forging new relationships with other women; (b) the sense of comfort and security derived from social interactions in AA; (c) the support instrumental in other areas, such as smoking cessation, health issues, and day-to-day ups and downs; and (d) the engagement in social activities with other members that exceeded the confines of the meetings, which provided additional avenues for support. A detailed description of themes, categories, and supporting codes are presented in Table 2.

TABLE 2
Themes, Categories, and Supporting Codes

Theme	Category and Supporting Code
Unexpected relationship benefits in Alcoholics Anonymous	Relationships with other women Female support Previous female friends One of the guys Relationship with mother Comfort and safety Security Touchstones Feeling understood Accessibility
Unexpected support and activities beyond Alcoholics Anonymous	Support outside of Alcoholics Anonymous Stop smoking Health issues Family Issues Other activities outside of Alcoholics Anonymous Cliques Holiday celebrations Dinner/coffee Camping Dances Friendships outside of meetings

AA's Role in Forging Relationships With Other Women

Although the importance of fellowship in AA was commonly discussed, five of the women specifically mentioned the significance of forming relationships with other women within the theme of relationships. They discussed the value of their female friendships in AA, many of which had been sustained for decades. In particular, the sponsor–sponsee relationship was frequently cited as an avenue of continual and vital female support. It was not uncommon for women to have come into AA without ever having obtained significant female relationships prior to joining. AA often provided the only avenue for women to finally forge essential female friendships that were described using familial terms such as “sisters in sobriety.” Ruth, 54, met me (first author) in her home. She was working as a janitor with 17 years of sobriety in AA. Ruth’s perspective was unique because she grew up in a home with two recovering alcoholic parents who were a part of AA. Ruth drank for 27 years before joining AA, and she stated that once she became a member, she was able to obtain valuable friendships with women that she had previously lacked.

Well, I can tell you that as a woman, I have changed a lot because before I got sober, I didn’t have a whole lot to do with women. I was one of the guys, you know? Since I’ve gotten sober and I work with a lot of women, I’ve really gotten to really love women where I didn’t before. They were competition.

Like Ruth, Beth, 58, also expressed her appreciation for the female friendships obtained in AA. Beth was a professional, had 5 years of sobriety, and drank for about 19 years before she entered AA. When I met her in her home, she expressed frustration about her long commute to work, which severely limited the time she would normally spend at AA meetings. She explained that, unlike Ruth, she did not drink with the “guys.” Instead, she isolated herself and drank alone.

I am very grateful that I’ve had the women in AA. I have so many wonderful friends that are true friends—girlfriends . . . because as a woman who drank at home, finding friends in the fellowship was very important to get me out of the house and form relationships with other women that had a common bond with them.

For many women, the absence of early healthy relationships with other women was problematic. Linda, 52, a professional in the counseling field with 24 years of sobriety, explained that she did not have a particularly strong relationship with her mother, and began drinking as a young teen. She said that she was able to compensate for the lack of a close maternal relationship through friendships with older women in AA.

For me the meaningful thing is being able to have another woman that I can have a really honest and open relationship with. And I feel like some of those women it just so happens have been older and that's really helpful because I don't really have a great relationship with my mom, so having a place where I can have an opportunity to have that unconditional love from another woman [is important].

In summary, for some of the participants, there was an absence of strong female relationships before joining AA. Women cited the ability to form and maintain new female friendships as a major social benefit of participating in the AA program.

General Sense of Comfort and Safety

Through the AA fellowship, and the relationships established through this process, the women found more intimate feelings of comfort and safety. They discussed feeling a sense of security when meeting with their "home group" and being welcomed at meetings by "smiling faces." Rose, 64, a retired political staffer with a prominent career and 27 years of sobriety, shared her happiness and relief upon running into AA members outside of the meetings, describing them as "little touchstones all over town." Likewise, Louise, 81, a retiree with 29 years of sobriety, expressed this sense of security metaphorically: "Whenever I'm in a meeting I feel very safe, very comfortable, sort of like sitting on your mama's lap." Meg, 61, a retiree with more than 14 years of sobriety and a close friend of Rose's, explained that the sense of security even transcended the boundary of the meetings. She stated,

It is interaction, so, if I just feel lonely, and there aren't any meetings at that time that I can go to, I can call somebody up. And that's just interaction, communication with another person who I feel comfortable with.

Likewise, Hannah, 61, a physician with 5 years of sobriety, mentioned being able to "pick up the phone" to speak with other members who "know exactly who you are." Brenda, 56, a case worker, had maintained her sobriety for 27 years. We met at a restaurant where she articulated the uniquely intimate qualities of her friendships in AA: "There's no sniping, there's no insecurity, we're comfortable with each other, and we're at the stage in our lives where we really understand how much we need one another."

In summary, participation in AA provided a sense of support and security that the older women in this study greatly valued. Knowing that supportive members were easily accessible in person or through the telephone at any time of day provided the women comfort and peace of mind.

Support Beyond Sobriety

The AA fellowship provided support for attaining and maintaining sobriety, but the interactions in AA also offered support for other facets of the women's lives that were completely separate from issues of drinking. Louise talked about her AA group's assistance in helping her to stop smoking. Dianne, 69, a retiree with more than 31 years of sobriety, was recovering from a bout with cancer that had rendered her bedridden for several months. She explained how difficult it was maintaining sobriety when she was physically unable to attend meetings. At the time of the interviews, she had regained mobility and was feeling better. She expressed gratitude toward the women in AA for supporting her when she was being treated for her illness: "And of course a tremendous amount of my support came from [the AA experience], and friends that I've had for years, 20 some years, stuff like that."

Dianne further described how her AA friends provided meals and visited her in the hospital. Other participants cited obtaining support in AA through the day-to-day ups and downs. Rose explained, "That group has been with me through parents dying, divorce, crazy sister, work stuff, hip replacement, all the life stuff . . . we sort of get to do life with each other, it's a real community."

In summary, the support offered to the women through the AA fellowship exceeded the confines of sobriety and included support for many other life challenges as well. Women expressed their gratitude for this assistance, considering it another valuable social benefit of AA membership.

Common Activities Beyond AA Meetings

Women described their fellowship activities as extending beyond the rooms of AA. Most commonly mentioned was meeting for dinner, coffee, or dessert after an AA meeting. However, beyond that, the women explained that individuals who joined at similar times formed a "cohort" or "clique" and often socialized as a group outside of AA meetings. Linda stated,

But fellowship is huge, and when we were in [state] I think I told you that [daughter's] dad was really connected and had gotten sober with this group of people about the same age and they became a really great support system and we all did stuff all the time together so I've been a part of that.

Betty, 64, a retiree with 25 years of sobriety, described going shopping with her "AA buddy" and, more significantly, spending Christmas with AA friends listening to Christmas carols. Another, sometimes significant, obstacle that the older women faced was accessing meetings, because some did not drive because of health issues. Once again, the AA fellowship exceeded the meeting boundaries in that other members readily volunteered to pick the

older women up or take them home. Rose discussed going to dances and parties with AA friends, and Dianne mentioned camping and playing sports. Regarding the importance of extracurricular events with other AA members, she said, “It helps, especially early on, it helps you connect . . . with safe people, something in common. Something with people you probably would be friends with anyway.”

Louise maintained a relationship with a fellow AA member long after he moved to another state. She recalled that he still stops to see her on his way to visit family in the north. The relationship encompassed much more than support for sobriety, and Louise is close with his entire family.

In summary, these older women in AA reported participating in activities with fellow members that went beyond the meetings. The women maintained a physical connectedness in many other areas of their lives, ranging from sharing leisure activities to celebrating holidays together.

DISCUSSION

The complexity and prominence of AA friendships in the lived experiences of older women in AA were not asked about or expected (or even suspected), but rather grew organically, first from the interviews themselves and then further crystallized upon interview coding. Although the most important aspect of fellowship was probed, we did not conceptualize fellowship as being a relationship beyond the confines of the AA meetings or transcending the topic of sobriety. Socioemotional selectivity theory suggests that the women in the study would begin to extricate themselves from the types of relationships that they would encounter in AA; however, our results demonstrate otherwise. Through the course of the interviews, it became clear that socializing among this population was not a small advantage, but rather a core benefit of AA membership. Many of the women interviewed are retired and discussed the losses in their lives from divorce or the death of companions (as mentioned previously, of the 14 women, 10 were neither married nor had a life partner). Although they did not directly address how AA helped them remain socially engaged despite these losses, there was a universal sense of gratitude for their involvement in, and social benefits derived from, the program. Moreover, many social activities with non-AA adults involve alcohol, adding a challenge to friendships outside AA and putting a further premium on those friendships inside the program.

IMPLICATIONS FOR COUNSELORS

The relationships that our participants forged in the AA program were intimate, were nourishing, and encompassed much more than just support for sobriety within the meeting boundaries. Havighurst and Albrecht’s (1953; Havighurst,

1961) and Rowe and Kahn's (1987) research demonstrated links between continued social engagement in old age (i.e., activity theory) and successful aging. In support of this theory, the women in this study generally attributed physical health benefits (e.g., sobriety) and mental health benefits (e.g., coping mechanisms, self-confidence, a feeling of acceptance) to their continued involvement with the AA fellowship. Although friendships are likely important across the AA demographic, our study suggests that the relationships forged by this particular population of older women are significant for two reasons. First, socioemotional selectivity theory suggests that these types of friendships are not desired or pursued at this point in the life span, and, second, older women, in particular, can benefit from the avenues for social engagement that encompassed all aspects of their lives.

Counselors and other professionals working with older female clients struggling with alcoholism might wish to discuss AA's social benefits and their links to successful aging. In addition, counselors might emphasize the social benefits of other types of support groups and encourage clients to actively pursue what might otherwise be a missed opportunity for establishing friendships. Counselors engaged in group counseling, especially groups associated with older women, addictions issues, or both, might wish to emphasize the social component of the group beyond the counseling realm. Encouragement may be offered for members of the group to meet between or beyond therapy sessions. For individuals who are introverted, are shy, or find socializing difficult, a "prescription" from a counselor or health care professional to seek friendships from within the group might ignite a social network that inertia would have otherwise precluded.

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