

LBRIS

We know
books

Adriana Lavinia Bulumac

**ALCOHOLICS ANONYMOUS (AA)
AFFILIATION AND RECOVERY
OUTCOMES IN ROMANIA**



TRITONIC

Tritonic Books

București | 2025

Table of Contents

Alcoholics Anonymous (AA) affiliation and recovery outcomes in Romania	9
--	---

Chapter 1:

Background.1.1 Brief introduction to AA – AA history and the US cultural context.	13
1.2. AA as a US phenomenon.	21
1.3. AA outside of the US, AA's expansion elsewhere.	23
1.4. AA in Europe.	24
1.5. Romanian cultural context-attitudes towards alcohol, alcoholism, addiction treatment, recovery, and AA.	27
1.6. AA in Romania.	29

Chapter 2:

AA in Romania – AA's birth and development in the context of the communist regime.	35
Alcoholics Anonymous (AA) in Romania: AA's beginnings in Romania, a qualitative study	35

Chapter 3.

Motives and motivation behind attaining and maintaining sobriety within participants of Alcoholics Anonymous (AA) mutual-help groups in Romania.	59
Psycho-social factors behind attaining and maintaining sobriety within participants of Alcoholics Anonymous (AA) mutual-help groups in Romania, a qualitative study.....	59

Chapter 4.

AA in the context of the COVID-19 pandemic.	79
The influence of affiliation to Alcoholics Anonymous (AA), perceived stress, and length of sobriety on recurrence of alcohol craving and obsession and relapse during the COVID-19 pandemic in Romania.....	79

Chapter 5:

Affiliation to Alcoholics Anonymous (AA) community, differences between highly AA affiliated individuals and low/non-affiliated individuals- a qualitative study 109

Chapter 6:

Conclusions and Implications. 135

6.1. Conclusions and Implications. 135

6.2. Strengths and limitations 139

References 141

Alcoholics Anonymous (AA) affiliation and recovery outcomes in Romania

Abstract

Background: While Alcoholics Anonymous (AA) is one of the most popular and effective recovery methods from alcoholism, there is still little known about AA and the disease concept of alcoholism in Romania, despite the growing number of individuals suffering from alcohol addiction. In this context, affiliation to AA was found to have positive recovery outcomes and studies have tried to identify specific characteristics of individuals who successfully affiliate with AA but failed to create an intricate profile of successfully affiliated individuals. **Aim:** The purpose of this project was (1) to document the evolution of AA in Romania, (2) explore the intrinsic and extrinsic motivation of AA attendees from Romania to attain and maintain abstinence, (3) to investigate the influence of affiliation to Alcoholics Anonymous (AA), perceived stress (PSS), and length of sobriety on recurrence of alcohol craving and obsession and relapse during the COVID-19 pandemic in Romania, and (4) to identify differences between low/non-affiliated and highly affiliated individuals in order create an intricate profile of the successful AA affiliate. **Methods and Results:** (1) To trace the evolution of AA in Romania a qualitative study was conducted between March and April 2021 and included 7 participants, early AA members who witnessed and facilitated the development of AA in Romania. Interviews and archival research were used to collect the data. Content analysis was employed aiming to obtain a comprehensive synthesis of the data. Results unveiled the founding moments of AA in Romania, as well as the barriers that AA has faced

since its establishment in 1991, which slowed down its development. (2) To explore the motivation of individuals with alcohol addiction to attain and maintain abstinence a qualitative study was employed. Data were analysed using thematic analysis. Themes related to intrinsic motivations to become sober emerged as a much stronger theme among alcoholics who desired and maintained their sobriety than extrinsic factors. The most common intrinsic motivations were low self-esteem, dissatisfaction with alcohol consumption, and an internal desire to change. Extrinsic motivations, while not as preponderant as intrinsic motivations, included family pressure on the individual to change and the recommendations of physicians. The extrinsic motivation turned into intrinsic motivation as alcoholics' sobriety grew. (3) To investigate the influence of affiliation to Alcoholics Anonymous (AA), perceived stress (PSS), and length of sobriety on recurrence of alcohol craving and obsession and relapse during the COVID-19 pandemic in Romania, a convenience sample of individuals suffering from alcohol addiction from Romania who attend AA meetings (n=107, 69 men and 38 women) completed an online questionnaire in October 2020. In addition, a comparison was made between the level of affiliation to AA and AA attendance before and after the COVID-19 pandemic began. Multiple logistic regression analysis was performed to investigate whether affiliation to AA, perceived stress, and length of sobriety had influenced the recurrence of craving and alcohol obsession and relapse during the COVID-19 pandemic. A paired samples *t*-test was performed to evaluate whether there were any differences between the level of AA affiliation and AA attendance before and after the COVID-19 pandemic began. Results indicated that affiliation to AA 12 months before the COVID-19 pandemic started (AAA), perceived stress in the last 9 months since the COVID-19 pandemic started (PSS) and length of sobriety are predictors

of both relapse (together the three predictors accounted for 89.7% of the variance in relapse) and recurrence of alcohol craving and obsession during the COVID-19 pandemic (together the three predictors accounted for 81.3% of the variance in recurrence of alcohol craving and obsession). Surprisingly, length of sobriety was found to be a significant predictor over and above AAA in the past 12 months before the COVID-19 pandemic started in both regression models. In addition, the level of AA affiliation and AA attendance after the COVID-19 pandemic started decreased compared to the level of AA affiliation and AA attendance before the COVID-19 pandemic began, with a very small effect size, respectively with a small effect size. (4) To identify the differences between low/non-affiliated and highly affiliated individuals and create an intricate profile of the successful AA affiliate, using a qualitative approach. The project was developed between March and June 2021. A purposive sample of participants from the Romanian AA groups was recruited and included 24 participants, 12 low/non-affiliated and 12 highly affiliated individuals from the overall number of individuals participating in the main project (n=155). In-depth interviews were employed using a semi-structured interview guide and thematic analysis was used to obtain a comprehensive synthesis of the data. Results showed that highly affiliated individuals have the following common characteristics: identify themselves as AA members are sober, have worked the 12 Steps, are satisfied with their lives, experience a state of well-being, accept the Higher Power, have hit the bottom, have a strong desire for abstinence, attend AA meetings on a regular basis, and are committed both to AA, and their sobriety. However, perception of self as an AA member, and positive religious coping seem to be common characteristics of both highly and some of the low/non-affiliated participants.

Keywords

Alcoholics Anonymous (AA); AA History in Romania; Intrinsic and Extrinsic Motivation for Abstinence; Perceived Stress, Length of Sobriety, Recurrence of Craving and Alcohol Obsession, Relapse; Affiliation to AA, Low AA Affiliation, High AA affiliation, Recovery Outcomes.

CHAPTER 1:

Background.1.1 Brief introduction to AA - AA history and the US cultural context.

While Alcoholics Anonymous (AA) is one of the most frequently used as well as one of the most successful treatment methods for recovery from alcohol dependence (Trice & Roman, 1970; Groth et al., 2007), the effectiveness of AA has been proven by numerous studies (Trice & Roman, 1970; Pisani et al., 1993; Montgomery et al., 1995; Humphreys et al., 1997; Longabaugh et al., 1998; Ouimette et al., 1998; Cloud et al., 2004; Kaskutas, 2009). In this regard, one of the most recent reviews of Alcoholics Anonymous and other Twelve-Step programs for alcohol use disorders has demonstrated that „Alcoholics Anonymous/ Twelve-Step Facilitation (AA/ TSF) is superior to other well-established treatments when it comes to increasing abstinence and is at least as effective as other well-established treatments for other alcohol-related outcomes such as drinking consequences, drinking intensity, and addiction severity” (Kelly et al., 2020a, p. 33).

AA has saved the lives of millions of individuals suffering from alcoholism since its beginning and its approach towards alcoholism has changed the way we currently perceive alcoholics and alcoholism itself (Trice & Staudenmeier Jr.,

1989). Historical research claims that „among the treatments and rehabilitation efforts employed with alcoholics, affiliation with Alcoholics Anonymous yields one of the highest rates of treatment success, if <<success>> is defined as the return to adequate role performances in social institutions” (Trice & Roman, 1970, p. 51). Moreover, it seems that affiliation with AA is associated with the highest success rates for alcoholism treatment when success is not defined only by alcohol abstinence, but also by the return of alcoholics to an appropriate role in social life (Trice & Roman, 1970). The AA recovery method is used as a substitute for hospitalization as well as a support therapy after detoxification in specialized centers and is represented by local AA mutual-help groups (Trice & Roman, 1970). Affiliation to AA was subject to numerous attempts of operationalization, and although it was initially defined by the number of AA meetings an alcoholic attends (Trice & Roman, 1970), more recent research found 3 core elements associated with recovery from alcohol dependence and affiliation to AA: participation in AA meetings, number of completed AA steps, and one’s identification as AA member (Cloud et al., 2004). Alcoholics who affiliate with AA seem to be different from those who don’t; „affiliates appear to be distinctive in personality, perceptual style, cognitive style, social functioning, values, attitudes, beliefs, drinking history and drinking problems, and demographic characteristics” (Ogborne & Glaser, 1981, p. 670).

AA is a worldwide international mutual-help organization (Humphreys, 2000) composed of recovering alcoholics whose aim is to maintain their sobriety and to support those who still struggle with alcohol addiction to attain and maintain sobriety. As the AA cofounders defined it, „Alcoholics Anonymous is a fellowship of people who share their experience, strength, and hope, to solve their common problem and help others recover from alcoholism” (Alcoholics Anonymous, AA Grapevine,

Preamble, 2021, para. 1). The founders of AA, Bill W. and Doctor Bob, refer to AA as a fellowship, not as an organization (AA Grapevine, Preamble, 1946; AA Grapevine, Preamble, 2021). While initially, the requirement to become an AA member was „the honest desire to stop drinking”, presently AA’s „only requirement for membership is a desire to stop drinking” (Alcoholics Anonymous, AA Grapevine, Preamble, 2021, para. 2). Moreover, it seems that in the early years of AA, those who wanted to join AA were interviewed and only then they were allowed to join the fellowship (Kurtz, 2010). When it comes to AA’s internal organization, the AA Preamble (1946, 2021) clarifies aspects related to finances („AA does not charge any dues or registration fees, it is financed by its own contributions.”), organizational („AA is not affiliated with any sect, religious or political formation, organization or institution.”), and external relationships matter („AA does not want to engage in any controversy, does not support or contest any cause”) (Grapevine, AA Preamble, 1946, para. 2).

The main purpose of AA is to maintain the sobriety of its affiliates and support newcomers to attain sobriety. Anyone who struggles with alcohol problems can attend AA meetings and those who want to affiliate with Alcoholics Anonymous, declare themselves as AA members. The help Alcoholics Anonymous offers to alcohol-addicted individuals who honestly wish to attain sobriety comes through AA mutual-help groups, the 12 Steps program, AA literature, and sponsorship.

The story behind the foundation of AA begins in the early 1930s when a man suffering from alcohol addiction, named Rowland H., asked for help from Carl Jung, a well-known Swiss psychoanalyst, to cure his addiction. Jung told Rowland that his condition was hopeless and that he had never seen someone like him recover from alcoholism by medical means. The psychoanalyst mentioned there were certain rare exceptions

in cases like his when alcoholics beyond hope undertook vital spiritual experiences that seemed to result in a total mental change, relieving them from their obsession with alcohol and bringing them peace. He suggested attending the Oxford Group movement meetings. Rowland H. became sober and introduced other alcoholics to the group, amongst them a former schoolmate of Bill W. (a currency trader living in New York), and Vermonter Edwin who became sober as well by practicing the spiritual principles promoted by the Oxford Group movement. The spiritual principles of the Oxford Group movement were called the „Four Absolutes: absolute unselfishness, absolute honesty, absolute purity, and absolute love” (Kurtz, 2010, p.28). Edwin knew about Bill’s alcohol addiction and about his numerous unsuccessful attempts to recover and decided to pay him a visit aiming to pass on the message of hope. Back then, Bill W. was 39 years old and had already been admitted to the medical treatment at Towns Hospital in Manhattan to recover from alcoholism but he wasn’t able to stop drinking and had lost hope. Although Bill W. was impressed by his schoolmate’s transformation, he was not convinced that Edwin’s message of hope was the solution to his problem and jumped into his last alcohol binge drinking. Not long after, Bill W. returned to medical treatment at Towns Hospital in Manhattan where, lying on the floor, trembling, and suffering from alcohol withdrawal, he finally decided to surrender his will and life in the hands of God. Following his total surrender and acceptance of hopelessness, Bill W. undertook a powerful spiritual experience that relieved him of his depression and alcohol addiction. At first, he started to doubt his sanity and told Dr. William D. Silkworth about his spiritual experience, asking for his opinion. The doctor told him he was completely sane and advised him to hang on to his experience to maintain his new state of mind and to remain sober. During his stay at Towns Hospital,

his schoolmate Edwin came to visit him again and brought him a copy of *Varieties of Religious Experience*, by William James (Kurtz, 2010). Bill W. became sober and maintained his sobriety alone for a few months trying to help other alcoholics attain sobriety. His attempts to help other alcoholics had no results but to maintain his own sobriety. A few months later, Bill W. found himself in Akron, Ohio, on a failed business trip fearing he might relapse. He then felt he had to talk with another alcoholic to maintain sobriety and after many failed attempts he met Doctor Bob (a surgeon from Akron, Ohio) (Kurtz, 2010; Alcoholics Anonymous World Services, Origins, 2023). Inspired by the Oxford Group movement and the book written by William James (a well-known figure of American psychology), *Varieties of Religious Experience* about spiritual awareness, Bill became convinced that to find a solution to alcoholism it was necessary to believe and rely on a Higher Power, to perform a moral inventory based on one’s defects of character, to confess and repair the wrongs he did and to share his experience with other alcohol addicted individuals. He came to believe that only someone who suffers from alcoholism can help other alcoholics recover from this disease. In addition, Bill W. had the support of Dr. William D. Silkworth, an alcoholism specialist who taught him the true nature of the disease of alcoholism. (Alcoholics Anonymous World Services, Origins, 2023). Dr. William D. Silkworth was the first physician to tell Bill W. alcoholism „is not just a vice or a habit. This is a compulsion, this is pathological craving, and this is a disease!... An obsession of the mind that condemns one to drink and an allergy of the body that condemns one to die” (Kurtz, 2010, p. 22).

Founded in 1935 in Akron, Ohio, USA, by William Griffith Wilson (Bill W., the AA name), and Robert Holbrook Smith (Doctor Bob, the AA name), both recovering alcoholics, AA was the result of their experience in treating their common