

# COMMUNITY NARRATIVES AND PERSONAL STORIES IN ALCOHOLICS ANONYMOUS

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*Storytelling is an extremely common activity in the spiritually-based mutual help organization Alcoholics Anonymous (A.A.). This paper describes the typical content, function(s), and structure of five types of A.A. stories, devoting particular attention to the interplay between the A.A. community narrative and the life stories of individual members. The information presented here suggests that a narrative point of view can fruitfully guide future investigations of mutual help organizations at multiple levels of analysis. © 2000 John Wiley & Sons, Inc.*

This study is an empirical response to recent calls for mutual help group researchers to explore the utility of narrative research approaches (see Mäkelä, 1993; Rappaport, 1993). In keeping with the goals of this special issue, this article focuses specifically on the content, structure, and function of stories in the spiritually-based mutual help organization Alcoholics Anonymous (A.A.). To help demonstrate the importance of narrative ideas to multilevel mutual help group research (Mankowski & Rappaport, 2000; Maton, 1993), particular attention will be paid to the interplay between the community narrative of A.A. and the personal life stories of individual A.A. members.

As is well known, A.A. is a mutual help (also known as "self-help") organization for individuals with serious drinking problems. Since its founding in Akron, Ohio in 1935,

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A.A. has grown into a multinational organization with two million members. A.A. members meet in groups of anywhere from a handful to a hundred members, and typically stay in regular supportive contact between meetings via a buddy system known as "sponsorship." Like other self-help organizations, A.A. is free of charge and is operated entirely by its own members.

A.A.'s world view and approach reflect both its founders' involvement in an Evangelical Christian organization known as the Oxford Group, and the rising influence of existentialist ideas in American life during the organization's formative years (Kurtz, 1982). A.A. conceptualizes alcoholism as a spiritual and moral problem. Specifically, A.A. maintains that alcoholism is rooted in self-centeredness and grandiosity, as evidenced by behaviors such as refusing to admit shortcomings (e.g., inability to control alcohol consumption) and ignoring the needs and feelings of other people. The goal of recovery in A.A. is a state of spiritual peace, humility, and acceptance, known as "sobriety." Hence, in A.A., cessation of alcohol consumption (termed being "dry") is only the first step of the recovery process. According to A.A., sobriety can be attained if alcoholics accept their human limitations and come to believe in a spiritual "Higher Power." Although the word "God" is used in A.A., and many members in the U.S. understand it in Christian terms, the definition of "a spiritual higher power" varies enormously across members and countries (Mäkelä et al., 1996).

To aid members on the spiritual journey to sobriety, A.A. offers a fellowship, as well as its "Twelve Steps": a program of abstinence from alcohol, acceptance of being alcoholic, honest self-examination, atonement for past wrongs, spiritual reflection, and service to other alcoholics. A.A.'s primary status as a program of spiritual growth rather than only a form of alcoholism rehabilitation is apparent in that seven of the twelve steps refer to spiritual transformation, whereas only one mentions alcohol. Hence, although A.A. can be conceptualized and researched as an intervention for reducing alcohol consumption (see Emrick, Tonigan, Montgomery, & Little, 1993, for a review), it can also be reasonably approached as a spiritually-based community and way of living (Antze, 1987; Denzin, 1987; Miller & Kurtz, 1994), as in the present study.

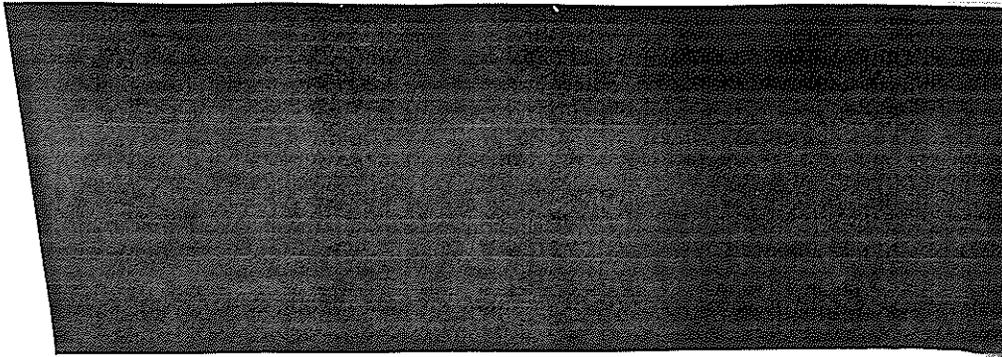
If one views A.A. as a spiritually-based community rather than solely as a clinical intervention, one will quickly observe that A.A. is brimming with stories. The majority of A.A.'s primary text (putatively entitled *Alcoholics Anonymous* but referred to almost universally as "*The Big Book*," A.A., 1976) is made up of the stories of its members. During meetings, successful affiliates tell the story of their recovery. In the course of helping new members through difficult times, sponsors frequently tell parts of their own or others' stories to make the points they feel a neophyte A.A. member needs to hear. Stories are also circulated in A.A. through the organization's magazine, *Grapevine*.

The present narrative research project is intended to enhance the understanding of storytelling within the A.A. community. In doing so, this study will also provide initial empirical information on the utility of narrative approaches to mutual help research more generally.

## METHOD

To understand community life and community research, one has to know what happened "before the beginning" (Sarason, 1972). As other authors in this special issue could attest (e.g., Mankowski and Thomas), this is particularly true in narrative research, for one has often been immersed in the community of interest for some time before a

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formal “stories research project” is announced, or even conceived. Recognizing this reality, I divide my description of methods based upon whether I employed them before or after I decided I was doing “stories research,” and would not maintain that the formal phase of the research was necessarily more informative than that which preceded it.

### *Before the Beginning*

During the conduct of a longitudinal study of substance abuse mutual help groups (see Humphreys, Mavis, & Stoffelmayr, 1991, 1994), I visited A.A.-oriented substance abuse treatment agencies and interviewed many substance abusers, a number of whom were A.A. members. Having never met A.A. members before this time, I was frequently inquisitive about what they believed and how they lived their lives. I am not an A.A. member, but over time came to be known as “A.A.-friendly,” which resulted in more members disclosing their alcoholism and personal story to me. After approximately 3 years of such interactions, I had memories of my favorite stories and definite ideas about A.A., but no formal data or notes.

### *After the Beginning*

In 1991, The Stories Research Group at the University of Illinois Department of Psychology decided to do a panel presentation on stories at a professional conference, thereby formally initiating this stories research project. I already had ideas about A.A. stories based on what I had learned before the beginning, and used the relationships created at that time to refine them. I approached A.A. members I knew well and said that I was writing a paper on A.A. stories for a professional conference. This usually initiated a discussion of the merits and limitations of my, and their, ideas on the subject.

To help me in the project, many members related some of their stories informally. One member gave me a copy of *Twelve Steps and Twelve Traditions* (A.A., 1953), another brought me to his A.A. meeting, and three others allowed me to tape-record the full-length (60–90-minute) version of their drunk-a-log (defined below) for more intensive study. A.A. members (including every member quoted in this paper) also critiqued previous drafts of this article. Many of my A.A. collaborators spontaneously expressed enjoyment at reading the article and telling their stories.

## RESULTS AND DISCUSSION

### *Basis of Categorizing Story Types*

The five types of stories discussed here are labeled as such because of their distinct content, structure, and apparent function(s). This system of story categorization is presented neither as an objective reality nor as the final word: Researchers find it useful to divide community life into categories, but no community finds it useful to live in such constricted spaces. For example, storytellers often embed one story type within a different type of story (e.g., when making a digression), or intentionally take the tone or structure from one type of story and apply it to another’s content to achieve some desired effect. Further, listeners sometimes interrupt other’s stories and thereby change their content, structure, or function midstream. Hence, the typology presented here is pre-



sented as a heuristic aid to understanding rather than as a perfect reflection of how stories are actually told (or written) and heard (or read) by A.A. community members.

### *Story Type 1: The Drunk-A-Log*

The drunk-a-log is the most important story form in Alcoholics Anonymous and hence will be discussed here at greater length than the other four story types. "Drunk-a-log" is a term A.A. members use to describe their personal account of descent into alcoholism and recovery through A.A. In the words of A.A. members, a drunk-a-log explains "what we used to be like, what happened, and what we are like now." These stories, which sometimes last over an hour, are told primarily in speaker's meetings, open meetings, and in conversations with sponsors. They also constitute the bulk of A.A.'s primary text, the *Big Book* (A.A., 1976).

Experienced A.A. members will sometimes give a synopsis of their drunk-a-log at meetings:

My name is S and I'm an alcoholic. I'm glad to be here today. I had my ninth anniversary last week and I've been thinking a lot and marveling that I made it this far. Twenty years ago, I never would have imagined I'd be grateful just to be at a meeting and be sober—no sir I had prospects, I had visions of grandeur! [Group laughter]. I majored in booze and I still graduated near the top of my class. I spent eight years in the navy, made Chief Petty Officer, got commendations and citations, the works. I was always laughing at the superior officers, because I thought I was a better soldier when I was drunk than they were sober. If that was ever true it wasn't true for very long. Good soldiers don't throw up when they stand at attention, and they don't hide Russian hooch in their locker either. I lied and denied for years, like I was a five star Chief Petty Officer [Group laughter] who didn't have to explain himself to anyone. But when I missed the ship because I was laying in the drunk tank in a jail where no one but me spoke English I didn't have any excuse any more. I lost everything—the service, my pride, my buddies. That broke me, but that's why I'm sober and here today, so I'm grateful to my Higher Power and you all for making it happen. Thanks. [42-year-old man, field observation, 7/22/89]

Rappaport (1993) has noted that in church communities and in GROW (a mutual help organization for persons with chronic, severe mental health problems), cross-person similarity in life stories is present because community narratives shape individual community members' personal stories. This same observation holds in A.A. Although members' drunk-a-logs have unique features and emphases (see Aaltonen & Mäkelä, 1994), as a group they are strikingly similar in many respects.

Members typically begin telling their drunk-a-log by describing their initial involvement with alcohol, sometimes including a comment about alcoholic parents. Members often describe early experiences with alcohol positively, and frequently mention that they got a special charge out of drinking that others do not experience. As the story progresses, more mention is made of initial problems with alcohol, such as job loss, marital conflict, or friends expressing concern over the speaker's drinking. Members will typically describe having seen such problems as insignificant and may label themselves as having been grandiose or in denial about the alcohol problem. As problems continue to mount, the story often details attempts to control the drinking problem, such as by avoid-

ing drinking buddies, moving, drinking only wine or beer, and attempting to stay abstinent for set periods of time. The climax of the story occurs when the problems become too severe to deny any longer. A.A. members call this experience "hitting bottom." Some examples of hitting bottom that have been related to me include having a psychotic breakdown, being arrested and incarcerated, getting divorced, having convulsions or delirium tremens, attempting suicide, being publicly humiliated due to drinking, having a drinking buddy die, going bankrupt, and being hospitalized for substance abuse or depression. After members relate this traumatic experience, they will then describe how they came into contact with A.A. or an A.A.-oriented treatment facility.

Functionally, drunk-a-logs help storytellers incorporate aspects of the A.A. world view into their own identity and approach to living, as a member with 7 years' sobriety describes:

People tell their drinking story at speaker's meetings and at open meetings. People don't usually tell their story at a closed meeting unless they need to hear it themselves. I guess I used to do that, just to remind myself that I was an alcoholic and I needed to be in A.A. [40-year-old man, field conversation, 12/30/91]

Composing and sharing one's drunk-a-log is a form of self-teaching—a way of incorporating the A.A. world view (Cain, 1991). This incorporation is gradual for some members and dramatic for others, but it is almost always experienced as a personal transformation. Assuming a role and making a public argument in support of it increases the speaker's identification with that role (Petty & Cacioppo, 1981). Thus, each time a member says "I am an alcoholic" and tells a story about his or her alcoholism in front of the group, that identity becomes more firmly incorporated.

At a more complex level, members learn to construct their drunk-a-logs in such a way that they parallel A.A. philosophy about alcoholism. As Cain (1991) has demonstrated, over time, the drunk-a-logs of A.A. members become more and more similar to those reported in *The Big Book*, and more and more exemplify the ideology of A.A. This process of construction brings the member's life story<sup>1</sup> more fully into harmony with the A.A. community narrative, and is one of the more dramatic examples of how a community-level phenomenon (the A.A. narrative) influences individual-level phenomenon (a member's life story) in mutual help groups. As a result of this process, the structure of members drunk-a-logs is usually similar in that A.A. theories about alcoholism and the world are supported. For example, most drunk-a-logs confirm such central A.A. tenets as, "Only an alcoholic can understand an alcoholic," "You cannot control alcoholism," and "Our self-will can run riot and destroy us if we do not surrender to a Higher Power." The continuous recitation of such a story provides the speaker with a rich set of examples to support the A.A. view, and may elaborate it further as the member learns more about A.A.

<sup>1</sup>To say that A.A. members' personal life stories are constructed is not to demean them by calling them inaccurate. The narrative point view is sympathetic to the social constructionist argument that building identity through a life story is a creative and subjective process (Mankowski & Rappaport, this issue). Drinking careers are typically lengthy and shrouded in alcohol-fogged memory, so A.A. members have no choice other than to construct their drunk-a-logs out of what they can recall in a way that is meaningful to themselves and their group. Even for nonalcoholic individuals with excellent memories, a perfectly accurate life story is probably unattainable (Ross, 1989)—and undesirable!

At the individual level, drunk-a-logs can also help members resolve past trauma. Being an actively drinking alcoholic often causes great suffering for alcoholics and those around them. By the time alcoholics come to A.A., they usually have shame, guilt, and many regrets about past transgressions, and feel alienated from those around them. According to an A.A. member with 11 years of sobriety, the telling of the drunk-a-log is an antidote to these feelings:

To me, telling my story gave me an incredible feeling of being accepted by a group. All these awful things I had inside didn't have to be secrets any more. When the group accepted my story, all the shame I had melted away. [50-year-old woman, field conversation, 3/19/92]

In his writings of self-help and on psychopathology, O. Hobart Mowrer discussed the role of the "pathogenic secret" in maintaining human suffering, particularly isolation from one's community. According to Mowrer and his colleagues (Mowrer, Vattano, Baxley, & Mowrer, 1975), mutual help groups provide a context for expiation of such secrets and the community acceptance that promotes health and integrity. The experience of A.A. members who tell drunk-a-logs support this argument, as the quote above illustrates.

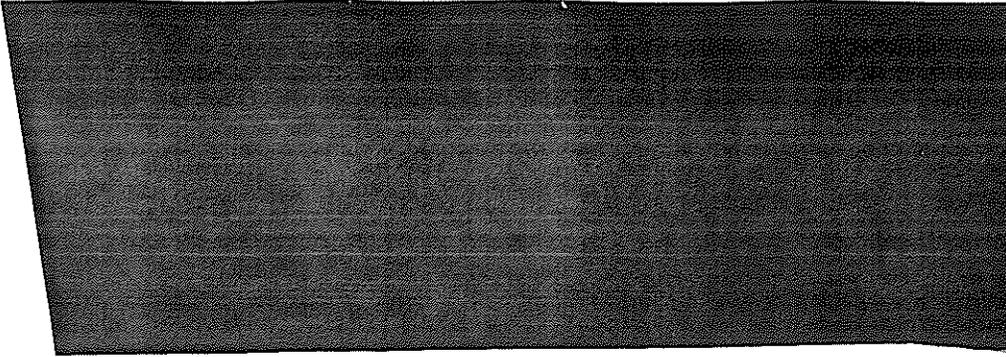
Denzin (1987) has argued that another therapeutic benefit of becoming a storyteller in A.A. is that it solidifies the break with the old drinking self by making it the subject of the recovering self's stories. By turning their past into a story (i.e., a drunk-a-log), alcoholics gain power and reflexivity over their alcoholic experiences. The experiences of the old self are thus reinterpreted in the new self's frame, bringing those experiences into A.A.'s interpretive ambit. The self-reflection that was desperately needed but lacking in the days of drinking becomes routinized in the days of recovery through the process of storytelling.

Finally, the telling of drunk-a-logs performs an important organizational maintenance function: hooking newcomers. Following the approach many spiritual teachers have used with neophytes, A.A. prefers storytelling to dry expositions of its philosophy (Kurtz & Ketcham, 1992). The audience for drunk-a-logs often includes people who are new to A.A. The purpose of relating drunk-a-logs to potential A.A. members is to get listeners to see commonalities between their own experience and that of the speaker. This purpose of the stories of A.A. members is explicitly stated in the preface to *The Big Book* (A.A., 1976):

If you have a drinking problem, we hope that you may pause in reading one of the forty-four personal stories and think: "Yes, that happened to me"; or more important "Yes, I've felt like that"; or most important, "Yes, I believe this program can work for me too." (p. xii).

Thus, *The Big Book* (A.A., 1976) shows the reader that his or her individual life story has a place in the A.A. community's narrative on alcoholism. Potential A.A. members may also experience this realization when they are "12-stepped" by an experienced A.A. member:

Due to my drinking I was going through violent swings, and they put me on the third floor (psychiatric care ward). They took me up there and gave me thozazine to calm me down. Somebody came from A.A. to visit and he 12-stepped me—he talked to me about his stuff and I remember getting on the edge of my seat listening to this guy. All of a sudden I was talking real fluently with him. I just talked like I'm talking to you and I seen myself. I became aware of what I



was doing. It came to the point where he said he was alcoholic and I was electric, man, when I realized I was alcoholic.

Interestingly, this same alcoholic had heard the A.A. narrative once before, but was affected quite differently:

My alcoholic uncle got out of treatment for the second time and we were sitting in my mom's kitchen and he was 12-stepping me and telling me he thought my problem was drinking. I got up from the table and told him to go fuck himself!  
[36-year-old man, field conversation, 12/21/91]

Why an A.A. member's story can be so effective in one context and ineffective in another is a tantalizing question, the answer to which is not well understood—even by long-time A.A. members. Within A.A., the reasons offered for why some actively drinking alcoholics fail to listen to an A.A. member have little explanatory value and often employ circular reasoning: "It's a mystery," "He must not be ready yet," "She just hasn't hit bottom yet," or "It will work out the way it's supposed to." Whether social scientific inquiry could determine what makes an alcoholic receptive to hearing an A.A. story is a provocative but unanswered question.

### Story Type 2: The Serial Story

Mankowski and Rappaport (2000) point out that one must engage in participant observation research to understand certain types of community narratives. This is particularly true in the case of one of A.A.'s story forms: the serial story. Serial stories are multi-vocal, and as they are told, the community narrative and individual life stories interact dynamically and visibly. This form can be heard in meetings that focus on particular steps or problems. Once the focus is determined, each member gives a brief account of his or her experience with the topic. Speakers often agree with or elaborate on the accounts of previous speakers, thus building a community narrative on the meaning of the topic for A.A. members. The following excerpt from an A.A. meeting illustrates this process:

Chair: Who wants to give us a topic?

A: My name is A, I'm an alcoholic. I'd like to talk about stinking thinking. It's been hot out lately and I've been working a lot in the yard. I start thinking about how nice it would be to have an ice cold glass of beer. I haven't done anything, but I can't stop thinking about it.

B: My name is B, I'm an alcoholic. That is stinking thinking. That kind of thinking is one step away from your next drink—and that is your next drunk.

C: My name is C, I'm an alcoholic. I've been sober for 12 years and I still have times like that. That's when I call someone or read *The Big Book*. You just can't dwell on it.

D: My name is D, I'm an alcoholic. Bill W. said the desire to drink would come back, even if you were working the program. It's just who we are. As long as you are sober you are doing the right thing.  
[Field observation, 4/19/92]

One could characterize what these A.A. members are doing as weaving a narrative about what "stinking thinking" means in their community (Denzin refers to this as "the

prose of the group"). As members contribute to the community narrative, a sense of continuity and connectedness can develop between them and A.A. In the telling of such multivocal narratives, members' personal stories and outlooks are shaped by the group. Cain (1991) has observed that when A.A. members speak, they are likely to comment upon a previous speaker's remarks if those remarks were in line with the A.A. view of alcoholism and ignore those that weren't (unless a directly challenging remark is made). Thus, in the telling of a serial story, each member gets more social reinforcement for adding a verse that is consonant with the community narrative. This process makes the serial story form a powerful socialization tool. If members are unable to shape their story to the community narrative, they may find other members staring out the window, lighting cigarettes, or looking at *The Big Book* while they speak. A series of such experiences may make a member either drop out or begin to contribute more consonant themes to the prose of the group.

### *Story Type 3: The Apologue*

An apologue is a narrative that gives an explanation for why a particular procedure or tradition is present in the A.A. community. A.A. has organizational rules that members and groups follow. Most of these rules are presented in the A.A. book *Twelve Steps and Twelve Traditions* (1953), whereas others are common knowledge to long-time members. In both texts and meetings, these rules and traditions are justified with references to stories about where they came from and why they should be followed. A field observation recorded by Denzin (1987) provides an example. An A.A. member (denoted M), arrives 5 minutes late to a meeting and sees that only one other person, (denoted D), is there.

M: Do you want a meeting? You know two alcoholics can have a meeting if they want to. Remember Bill W. and Dr. Bob? That first meeting was just the two of them.

D: Yes, I do. I remember that story. I heard it in Chicago. I need a meeting. I've only had two this week. I'll chair if you read "The Thought for the Day" and "How it Works." (p. 93)

In this interaction, there was no need for a legalistic discussion about whether a meeting could occur. Rather, a well-known apologue was cited as sufficient reason to assume that two members could have a meeting on their own. Interestingly, the part of the community narrative that was cited was at one time the personal story of A.A.'s founders, Bill W. and Dr. Bob. This illustrates the reciprocal influence of personal stories and community narratives in A.A.: Some individuals' personal stories are adopted into the community narrative, which in turn shapes the personal stories of future members.

Another account of the function of apologues was offered by an A.A. member who was explaining why meetings are always closed with the Lord's Prayer:

When I was down in Memphis, I remember hearing people say that before they got into the practice of closing with the Lord's Prayer, meetings would just go on forever. No one knew how to wrap things up so people just talked and talked and talked. So they decided the Lord's Prayer would be a good way to close. You know, I don't even know if that story is true or if it is just one of those things that gets passed on. But it tells me the rule is based on someone's experience,

and A.A. is about sharing experience, strength, and hope. [44-year-old woman, field conversation, 4/13/92]

A.A. philosophy opposes the arrogant imposition of rules by a leader. Apologues, which fill the *Twelve Steps and Twelve Traditions* (A.A., 1953), and are also heard around the tables, assure everyone that the traditions are based in common-sense experience and are not simply handed down from on high without justification.

#### Story Type 4: Legends

Some stories in A.A. are not about the speaker or anyone else at the meeting. Rather, they are perhaps apocryphal tales of miracles worked by the program, the amazing experiences and abilities of the founders, or the disasters of people who have left the program. Legends have a common purpose, which is to build faith, admiration, and gratitude into members' experience of A.A. as a whole. An old-timer told one such legend at an A.A. meeting, as a general warning to those who think they no longer need A.A.:

I knew a guy who sobered up with A.A. and came to meetings for 20 years. A real old-timer. Then he decided he had his problem licked and he didn't need A.A. anymore. The next time anyone saw him he was as drunk as he had ever been. I always try to remind myself of that. I need to, even though I've been sober for 23 years. [70-year-old man, field observation, 5/5/91]

An A.A. miracle story was related by a man with 10 years' sobriety:

My favorite A.A. story is about this woman who went on a 12th-step call. She picks up this drunk, you know, and she gets a cab to take him to a treatment center. So she's there in the back of the cab 12th-stepping this guy and telling him about A.A. She drops him off at the detoxification center and then never sees him again. But about a week later she's waiting for a meeting to start and the cab driver walks in and says "Lady, I heard every word you said." [35-year-old man, field conversation, 12/12/91]

Although too lengthy to reproduce here, the A.A. community also has legends about unnamed members that are recorded in *The Big Book*, and in *Came to Believe* (A.A., 1973), which is a compendium of personal accounts of spiritual experiences. Although these stories, like those in religious texts such as the *Butler's Lives of the Saints* series, certainly are based in real experiences, they "fairly glow with the luster of repeated tellings" (Antze, 1987). Like other legends, they engender awe in the program and a sense of belonging to a valuable community.

Like certain apologues, legends demonstrate that individual-level life stories influence the A.A. community narrative. If a person's life illuminates and enhances the A.A. narrative, it may be adopted by a particular group, city, or in A.A. as a whole (as in the personal stories which compose the *Big Book*). Personal stories that do not clearly fit into a self-help organization's world view will eventually disappear from the community's narrative, as did the discordant personal stories that were deleted from Al-Anon's (a 12-step organization devoted to helping the families of alcoholics) primary text when it was revised (Martin, 1992).

### *Story Type 5: Humorous Stories*

Many A.A. meetings include uproarious moments. Members often tell humorous stories about their drinking and personal traits. A.A. humor is usually ego-puncturing and self-parodying, because members consider this appropriate to the needs of the recovering alcoholic. Humorous stories allow A.A. members to acknowledge their foibles in a non-threatening way while maintaining the humility which is considered critical to recovery. An A.A. member gives the following example:

When I was 17 years old, I was already into drinking heavily with my friends. One morning we had football practice, and my friends and I were all hung-over. The coach worked us real hard and my friends started falling over and throwing up through their masks. I remember looking at them and feeling sick to my stomach and thinking "this is madness—this has got to stop." It was at that moment that I resolved to quit football. [50-year-old man, field conversation, 12/30/91]

Petrunik (1973) has argued that such stories are therapeutic because they release tension and guilt about failures from the past. Similarly, Denzin (1987) has suggested that alcoholics use humor to transcend their past and overcome shame by putting themselves in the position of the laugher rather than simply being laughed-at. One A.A. member said she saw humor as crucial in A.A. meetings because:

It replaces the conviviality of the bars, where we used to be able to get together and tell stories and laugh. When we laugh at a meeting it builds that feeling of esprit de corps we had in bars, so we don't feel like we are just a bunch of somber drunks who are trying to stay sober. [50-year-old woman, field conversation, 1/17/92]

### **CONCLUSION**

Using a narrative point of view, this study showed that stories are an essential part of the A.A. community. Stories serve vital functions, such as justifying community traditions, recruiting newcomers, and promoting a sense of wonder in A.A. The drunk-a-log in particular seems important in A.A., because it has personally transformative power due to its ability to transmit the A.A. world view and resolve past traumas. At least five types of stories are told in A.A.: drunk-a-logs, serial stories, apologues, legends, and humorous stories.

One of the noteworthy findings that emerged from the narrative analysis of A.A. is that community narratives and personal stories interact. The A.A. community narrative is composed primarily of past members' personal stories, but also shapes the current personal stories of newer members. This finding supports Mankowski and Rappaport's (2000) argument that narrative analysis can inform multilevel research. Indeed, one could extend the multilevel analysis of self-help narratives to include the cultural level, for A.A.'s community narrative has clearly been influenced by the Biblical narrative of pride leading to destruction, and ultimate redemption by God.

Many tasks remain for the narrative project in self-help group research: most importantly, expanding narrative studies to mutual help organizations other than A.A. Work by Kennedy (1995) on storytelling among former mental patients who belong to

GROW mutual help groups is an important step in this direction, and also may help tie together narrative analysis with study of world view transformation (see Kennedy & Humphreys, 1994). Other informative and exciting directions for narrative mutual-help studies will no doubt emerge as we continue to listen to the personal stories of members of self-help groups.

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