

**Participation in community life by AA and NA members.(Alcoholics Anonymous, Narcotics Anonymous).**

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**Abstract:**

Critics point to 12-step fellowships as being a negative influence on active involvement of members in mainstream society. This article summarizes that criticism and contrasts experiences of community-involved members from Alcoholics Anonymous (AA) with those of members of Narcotics Anonymous (NA). We asked these participants to reflect on how their non-fellowship community service had been influenced by their recovery in a 12-step fellowship. Few from either fellowship experienced discouragement of community activity outside the fellowship. The NA sample differed from the AA sample in some ways. NA members had less time in their fellowship and perceived their activity as relating to skills and encouragement they found in it. AA members were very long-term participants who saw their community work as one way of giving back what they had been given by their 12-step recovery. These findings suggest that long-term participation in a 12-step fellowship can lead members to wider participation in the community.

**Full Text :**

Membership in a 12-step recovery program offers participants a worldwide peer-support network for recovery from substance disorders (Kurtz, 2001; Project Match Research Group, 1997; Makela et al., 1996). Despite its efficacy in maintaining sobriety, some have claimed that the 12-step program has disempowered participants and discouraged reintegration with community life (Bufe, 1991; Kasl, 1992; Williams, 1992). Others have expressed concern that the traditions of 12-step groups have inhibited thousands of recovering people from exercising their collective power in community affairs (Beauchamp, 1980; Lewis, 1999; Morell, 1996). On the other hand, White (2000) reports the formation of a new recovery movement in the U.S. that is composed in part of recovered (1) and recovering participants of 12-step fellowships. The composition of this movement, while limited to addiction-related advocacy, suggests that many 12-step participants are directing energy toward wider community change and public education. This article summarizes the above-mentioned concerns about disempowerment and examines the impact of 12-step group membership on 32 participants involved in community life outside the boundaries of 12-step fellowship activity.

How 12-step members who involve themselves in the community understand the relationship of that involvement to their recovery is an important question because 12-step fellowships have a large number of members. AA alone reported 1,324,231 North American participants as of January 1, 2002 (AA World Services, 2002a). This large population, along with the unreported number of participants in over 19,000 NA groups,

could contribute much in social capital--i.e., further the social ties that enhance the welfare of the community (NA World Services, 1999a; Putnam, 2000). In spite of their clear potential for positive engagement with society, critics lament that recovering people in the United States have not gathered together for any purpose other than to promote their own and others' recovery from chemical dependency. For example, Putnam (2000) writes that such groups are not associated with community involvement in a way that contributes significantly to social capital. These critics' speculation over why this is so focuses on the first of the Twelve Steps and on the Tenth and Eleventh Traditions, which are discussed further below.

Kasl (1992) and others view the First Step as disempowering and therefore an impediment to meaningful community involvement (Bufe, 1991; Kasl, 1992; Morell, 1996; Williams, 1992). One of the most debated and criticized tenets of A.A.'s principles, the step reads "We admitted we were powerless over alcohol--that our lives had become unmanageable" (AA World Services, 1953, p. 21). These critics view an admission of powerlessness as appropriate only for upper- or middle-class white males living in a society wherein this group maintains hegemony. Critics say Step One unnecessarily discourages women, African Americans and oppressed groups (Kasl, 1992; Kaskutas, 1996; Williams, 1992). For example, Williams (1992) wrote about the admission of powerlessness, "a black person hears the call to powerlessness as one more command to lie down and take it" (p. 9). Another illustration comes from research on Moderation Management, a self-help group for those who want to reduce their alcohol use (Klaw & Humphreys, 2000). Subjects expressed a need for personal control that "conflicted with AA's concepts of surrender and powerlessness" (p. 788). This very central principle in the 12-step program is therefore one reason why many believe 12-step fellowships are antithetical to the emergence of personal autonomy, empowerment, and community participation.

In addition, A.A. maintains traditions that are essentially non-political. The Tenth Tradition of Alcoholics Anonymous (AA) states: "Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy" (AA World Services, 1953, p. 12). Although the Tenth Tradition was not intended to prevent participation in civic and political activity outside the fellowship, AA and NA avoid becoming a forum for political activity within the fellowship because this would risk internal disagreements, dissension, and possible dissolution of the fellowship (Bufe, 1991; Kurtz, 1979; Room, 1993; White, 1998). Because of this and other aspects of the 12-step fellowship, Bufe (1991) refers to the Tenth Tradition as " ... an expression of the A.A. belief that alcoholism is purely an individual problem unrelated to political, social, and economic conditions" (p. 79). Presumably this belief discourages interest in outside activity by individuals.

The Eleventh Tradition also cautions participants about public involvement. Although it was not intended to discourage public involvement by individuals as individuals, it does caution against members' identifying themselves publicly as being affiliated with AA or NA. This tradition could, therefore, be one element that discourages community activity. It states: "Our public relations policy is based on attraction rather than promotion; we

need always maintain personal anonymity at the level of press, radio, and films" (NA World Services, 1987, p. 68). Anonymity serves a spiritual function of protecting members from the " ... corrupting influences of power, recognition, and public approval found in the world of politics" (Beauchamp, 1980, p. 64). Although he recognized this tradition as essentially positive, Beauchamp (1980) also argued that AA's Eleventh Tradition represented a policy of secrecy and a "withdrawal from the community" (p. 68). Likewise, Lewis (1999) wrote that "the absence of effective community-based groups advocating the rights of and service for alcoholics and drug addicts is painfully obvious ..." (p. 12). He noted that the millions who have recovered through 12-step programs make up a natural but untapped resource. According to Lewis, members of such groups are "reluctant to come forward not only because of shame and humiliation, but also due to the anonymity principles of self-help" (1999, p. 12).

In contrast with the preceding quotations, other researchers have perceived AA and other self-help associations as empowering and as a form of social capital (Eastland, 1995; Messer & Borkman, 1996). As Room has observed, AA's "attack on pathologies of individualism, and particularly on egoistic pride, makes sense particularly in societies (or sections of societies) with a radically individualist ideology" (1993, p. 182). Further, he writes: "In the context of North America, AA can be seen as a corrective to pathological aspects of the culture of individualism" (p. 182). These writers and researchers challenge the image of AA as a narrowly focused, individualistic forum.

Although the Eleventh Tradition prevents public identification with a fellowship, it does not prohibit public activity wherein one's affiliation with a fellowship is kept private. In fact, NA literature suggests that members become re-involved in the community, stating: "Our individual interests can broaden to include social or even political issues" and "One of the continuing miracles of recovery is becoming a productive, responsible member of society" (NA World Services, 1987, p. 94). Furthermore, "much of the legislation around chemical dependency can be traced to the actions of people in 12-step recovery programs" (Kurtz, 1997, p. 404). For example, the National Council on Alcoholism and Drug Dependency (NCADD), formed in 1944 as the National Committee for Education on Alcoholism (NCEA), offers an organized means of influencing public policy on alcoholism by recovered alcoholics (Olson, 2003). This organization, along with one of AA's cofounders, lobbied the U.S. Congress for passage of the 1970 "Hughes Act" that allocated funding for treatment, prevention and research in the U.S. (Olson, 2003).

Heretofore there have been no detailed studies of AA or NA members' experience of community participation or whether the fellowship may have contributed to or distracted them from this type of involvement. On one side, there is the belief that 12-step principles prohibit involvement in community affairs and provoke in members a sense of powerlessness. On the other, there is the belief that 12-step fellowships provide a means of empowerment and an invitation to participate in the wider community. In order to attain some understanding of the connection between recovery in a 12-step fellowship and participation in other community affairs, the writers interviewed a sample of community-involved recovered members of AA and NA. Community-involved members were purposely selected in order to understand more about the connection between 12-

step participation and other community involvement. By community involvement we did not include passive membership in organizations but were looking for active community participation in organizational contexts. This was not an effort to prove that all 12-step members will or will not involve themselves in the community; therefore uninvolved members were not targeted by this research.

We selected these two fellowships because NA has a large and active membership in the urban center where this study began and AA has a larger membership in the wider metropolitan area. We located a purposive, snowball sample of community-involved recovered people who could describe their 12-step participation and how that participation related to their community activity. We asked them about the type of community action that engaged them, whether they found encouragement or discouragement for community involvement by their fellowship, and how the fellowship activity and community involvement were related, if at all.

## Method

The investigators used a qualitative, participatory action research approach of in-depth, focused interviewing (Borkman & Schubert, 1995). In keeping with the action research method, the study was a joint effort of two individuals, one an academic, the other a community organizer who is involved in community work that addresses, among other things, grassroots substance abuse prevention. The first individual is more familiar with and connected to a community of AA participants; the second individual is more connected to and familiar with participants in NA. The questions and selection of subjects were jointly executed. The interviews were the responsibility of the first author, who also analyzed the data and drafted the findings.

## Interview schedule

The interview schedule asked for demographic data: age, educational level, gender, race/ethnicity. It asked to which fellowship the member belonged and length of participation in that fellowship. The remaining items asked about organizational context and type of activity, whether the 12-step group encouraged or discouraged their community involvement, and how the two--recovery activity and community activity--were related. Participants were asked about what might encourage more 12-steppers to involve themselves in the community.

## Sample and data collection

Initial criteria for inclusion in the sample were (a) having at least two years of recovery in a 12-step fellowship; (b) being active in the community in volunteer or job-related community service that is clearly community-oriented and outside of service work within the fellowship (this could include addiction-related organizational activity or non-addiction-related activity as long as it involved active community service in some way); and (c) being able to take part in a face-to-face interview with the first author. The latter was defined by the ability to speak English and willingness to spend an hour with the

interviewer and to be tape recorded. We made an exception to these criteria in order to include three Arab-Americans in the sample. Subjects came from communities in southeast Michigan and northwest Ohio. We defined "community service" to mean any form of community activity not involving internal 12-step fellowship work or individual counseling with other alcoholics. For example, if the person perceived his or her church activity to be community involvement, this was included, but we did not ask all interviewees if they attended a church. Types of community service could involve benefits to substance abusers, such as serving on a treatment agency board, or benefits to other populations, such as holding an elected office or working with a neighborhood block club.

Our initial step was to contact community organizers who had previously identified themselves to one of the authors as recovering people. The second author, an inner-city community organizer, personally knew some of the NA sample. These individuals suggested others to interview, obtained their permission, and made available their phone numbers. The researchers then contacted them to schedule an interview. Such samples are not random and cannot be considered representative reflections of all recovered people or all 12-step participants; however, such sampling strategies were more precise and time efficient than advertising for subjects unknown to the researchers. This allowed the writers to examine closely the connections between 12-step involvement and community service within the time constraints of the study. The authors made an effort to find an ethnic- and gender-diverse sample from both NA and AA. Ethnic/racial diversity was confined to Euro-American, African-American, Arab-American and Latino populations. Gender diversity was difficult to attain. We received more names of males, particularly African and Euro-American males, than we could accommodate, but few names of women. We reached out several times to the NA and AA community on e-mail lists and by word of mouth asking for female subjects. Many of the women we contacted were unable or unwilling to be interviewed. Most of these women were single mothers, working, attending recovery meetings, involved with their community service, and caring for children. The primary reason for their unwillingness was their having too little time to schedule an hour-long interview. Latino members who spoke English were also difficult to locate.

We conducted 32 interviews with 17 AA and 15 NA respondents between April 1999 and November 2000. Each interview lasted at least one hour. Twenty-nine of the sample were interviewed either by the first author alone or by both authors. Three Arab-American people were interviewed by an Arab-American social worker. All interviews except those with Arab-American respondents were audio-taped. Because Arab-American respondents face extreme cultural injunctions against the use of intoxicants and fear exposure in the community, they resisted being taped and interviewed by a stranger. The interview format followed a schedule of questions composed by both authors. These asked for demographic variables, length of time in the fellowship, description of their activity and its organizational contexts, how they got involved in community activity, whether the fellowship encouraged that activity or discouraged it, how recovery related to their community activity, and how community service could be encouraged.

Interview tapes were transcribed verbatim. The writer analyzed transcriptions using a grounded theory approach in which themes found in the responses to each question were grouped into the categories that showed the various aspects of how the subjects' involvement was related to their recovery in a 12-step fellowship (Strauss & Corbin 1990)

## Findings

### Description of the sample

The 17 members of AA ranged in age from 30 to 75 years, with a mean age of 49.8. The 15 members of NA ranged in age from 36 to 56 years, with a mean age of 45. The mean age of the total sample was 48 (SD = 10.1). Males were 82% of the AA sample and 73% of the NA sample. Two of the AA members and four of the NA members had less than high school education, three AA members and eight NA members had less than a college degree, five AA members and two NA members had baccalaureate degrees, and six of the AA members and one of the NA members had graduate degrees. Ten AA members were Euro-American, two were African American, two were Mexican-American, and three were Arab-American. Nine NA members were African-American, two were Euro-American, four were Mexican-American, and none were Arab-American.

In terms of participation, AA respondents had twice as much time participating in their fellowship as NA respondents: 20.7 years versus 9.1 years (SD = 10.1 and 3.8). AA members' length of participation ranged from 4 to 50 years. The majority had extremely long histories of AA participation, with one participating less than 5 years, eight between 5 and 15 years, and eight more than 15 years. NA members' range of participation ranged from 3.5 to 15 years. Since NA is a younger fellowship, NA members' participation is usually briefer than AA members'. Even so, only three had participated less than 5 years, 11 between 5 and 15 years, and one more than 15 years. The length of participation by the sample makes them quite different from the average AA or NA member (AA World Services, 2003; NA World Services, 1999a).

### Types of community activity and its organizational context

Respondents were asked to recount all the organizations in which they participated and to describe their community activities. The specific organizations mentioned by each person were grouped into categories as shown in Table 1.

Because most interviewees were involved in more than one organization, the total (96) is more than the total number of individuals in the sample. As Table 1 shows, NA respondents were more involved than the AA respondents in working with grassroots neighborhood organizations. Their activities included such things as participation in neighborhood associations, block clubs, park clean-up committees, and a Citizens' Band Radio patrol. AA respondents, on the other hand, were more often involved in more

established civic groups like the Goodfellows, the Rotary Club, and the Chamber of Commerce. Both subgroups involved themselves in work with social service agencies by serving on boards and advisory committees and as employees involved in community organizing. Religious organizations, primarily churches, were the organizational context for an approximately equal number of AA and NA respondents. The numbers of organizations with which AA members affiliated ranged from one to ten, with a mean of 3.5 organizations per member. NA members' organizational affiliations ranged from one to nine, with the mean being 3.3 organizations per member.

The majority of organizational contexts mentioned by respondents were not primarily drug related, meaning they were not agencies whose sole purpose was to address substance abuse problems in the community (this is not shown in Table 1). These contexts included health promotion agencies, homeless coalitions, churches, parent--teacher associations, schools, economic development associations, and other multiservice agencies. NA organizational contexts were 88% multiservice or non-drug agencies or community groups. Organizational contexts for AA respondents were 75% multiservice agencies. Drug-related organizations involved such entities as boards of directors of drug treatment agencies, government-sponsored drug awareness and education task forces, and substance abuse prevention programs in schools.

We grouped descriptions of community activities into five categories: civic, workplace, political, religious, and informal. These are shown in Table 2. AA activities totaled 51; NA activities also totaled 51. Civic participation, defined as involvement in organized voluntary associations, was the dominant type of activity for both subgroups. As shown in Table 2, AA members were more likely than NA members to be involved as board members; NA members were more involved in community education, doing things such as speaking to children about the dangers of drug use. NA members' civic activities in the community were also more varied and more numerous than those of AA members. Workplace activity made up the second largest type of activity. Among our sample, there were two community agency directors (both in AA) who were responsible for development of new programs for substance-abusing populations. Others were involved in non-profit organizations where community organizing and interagency activities were part of the job definition. Political activity included holding local public office, supporting political campaigns, advocating for mental health and substance abuse programs by the state, and attending public hearings and forums. Partisan politics were mentioned less often than supporting legislation, testifying on behalf of social policy, and other forms of advocacy.

The church activities mentioned were those that respondents saw as community work and not a measure of how many were active in their churches. Church activity viewed by respondents as a community activity consisted of serving on committees, working with youth, and teaching Sunday school. Informal social contacts included activities such as offering guidance to neighborhood youth, participating in a women's support group, and holding informal meetings with families where there was drug use by children.

How community work began

We expected that many of our sample would report that community involvement stemmed from their pre-fellowship lifestyle prior to their problems with alcohol. However, only five of the AA respondents and three of the NA respondents had been involved in community service before their 12-step participation. A majority of respondents from both groups (AA and NA) reported that it was involvement in their 12-step fellowship that led them to outside-fellowship participation. For some the stimulus was a sponsor, as one respondent reported:

It was like in my first year of sobriety I started doing community service immediately. That was what I was told to do by my sponsor. It was 12-step activity in the beginning. And then it was like that was one activity and then I just wanted to volunteer everywhere and work with women and work with children of addicts. I was on ADC (2) at the time. I received that funding ... and was able to go to school and volunteer, I mean I really utilized my free time to build skills. Which I wasn't looking at it as that at the time--to gain some knowledge and to be there for other women was the way I was looking at it. But it really helped me. (#12, 42-year-old white AA female)

For this woman, community activities outside the fellowship began early in her recovery process. For others, the progression was more gradual, revealing a process that involved development of organizational competence within the fellowship that slowly led to external participation. Outside participation was facilitated by examples set and invitations offered by other members. An NA respondent recalled:

I got active mainly through friends who were already involved. They knew the type of person I was and felt I would fit in. I tried it and I enjoyed it. Like (name omitted). We knew each other from the fellowship and did a lot of work in the fellowship. He sort of branched out and started doing community work. He needed help; he knew that if I made a commitment I would follow through on it, so he asked me and we started doing some things together. (#2, 50-year-old African American NA male)

A small number--one AA respondent and 3 NA respondents--began community service in response to a community need, such as the need for a safe neighborhood park or the need for a social center for gays and lesbians. For example, one respondent described how community work that is mentioned in the context of a meeting can influence others to get involved:

I found that once I went to a few meetings and I'd be talking about whatever was going on in my neighborhood, after the meeting someone would come up and say, "Yeah, I got that problem in my neighborhood. Who do I call for this abandoned car in front of my house?" You'd find out that you had that common denominator that

once you start caring about yourself you start caring about your neighborhood. (#11, 41-year-old white NA male)

One AA respondent and two NA respondents reported that their job was the impetus to community service. In all three instances, the respondent had become employed in social services in positions that required community organizing.

All but three of the total sample stated that 12-step fellowships encourage community service. More NA members (six) than AA members (two) thought that the encouragement came through being shown how to take action (i.e., skill development). For example, an NA member said:

To me, the Twelfth Step teaches about reaching out and helping ... you can do coffee, you can clean up, meaning you clean up behind yourself, set up chairs, you start doing some real practical, hands-on kinds of activities that you can see that you benefit directly from.... (#5, 56-year-old African American NA female)

Some skills are hard to specify and resemble more a kind of wisdom that has been absorbed over time. For example, an AA respondent said:

There are times when I'm doing some form of community work and I realize that all the time I've spent at AA meetings sitting, listening and learning was done to benefit the experience I'm having at that moment. My ability to handle that experience is a result of many, many hours of just sitting at AA meetings and just listening. (#27, 58-year-old white AA male)

Equal numbers (five in each group) saw encouragement coming from being urged to give back to the community. For example, an NA member said:

Being involved with service work in the 12-step program has helped me to even have the willingness to give back to the community. Ten years ago I wouldn't have had the willingness to do it; the first thing I would have said to you [was] "is there any money in it? What's in it for me?"--self-centered. (#2, 50-year-old African American NA male)

The number of members in each group who thought that community service was an inherent aspect of following the 12-step principles was also comparable (AA four and NA three). They found that helping others evolved from individual helping of one another, to carrying the AA or NA message to community institutions, and finally to involving oneself in other aspects of community work. This quote from an AA member provides an example of the second step in this progression:

The various individual groups of AA, and there are at last count, gosh, well over 300 a week in this area ... have assumed

responsibility for sending representatives out into the community whether it's into a juvenile detention facility or into the prisons themselves. (3) (#17, 64-year-old white AA male)

An AA respondent illustrated the impetus to give back to the community regardless of what population it served:

I just think I'm very blessed to be sober and I think that being sober carries with it responsibilities to give back. Getting involved and doing something I believe in for what I consider to be worthwhile causes is one way that I can give back some of the blessings that have been bestowed on me. My view has always been that there's more to sobriety than just AA. There seems to be two schools of thought on that in my opinion ... the view which I subscribe to is that the 12 Steps of Recovery, basically our program, enables you to experience everything in life.... (#19, 49-year-old white AA male)

Four of the AA members and one of the NA members interviewed did not think their fellowship encouraged community involvement except for involvement within the recovering community/fellowship. One person stated:

No, I don't think so ... because I think it gets away from the Traditions too much. Everybody has to do it on their own. (#17, 64-year-old white AA male)

#### Effect of 12-step traditions on community involvement

We earlier cited Lewis (1999), who wrote that shame, stigma, and the Twelve Traditions discourage member involvement in community service. To investigate whether respondents were concerned that their work violated traditions, we asked them if they saw any ways in which their fellowship discouraged community involvement. The majority of subjects (25) flatly rejected the idea that their fellowship discouraged community work. Many saw their community work as a facet of their Twelfth Step activity. For example, one AA member said:

I see that overlap so much that I would say it actually encourages it rather than discourages it.... They may volunteer their time to help out with a nonprofit organization, and, to me, that's service work. It would be hard to define it as AA service work versus community service work. (#25, 30-year-old Latino-American AA male)

Others (four in AA and three in NA) recognized that the traditions caution against public disclosure of identification as a member of their fellowship. They believed that concern about such violations can come across as discouragement. Some respondents, however, experienced outright discouragement. For one NA member this took the form of other members pushing her to use her time solely for the good of the fellowship. Another NA member was frequently warned not to violate the traditions. One respondent replied that

certain individuals may discourage certain kinds of involvement--for example, any work that involved contact with methadone maintenance programs was discouraged. Four AA members mentioned the importance of keeping community work and AA work separate; for at least one, this interfered with her ability to access AA meetings where she was not known to members in her work role. Another AA member recalled that he was too involved in the community at one time and had to pull back in order to focus on his recovery. Another AA member mentioned that drinks are sometimes served at community functions, which can inhibit work in the community.

### Relationship between community involvement and recovery

When asked how recovery and community service related, we found five separate themes among the respondents: (1) staying sober; (2) giving back; (3) learning and applying skills; (4) being open to opportunity; (5) taking principles of the 12-step program to the community. The largest number, five AA members and six NA members, saw their recovery program as totally tied to everything they do, including community work. All of this helps them stay sober and clean. One woman said, "I don't think I'd be clean today if I had not done this." A man said of the community work on his job:

Right now, working with these people, that kind of reminds me of where I've been and where I come from and that makes me ... motivates me more to keep doing what I'm doing--staying in recovery. (#20, 35-year-old Latino AA male)

### An NA member said:

Self-obsession is the reason why I got into the program--self-centeredness. The program changes that to God-centeredness. That, therefore, dictates community. (#2, 50-year-old African American NA male)

Nine AA members but no NA members cited the second theme, their desire to "give back" as a primary motive for community involvement and a responsibility of citizenship. After receiving help from the fellowship without charge over many years, it is common among participants to want to pass on their recovery to others. For example, one AA member said:

Well, I just think it's part of service. You give it away. I volunteer my time (to community organization). I give my time in service, and down the line, if the organization runs well, it's going to help somebody that's come off the street and "rehab." They find a decent job, or it puts a marriage back together, or they're able to get custody of their kids again, or whatever that happens through that organization. (#17, 64 year-old white AA male)

A third theme was that the fellowship helps to build skills that apply to community work. Three AA members and seven NA members expressed the opinion that they would not be able to contribute to the community had they not ended their alcohol or drug usage. A part of recovery is being able to do things one cannot do while drinking and believing that doing so is possible. There was a sense that the individual had been empowered--i.e., had begun to believe he or she could contribute something to make the community a better place. This included being involved in activities that were not focused on recovery or on alcoholism. One person said:

I think that having outlets that were not recovery-based was essential for me.... Getting actively involved in the community just made it all more worthwhile. (#24, 54-year-old African American AA male)

The fourth theme was expressed by two AA participants and represented something often reported by 12-step members: being open to new experience, having a path mysteriously revealed and being willing to follow that path. We quote both of the individuals who mentioned this kind of relationship between their recovery and the work they did in the community:

It was just like it was just dropped right in my lap.... It happened so ... it was just this guidance that was given to me and it was like I had no choice in it. It was really like things just dropped right in front of me and I picked them up as I went along. (#12, 42-year-old white AA female)

And so as my life changed and I think I acquired more maturity and ability to solve problems and think things through and take responsibility ... well, these things just seemed to come along. They just ... people gave me the assignments. I didn't even have to go out and seek them out. They just kind of fell into my lap. (#22, 75-year-old white AA male)

A fifth theme, expressed by two NA members, was that once clean, the addict begins to recognize the community's needs and think of ways that 12-step teaching can apply to the community. In that recognition, the recovering person sees how the entire community needs to reexamine its values and ways of behaving. The 12-step program offers a means of engaging with others and working cooperatively on solutions to problems.

Finally, two respondents thought their recovery and their community involvement did not relate. One NA member indicated that her community work (a needle-exchange program for drug users) was really based on a harm-reduction model that was in conflict with a 12-step approach involving abstinence. The fact that she engaged in this type of community service was exceptional, given her simultaneous involvement in a 12-step fellowship. The other person, an AA member active in many community associations, reported that he kept his recovery program separate from the rest of his life in order to preserve his commitment to his personal sobriety.

## Ways of cultivating community involvement

We asked our 32 respondents how more recovering people might be encouraged to involve themselves in community service. Seven had no answer, didn't know or were noncommittal; four indicated that there was no way to do this and maintain the 12-step traditions. One AA member stated that there is no need to encourage more participation because those who could do so (his estimate was about 25% of the membership) were already involved with the community. The remaining 20 respondents suggested several methods.

An NA member thought the fellowship is an important part of someone's active community involvement and that

[i]t would have been great if NA had done something a little more in the trenches like organize a meeting on how to keep drug dealers off your street--how can you be an ambassador for that? But there really aren't any workshops focused on that. It was mainly, and maybe it should be, it was heavy on Bill W's words and philosophy, but it really didn't address community ... [the fellowship is] more on program and on people. (#7, 35-year-old Latino-American NA male)

Several AA respondents suggested that the key to community involvement was the sponsor. A 43-year-old African American AA female (#28) stated: "They told me don't drink, don't think, go to meetings, and get a sponsor. I did that. They (the sponsor) said 'You need to do community service,' and I did that." A 63-year-old white male (#18) agreed that it is the sponsor who is the link to the community: "Instead of just answering questions, [a sponsor should] suggest and take them in hand and take them with you on commitments." He thought this could be done through informal contacts in meetings.

Another suggestion was that this activity could be a part of a treatment/recovery program. For example, a 47-year-old white AA male community leader (#23) suggested that all of those who live in transitional houses for recovering people be required to perform community service. A 43-year-old African American AA female (#25) added that the community should find a way to let recovering people know what kind of service is needed.

Some NA members indicated that for them to tell about their community work experiences in meetings as part of the normal disclosures around working the 12-step program would be a means of encouraging more community involvement. They emphasized the importance of moving people toward self-efficacy prior to involvement. Participants indicated that they needed to learn how to do helpful things, see others doing those things, and believe that they could make a meaningful contribution. Self-esteem must be raised and confidence levels lifted. As a 41-year-old NA male said, "I take what I've learned into the world. It doesn't mean that you just take it into AA or NA. You take it into your personal family life, you take it into the community, you take it into your work, and you take it anywhere you can." A 47-year-old NA male said, "I think our

awareness of our neighbors and ourselves grows as we grow in recovery. And things happen." Many believed that once one is involved in a fellowship, community work will follow.

## Discussion

Theoretically, 12-step fellowships should be "empowering community settings" (Eastland, 1995; Maton & Salem, 1995). They provide opportunities for shared leadership, learning skills, participation in organizational tasks, and the development and reconstruction of new identities. Further, the Twelve Steps offer a belief system that involves reaching out to others and capitalizing on one's strengths. All of these facets have been identified as critical to the formation of empowerment (Maton & Salem, 1995; Zimmerman, 1995). Our respondents evidenced becoming empowered through their 12-step involvement--this was reflected in their learning skills that they needed in community work, in their becoming able to function in society after recovery, and in their being open to ways they could serve the community when they saw community work modeled by other participants. The importance of the fellowship being a training ground for community involvement came primarily from NA respondents. NA respondents averaged less clean time and fewer years in the fellowship (nine years) than the AA respondents, whose average length of sobriety was close to 21 years. It is possible that NA members with shorter periods of clean time were more likely to remember the phase of recovery when they needed to build social skills and self-confidence.

The unusual length of sober and clean times along with 12-step participation among our sample may have exaggerated the degree to which they experienced the fellowship as empowering. It is possible that earlier in their recovery these individuals would not have felt empowered by the 12-step group. It is also possible that a sample of members who are not involved in the community might experience their fellowship as disempowering. Only additional research with differently selected samples can answer those questions.

Only a few respondents thought they personally had experienced any discouragement from engaging in community work by members of the fellowship, although seven respondents believed the 12-step traditions could discourage participants from becoming involved outside the fellowship. This may be particularly true with regard to involvement with recovery-oriented organizations, such as treatment programs. It is these organizations that are most likely to be confused with NA or AA in the public's mind. Other recovery organizations present opportunities for violating one of the traditions, such as the Sixth Tradition, which reads: "An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose" (AA World Services, 1953, p. 11). Further, personal anonymity is easier to maintain when one is active in groups associated with issues other than alcoholism and drug addiction.

## AA/NA comparison

One major difference between AA and NA subjects dominated organizational contexts reported by the respondents. The predominantly African-American and Mexican-American NA members were more involved in local grassroots associations such as block clubs, park cleanup, and neighborhood improvement projects. The predominantly white AA members were more likely to be active in established groups like the Rotary Club, the Chamber of Commerce, and Goodfellows, and in professional associations. These differences reflect racial and educational differences between the two groups of respondents. The racial differences of our sample are also representative of the two fellowships nationwide. AA's African-American membership is 5% and NA's is 28% (AA World Services, 2003; NA World Services, 1999a).

In responding to whether and how they were encouraged by the fellowship to involve themselves in community activities, NA members were more likely to say that they learned skills for such involvement in the fellowship, whereas AA members were more likely to indicate that they had been inspired by the fellowship to "give back" to the community or that responding to community concerns was inherent in the 12-step program. One AA respondent described recovery as having stages in which one first engages in one-on-one assistance to others, later progresses to bringing the fellowship groups into community institutions, and then transitions to outside-fellowship activities.

#### Community involvement in an American context

At least since de Tocqueville's 1830s study of democracy in America, community involvement has been considered an American virtue that is essential to the continuation of democratic society (de Tocqueville, 1969). Putnam, however, cites evidence that participation in public social life is decreasing in America (Putnam, 2000). For example, on an average day only 3% of all Americans spend any time in a community organization (Putnam, 2000). Also, according to Putnam, participation in community organizations has fallen from 17% of the population in 1973 to 8% in 1994; church attendance dropped about 10% from the 1960s to the 1990s; union membership dropped from 32.5% of the population in the 1950s to 14% today. Other studies, however, conflict with Putnam's. A 1996 survey of a representative sample of the U.S. population found that 39% of adult citizens participate in community service and that 59% of adults belong to a community or professional organization (National Center for Education Statistics, 1997). Furthermore, Americans in 1999 gave approximately "... 20 billion hours of their time as volunteers and participated in nearly 2 million tax exempt organizations" (Bennett, 2001, p. 11).

Our study suggests that Putnam may have incorrectly dismissed self-help as an important form of civic participation. We found that the majority of our interviewed participants became involved in the wider community after they began their 12-step involvement. In addition, many of our interviewees said their participation in community activities came about as a result of their fellowship activity. Some of them were recruited by other members to become involved in community boards, grassroots projects, and prevention programs for children. This demonstrates that fellowship activity can lead some individuals to involvement in community life outside the fellowship.

## Limitations of this research

The respondents were a small, purposely selected group of people who were not representative of all NA/AA fellowship participants or other 12-step group members. They were selected because of their reputation for community involvement along with their active involvement in a 12-step fellowship. They differed from the population of 12-step members particularly in the fact that they had histories of much longer 12-step participation and length of sobriety than are the average. Therefore no generalizations can be made about these findings to other members of 12-step fellowships. The findings do, however, offer insight into the experiences of some members with regard to how their 12-step participation and civic participation interrelate.

It also merits notice that contrasts between AA and NA respondents may have reflected differences between the two fellowships, although factors other than group membership could also have contributed to these differences. The two sub-groups differed in the average length of their participation in the fellowship, in the urban areas in which most of them lived, in race and ethnicity, and in their level of education. The type of drugs they used also could have led to different responses in the subgroups of those interviewed.

There are also proportionately more women in the two fellowships nationwide (33% in AA; 42% in NA) than were included in our sample (AA, 2003; NA, 1999a). We found it difficult to locate recovering women involved in community service and willing to be interviewed. This may be because there are fewer women in the fellowships, because women have been in recovery more recently, or because women perform multiple roles that make it more difficult for them to take the time to be interviewed. When we realized we had a disproportionately smaller number of women, we began actively searching for them and rejecting potential male respondents. This effort was only partially successful in raising the proportion of females interviewed.

Another limitation is that the interview consisted of responses to a few a priori open-ended questions. The interviewers probed for clarification but did not standardize additional questions into the interview format based on previous respondent answers. Therefore it was not possible, once a topic came up in an interview, to record whether the same might be said for other respondents. For example, after hearing some respondents mention their church attendance, we did not begin asking all others if they attended a church. This presented a limitation in the research design that only future investigations can clarify.

The interview process itself produced certain limitations in the interpretation of data. There were variations in context, such as the presence of two interviewers in some interviews and interviews with Arab-Americans conducted by a third party and in a different language. These variations could have influenced responses despite the use of a semistructured set of questions asked of each respondent. In addition, content analysis can be influenced by varying meanings, variations in the intensity of meaning, and variations in the weight of each response leading to aggregation of data as equal in importance when they may not be of equal significance to the respondent (Holsti, 1969).

## Future research on this topic

Additional work on the degree to which 12-step participants branch out from their fellowship and involve themselves in civic participation should include samples of uninvolved or randomly selected members. Convenience samples of involved and uninvolved members would be reasonably easy to recruit. Random samples of members would be more difficult to achieve, although accessing a random sample of groups in a geographic area and then interviewing volunteers from those groups might achieve this.

A related issue that we did not address would be a study of how involved participants are in 12-step activity within the fellowship. It would be useful to gain a more complete description of 12-step activities. These activities can range from simple in-meeting work, such as cleaning up the meeting room, to serving as a "trusted servant" with the fellowship, to going with other members into community institutions to carry the AA/NA message to inmates of prisons and correctional facilities. Do these activities preclude community activities, or do the same individuals do both? How many members in an average group take part in such activities?

## Conclusion

We selected our sample in order to derive a better understanding of how 12-step participation influences participation in community life for people whose lives have been disrupted by alcoholism and drug abuse. We spoke with middle-class and working-class participants, European Americans, African Americans, Latino Americans, Arab Americans, men and women, people living in the inner city and in the suburbs. In response to those who find 12-step fellowships disempowering and individualistic, our findings suggest that it is possible for 12-step participation to engender a sense of empowerment, commitment to community life, and concern for others. Further study is needed to explore the degree to which this affects the average member.

TABLE 1 Organizational context of community service activity

Activity	AA (N=17)	NA (N=15)
Social Service/School	15	20
Grassroots Activities	0	10
Established Civic Groups	13	3
Professional Associations/Boards	5	1
Political Parties	1	0
Advocacy Groups	2	2
Cultural Groups (Museums, Zoos)	2	0
Religious Organizations	8	6
Government Activity (Cleanups)	4	4
Total	50	46

## Notes

(1.) The term "recovered" is used here to distinguish the interviewees as people well into recovery, not in the early stages of seeking it. Numerous authors, the most recent being White (2002), have promoted the use of "recovered" in this way. In addition, this is the term used in AA literature (AA, 2001, p. 17ff). This usage also reflects AA's own on its website, [www.aa.org](http://www.aa.org).

(2.) Aid to Dependent Children, a former name for a federal family support program, commonly known as "welfare" in the United States.

(3.) AA has maintained the practice of taking meetings into institutions and hospitals since its early days. The first such meeting took place at Rockland State Hospital in New Jersey in 1939 (Kurtz, 1979, p. 292). This practice of groups adopting an institution and sending members regularly to meet with inmates has continued in the United States as well as in other parts of the world. A testament to this practice can be found on the AA website (AA, 2002b). NA continues the same practice. A comprehensive description can be found on the NA website (NA, 1999b).

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