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Helping Behaviors By Alcoholics With Long-Term Sobriety

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Introduction

Alcoholics Anonymous (AA) has long emphasized the importance of helping fellow sufferers and empirical work is beginning to surface to support this tenet¹⁻⁴. Originating in Akron, Ohio in 1935, AA's primary purpose is to help others to recover from alcoholism. The mechanism of action of helping behavior is outlined in the basic text of AA: the root of the disease lies in egocentrism. The alcoholic reduces self-absorption and self-pity each time he or she shifts the focus from self to others. Researchers have dubbed this mechanism as "response shift," to explain the stunning positive effect that peer support has on the general quality of life⁵.

Helping behavior in AA, as in the twelfth step, often means becoming a sponsor to another alcoholic. A sponsor typically has been sober for a year or more, but it is important to note that helping behavior in this and other studies is not limited to the formal role of sponsorship. AA fellowship usually involves more informal helping behavior earlier in the process of recovery - such as putting out coffee at meetings or listening to another alcoholic's problems that day. There are also opportunities for helping others in other major domains of life, such as home and work. While we know that the health benefits of helping others more than double when the helper helps another with the same chronic disease⁶, no study has examined whether helping other alcoholics versus others in general better sustains sobriety over time.

This study will help to fill these gaps by examining helping behavior in multiple areas of an alcoholic's life from early to long-term sobriety. Using self-report data completed by a sample of eleven AA members with more than 20 years of sobriety, this study addresses two main questions: 1) What are the patterns of helping behaviors in multiple life domains at different stages of sobriety? and 2) Does a matter who the helper helps in order to sustain sobriety?



Method

Subjects. Subjects were recruited for the study from an alumni affiliation of a treatment facility in Southeast Michigan. Inclusion criteria included (a) having a minimum of ten years of sobriety in AA; (b) English speaking and at least 10th grade reading level; (c) medically stable; and (d) a diagnosis of alcohol dependence at time of treatment. Five subjects contacted were unable or unwilling to be interviewed. This study was approved by the PIRE Institutional Review Board, and study participants provided voluntary written informed consent. Data were collected from 2005-2006.

Assessments. The intake form obtained data on demographic characteristics, clinical features of alcohol dependence (date of last drink, number of drinks on last drinking day), and information on past and current AA participation. The "Helping Others" Questionnaire was assessed at three time points: the last drinking day prior to treatment, at one year of sobriety, and in the past month with 20 years of sobriety. As shown in Table 1, 9 items assessed general helping behaviors across three life domains: home, work, and AA. 3 items assessed helping behaviors specific to AA activities. Items were rated from 1 (rarely) to 5 (always). The 12-item scale demonstrated high internal consistency (alpha=.85) and feasibility (10 minutes to complete).

Statistical Analysis. Random effects mixed models for repeated measurements were conducted. Fixed-effects estimators included gender and marital status using a compound symmetry within-subject variance-covariance matrix. Two-sided tests with p<.005 were

Results

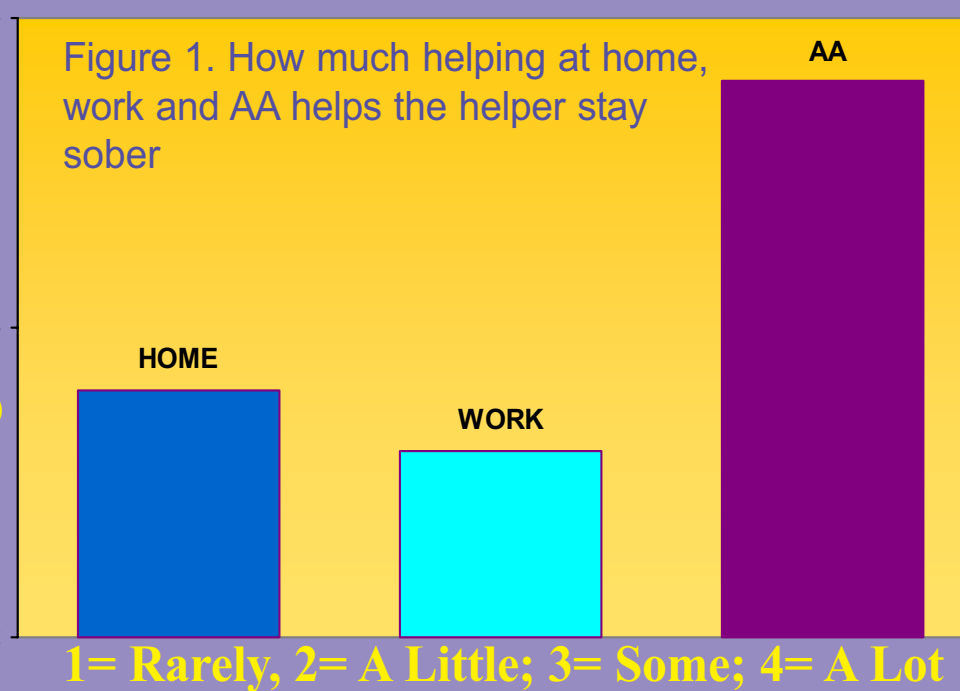
The majority of study participants were male (64%) and Caucasian (100%). Approximately half of participants (50%) were currently practicing a formal religion. Sixty-four percent were married and living together with children. Eighteen percent had a 4-year college degree and 27% had a post-graduate degree. Participants were on average 57 years of age (SD=12.3) and had 22.4 years of sobriety. Participants currently attended 2 or more meetings per week, and 83% were sponsoring other alcoholics.

A consistent pattern emerged in levels of general helping behaviors across time (Table 2). Whether at home, work, or in 12-step follow-ups, participants reported lower levels of helping behaviors prior to getting sober in comparison to levels when sober. This pattern of helping was demonstrated among men and women with and without a spouse or partner. Whereas current general helping behaviors were similar to levels reported at one-year of sobriety, 12-step specific helping behaviors increased from levels reported in early sobriety. Helping other alcoholics, as opposed to helping others at home or at work, was found to contribute the most to sobriety (Figure 1).

Table 2: Helping Within Specific Environments Over Time

Last Drink	One Year Sober	Twenty Years Sober
General Helping*		
Work	26.0 (7.3)a	30.3 (4.2)b
Home	23.4 (6.7)a	32.6 (4.3)b
AA	25.0 (6.7)a	35.4 (3.9)b
Helping Specific to 12-Step Programs*		
Service commitment	2.4 (1.2)a	3.2 (0.7)b
Guiding others with step-work	2.0 (1.2)a	2.8 (1.2)b
Sponsoring others	1.3 (1.1)a	2.6 (1.2)b

*Time Main Effect (p<.001); helping levels not sharing a common letter are significantly different at p<.005. NOTE: General Helping Behaviors is a composite score of total help given to others within specific environments at three time points: the month of last drink, the month celebrating a 1st year anniversary, and the past month with 20 years of sobriety. Nine items of helping behaviors applicable across setting are summed for a total score ranging from 9-45. Each item is rated on a 5-point Likert scale as 'Never (1)', 'Rarely (2)', 'Sometimes (3)', 'Often (4)', or 'Always (5)'. Three items are reverse scored.



Summary

This study examines the course of helping behaviors from the vantage point of decades-long sobriety. This sample of adults with remarkable lengths of time from their last drink was relatively homogeneous in background and high involvement with 12-step programs. Two consistent patterns of helping emerged from this study. First, sober alcoholics were significantly more helpful to others at home, work, and in 12-step programs than they had been while drinking. Levels of general helping at one year, which on average increased from "rarely" to "sometimes," were representative of levels at 20 years of sobriety. Second, helping other alcoholics contributed the most to staying sober, whereas helping at home or at work contributed very little. On average, alcoholics with long-term sobriety reported giving service in specific 12-step activities "often" at 20 years of sobriety, a significant increase from "sometimes" at one year of sobriety and "rarely" prior to treatment.

There are several possible mechanisms to explain why helping behaviors within 12-step programs are critical to sustaining sobriety. First, helping other alcoholics in the AA community provides "helper therapy" in which the alcoholic who is giving support to a fellow sufferer benefits from the interaction as well. Rossman hypothesized that the benefit may derive from improved self-image and from becoming committed to a position (staying sober) by advocating it to another, or "self-persuasion through persuading others." This relationship provides not only the motivation to stay sober, but increases self-efficacy in the process. The second mechanism contributing to sustained helping pertains to spirituality, referred to as "cultural capital" by Wilson & Musick⁷. Closer connection to a Higher Power may arise from working with other alcoholics which in turn reinforces helping activities. Future research is needed to explore formal measurement of spirituality in relation to giving service.

Clinical Implications

Longitudinal studies of volunteers have shown that once people decide to help others, a large percentage of them remain volunteers for several years (Finkelstein & Perrow, 2004). It is not surprising, therefore, that alcoholics who "catch the spark" early on in treatment maintain and even increase their helping behaviors as the length of their sobriety increases. Family members who may complain at the frequent helping given to other alcoholics, may benefit from a broader understanding of the importance of 12-step service to maintaining sobriety. The "Helping Others" questionnaire provides a method to identify alcoholics in treatment with low levels of helping behaviors as well as a prompt of accessible ways to help others in and outside of the 12-Step program.

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