A large body of research in psychology, sociology, and medicine demonstrates that helping others is associated with better health outcomes, both physical (e.g., lower blood pressure, risk of ulcers, and risk of coronary artery disease and mental i.e., higher life satisfaction, well-being, and self-esteem). 

Empirical evidence has also begun to surface linking helping to better recovery outcomes among substance abusing populations. Some research attention has been focused on sponsorships in 12-step groups, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). A strong sponsorship involves partnering with another alcoholic to help him or her stay sober. Studies have found that 12-step members who sponsor peers or do service work of other kinds are less likely to relapse than individuals who do not do these things (Crape et al., 2002; Pagano et al., 2004). Despite this evidence, we know little about what distinguishes individuals inclined (vs. disinclined) to help during recovery from substance abuse, and relatedly, what conditions facilitate helping.

**STUDY AIM S**

The current study examines predictors of helping other alcoholics in the context of AA participation. Use of a longitudinal design facilitated this aim, since this design permits causal time-ordering of our predictor variables in relation to outcome.

**METHODS AND SAMPLE**

Study data were derived from Project MATCH, a longitudinal investigation of the efficacies of three interventions for individuals with alcohol use disorders randomized over 12 weeks (see Balter & Dol Bica, 2003). This investigation included 1353 individuals with follow-up data on predictor variables (see Table 1). Participants in the outpatient arm (N=600) were recruited directly from community or outpatient centers; aftercare participants (N=735) were enrolled from intensive inpatient or day hospital facilities. Participants were randomly assigned to one of three treatments: twelve-step facilitation (TSF), cognitive behavior therapy (CBT), or motivational enhancement therapy (MET).

Static demographic and clinical predictors, assessed at baseline, included gender, race, marital status, employment status, age, education, drinking severity prior to treatment, treatment history, treatment setting, motivation to change, and antisocial personality disorder.

Time-varying psychological predictors, assessed at baseline, the end of treatment, and 6 and 12 months following the end of treatment, included depression, religious behaviors, self-efficacy, and purpose in life.

To distinguish predictors unique to helping from predictors of AA involvement more broadly, Cox proportional hazard regression models controlled for AA treatment, and 6 and 12 months following the end of treatment, included predictors were lagged such that likelihood of helping others was dependent on predictor information gathered in the prior assessment.

**STUDY OUTCOME**

Our key outcome was the onset of helping behaviors over the course of this 15-month investigation. Following Pagano et al’s (2004) investigation linking helping to better treatment outcomes in Project MATCH, participants were considered to be helping if they endorsed the form: “Have you been a sponsor in the last 90 days?” and/or reported completing Step 12 in the last 90 days. Twelfth Step work is considered service work. Step 12 readings, “Having had a spiritual awakening as a result of these steps, we tried to carry this message to other alcoholics, and to practice these principles in all our affairs.”

**SUMMARY OF RESULTS**

In preliminary analyses, none of the demographic characteristics we measured predicted helping others, except for age, which was positively associated with helping. However, the relationship between age and helping did not replicate in multivariate models (see Table 2). Further, none of the static baseline characteristics (Table 2) showed that helping was not associated with any clinical factors measured at baseline, such as alcohol consumption, DSM-IV diagnosis of Antisocial Personality Disorder, DSM-IV diagnosis of Major Depression, DSM-IV diagnosis of Bipolar Disorder, Time-varying Psychological Factors:

- Has a sponsor
- Purpose in Life
- Alcohol Abuse Self-Efficacy
- AA Factors:
  - Number of AA meetings attended
  - Number of AA Steps worked
- Psychological Factors:
  - Antisocial personality disorder
- Time-varying Psychological Factors:
  - Twelve-step facilitation (TSF)
  - Cognitive Behavior Therapy (CBT)
  - Motivational Enhancement Therapy (MET)

**FOOTNOTE FOR RESULTS:**

To clarify the finding for depression, we examined depression scores before and after starting to help others in one post-hoc analysis. Random effect regression analyses demonstrated elevated BDI scores in the assessment prior to helping (M=10.29, SD=5.58), significantly lower BDI scores at initiation of helping (M=7.20, SD=4.58), and similar lower BDI scores at the following assessment (M=7.20, SD=4.58).

**IMPLICATIONS**

Individuals of all demographic backgrounds are equally likely to help in AA. However, increases in religious or spiritual orientation seem to be important instigators of helping, as are positive experiences with sobriety, increased confidence in one’s ability to resist temptation, and increased sense of purpose. All of these effects operate independently of the influence of AA affiliation indicators. The relationship between increased depression and the initiation of helping was surprising and may indicate higher depression or effort to feel better by helping others. (Post-hoc analyses suggest that helping may indeed have a salutary effect.)

Findings are noteworthy for extending prior work relating greater spirituality to greater helping (e.g., Zemore, 2004). Still, readers might note that religious orientation does not seem to influence the efficacy of 12-step participation (Tonigan et al., 2002).

The null findings for treatment assignment are important, as we expected assignment to twelve-step facilitation (TSF) would result in greater odds of helping. Results suggest that TSF programs may need to address the process and benefits of helping explicitly and systematically in order to maximize helping activities, and hence outcomes.