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Al-Anon Family Groups' Newcomers and Members: Concerns about the Drinkers in their Lives

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Background and Objectives: Despite Al-Anon's widespread availability and use, knowledge is lacking about the drinkers in attendees' lives. We filled this gap by describing and comparing Al-Anon newcomers' and members' reports about their "main drinker" (main person prompting initial attendance).
Methods: Al-Anon's World Service Office mailed a random sample of groups, yielding completed surveys from newcomers ($N = 362$) and stable members ($N = 265$).
Results: Newcomers' and members' drinkers generally were comparable. They had known their drinker for an average of 22 years and been concerned about his or her's drinking for 9 years; about 50% had daily contact with the drinker. Most reported negative relationship aspects (drinker gets on your nerves; you disagree about important things). Newcomers had more concern about the drinker's alcohol use than members did, and were more likely to report their drinkers' driving under the influence. Drinkers' most frequent problem due to drinking was family arguments, and most common source of help was 12-step groups, with lower rates among drinkers of newcomers. Concerns spurring initial Al-Anon attendance were the drinker's poor quality of life, relationships, and psychological status; goals for initial attendance reflected these concerns.
Discussion and Conclusions: The drinker's alcohol use was of less concern in prompting initial Al-Anon attendance, and, accordingly, the drinker's reduced drinking was a less frequently endorsed goal of attendance.
Scientific Significance: Family treatments for substance use problems might expand interventions and outcome domains beyond abstinence and relationship satisfaction to include the drinker's quality of life and psychological symptoms and in turn relieve concerns of family members. (Am J Addict 2014;XX:XX –XX)

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INTRODUCTION

Al-Anon Family Groups (Al-Anon), a 12-step mutual-help program, is the most widely-used form of help in the US for concerned other people (COs) who are family and friends of problem-drinking individuals.[1–3] Of approximately 25,000 Al-Anon groups in over 130 countries, about 15,700 are in the US and Canada.[4] Despite Al-Anon's widespread use, empirical knowledge is lacking about the drinkers in attendees' lives. This study's purpose was to fill this gap by describing and comparing Al-Anon newcomers' and members' reports about their "main drinker," that is, the person who is the main reason the Al-Anon attendee initiated going to meetings (sometimes called the "qualifier"). Our aims were to study how newcomers and members perceive the characteristics of drinkers, drinker-related reasons and goals for Al-Anon participation, and drinkers' life contexts, including their physical and mental health status, substance use, and personal functioning.

Our focus on drinker characteristics helps to determine whether newcomers, who may or may not continue to attend meetings, have similar drinkers, relationships with their drinkers, and drinker-related influences on the initial decision to try Al-Anon, as stable members do. Possibly, newcomers describe poorer relationships with their drinker, or identify different drinker-related reasons and goals for initial participation, than individuals who have chosen to sustain membership. A complementary focus on drinkers' substance use and related functioning problems is also informative because our findings indicate the extent to which newcomers perceive better or worse life contexts for their drinkers than those seen by stable members. More experience with hearing others' stories as part of the Al-Anon fellowship may be associated with stable members perceiving their drinker's functioning as more or less positive compared to views of newcomers, who have not participated as much in this support group.

Drinkers

Studies of Al-Anon have focused mainly on meeting attendees with long-term, stable membership, and tend to be outdated. Perhaps in keeping with Al-Anon's philosophy of focusing on the self instead of on the drinker, very little is known about drinkers' demographic characteristics, relationships with Al-Anon attendees, amounts and consequences of alcohol and drug use, or help-seeking. A recent Al-Anon membership survey ($N = 3{,}232$, averaging 12 years of continuous membership) determined that most drinkers were male.[5] Al-Anon members attribute increased satisfaction regarding their relationship with their drinker to Al-Anon attendance,[6–9] suggesting that newcomers may have poorer relationships with their drinker and more concern about their drinker's substance use than stable members do. Al-Anon attendees were concerned about the drinker's drinking for an average of more than 7 years before they sought help from Al-Anon.[9]

Drinker-Related Al-Anon Attendance

Research findings are clear that COs are often distressed and function poorly.[10–13] However, studies have not reported COs' perspectives on reasons for seeking help, or on what they hope to gain for the drinker by seeking help for themselves. For example, behavioral couples therapy for people with substance use disorders is helpful in building support for abstinence and improving relationship functioning,[14,15] but it is not clear that this is what spouses hope to gain by entering treatment. Other marital and family therapies focus on teaching coping skills to deal with the drinker's substance-related situations, or on initiating change in treatment-resistant drinkers,[2] but more evidence about whether COs are seeking these changes would be helpful. Therefore, we asked Al-Anon newcomers and members whether an array of problems their drinker may have had were reasons they initiated Al-Anon attendance, and about potential benefits for their drinker of their initiation of Al-Anon attendance.

METHOD

Sample

Although the procedure was designed to survey newcomers to Al-Anon, we received surveys from both newcomers (had attended 6 Al-Anon meetings or fewer, lifetime) and members (more than 6 Al-Anon meetings, lifetime); the definitions of newcomers and members were determined according to Al-Anon convention. The sample of 627 Al-Anon attendees was composed of 362 (57.7%) newcomers (mean lifetime number of Al-Anon meetings = 3.3, SD = 1.7), and 265 (42.3%) members (mean lifetime number of meetings = 62.5, SD = 151.4). In the 6 months prior to the survey, newcomers had attended an average of .2 meetings per week, compared to members' average of 1.5 meetings per week.

Most respondents were female (84.4%), white (92.3%), and had health insurance (82.3%); 49.6% were currently married and 61.6% were employed. On average, respondents were 48.5 years old (SD = 13.3) and had 14.9 years (SD = 2.1) of education and about $50,000 (SD = about $64,500) of annual personal income. Respondents were residentially stable (had lived in their present residence for 9.6 [SD = 10.4] years), and most were living with family (68.1%). Newcomers and members generally did not differ on these demographic characteristics. Respondents lived in 49 of the United States (55% in suburban, 20% in rural, and 25% in urban, areas).

Procedure

To acquire the sample, Al-Anon Family Groups World Service Office (WSO) mailed (but did not pay for) a random sample of 4,500 Al-Anon groups. The mailing introduced the study, asked permission for research staff to contact the group, and stated that the group was free to accept or refuse. Representatives were asked to return their group's permission to be contacted, their contact information, and an estimate of the number of newcomers attending their group per month directly to the researchers in prepaid envelopes; "newcomer" was defined. Of 979 groups (22%) responding, 853 (87%) gave permission, and 126 (13%) refused due to the infrequency of newcomers ($N = 56$, 44.4%), the study being viewed as contrary to the 12 Traditions ($N = 23$, 18.2%) or as too uncomfortable for newcomers ($N = 14$, 11.1%), miscellaneous (eg, "too much to do," "science should not be used to study Al-Anon") reasons ($N = 10$, 8.1%), and no reason ($N = 23$, 18.2%).

Research staff mailed responding Representatives a cover letter explaining procedures to hand out surveys to newcomers and the purpose and potential benefits of the survey, and inviting them to call and discuss questions or concerns. The mailing included the number of survey packets corresponding to the estimated number of newcomers per month. Representatives were given a standard script to follow and asked to give the survey to the next newcomer at their meetings, without regard to demographic or other characteristics. If newcomers declined the survey, Representatives offered it to the next newcomer. Representatives were asked to send a notice to research staff (envelope provided), indicating how many newcomers who were approached declined. Of 853 groups contacted, 784 (91.9%) returned notices; of these, 672 (85.7%) participated, and, on average, had obtained a refusal from less than one newcomer ($M = .48$, SD = 1.2). Reasons for refusals ($N = 112$) were: survey would be too uncomfortable for newcomers ($N = 48$, 42.9%), lack of newcomers ($N = 38$, 33.9%), contrary to Traditions ($N = 20$; 17.8%), miscellaneous ($N = 3$, 2.7%), and no reason ($N = 3$, 2.7%).

A cover letter with the newcomer questionnaire and consent form provided a study summary (aims; methods; the survey's voluntary and confidential nature, basic content, and time requirements; how to contact project staff; request to complete the survey within 2 weeks). Surveys were received from 54% ($N = 360$) of groups that agreed to participate. Respondents ($N = 627$; mean number per group = 1.9; SD = 1.2) were offered a $25 gift card. They returned their consent form and questionnaire in separate envelopes to protect confidentiality.

Survey

Survey items were drawn mainly from the Health and Daily Living Form (HDL),[16] which has demonstrated strong psychometric characteristics in family studies of alcohol use or other mental health disorders.[17,18] The survey was pretested with four individuals (Al-Anon group secretary, long-term member, newcomer, drop-out).

The survey ascertained drinkers' *demographic and relationship characteristics* (Table 1) and *substance use and its consequent problems and help obtained* (Table 2). It asked about *drinker influences on the individual to decide to initially come to an Al-Anon meeting*. Respondents noted whether they initially came to Al-Anon because of (a) each of 9 problems of the drinker, and (b) each of 18 concerns about the drinker (Table 3). Also, respondents reported whether each of nine possible goals of initial Al-Anon attendance with regard to the drinker was a goal for them, and what they hoped to gain for the drinker by initial Al-Anon attendance (Table 4).

Data Analysis

We compared the drinkers of newcomers and members using *t*-tests for continuous variables, and Chi-square tests for categorical variables.

RESULTS

Drinker Characteristics

On average, drinkers were in their mid-40s and most were male (Table 1). Both groups of Al-Anon attendees had known their drinker for an average of more than 20 years. Roughly one-half of both newcomers and members had daily, in-person and other contact with the drinker. Most newcomers and members reported negative aspects of their relationship with their drinker in the past 6 months, especially the drinker getting on their nerves, and having disagreements with the drinker about important things.

The drinker's drinking had been problematic for an average of more than 12 years and had troubled the Al-Anon attendee for an average of more than 9 years. Almost two-thirds of newcomers had "a lot" of concern about the drinker's drinking, compared to about one-half of members. Al-Anon attendees were less concerned about their drinker's drug use; however, about one-quarter were worried about their drinker's prescription and non-prescription drug use.

Drinker Substance Use and Help-Seeking

About two-thirds of newcomers and members' drinkers had drunk alcohol in the past 30 days (Table 2). On average, in the past month, drinkers who drank had a drink on about 20 days, 9 drinks on a typical drinking day, and engaged in binge drinking (ie, $\geq$5 drinks on a single occasion) 14 times. On average, in the past month, drinkers used prescription drugs about 13 days, and non-prescription drugs about 4 days.

The most frequent problem drinkers had due to their drinking was family arguments (Table 2). Also common were psychological and physical health, money, and job-related problems. Newcomers were more likely than members to report that their drinker had been driving under the influence of

TABLE 1. Al-Anon newcomers' ($N = 362$) and members' ($N = 265$) drinkers' demographic and relationship characteristics

	M (SD) or % (N)		
Drinker demographics	Newcomers	Members	t or χ^2
Age	44.1 (15.3)	43.1 (16.3)	.71
Male	73.9 (257)	76.9 (160)	.66
Relationship with drinker			
Years known drinker	21.5 (14.8)	22.4 (14.8)	−.70
Daily in-person contact with drinker	53.0 (184)	53.1 (111)	.001
Daily other (email, phone) contact with drinker	51.5 (168)	49.0 (94)	1.23
Past 6 months, drinker			
Got on your nerves	88.2 (305)	87.7 (185)	.03
Disagreed with you about important things	81.4 (281)	83.9 (177)	.54
Expected more from you than he/she gave	74.3 (257)	68.6 (144)	2.12
Got angry or lost his/her temper with you	72.3 (251)	73.5 (155)	.08
Was critical or disapproving of you	70.3 (241)	72.4 (152)	.28
Concern about drinker's substance use			
Years troubled by drinker's drinking	9.4 (10.5)	9.3 (10.8)	.13
Years drinker's drinking has been a problem	12.5 (12.8)	13.4 (12.6)	−.71
A lot of concern about drinker's			
Drinking alcohol	62.4 (219)	48.8 (102)	10.16*
Prescription drug use	29.8 (103)	23.4 (49)	3.77
Non-prescribed drugs	28.8 (101)	31.0 (65)	1.95

*$p < .01$.

TABLE 2. Al-Anon newcomers' ($N = 362$) and members' ($N = 265$) drinker's substance use and help-seeking

Drinker's substance use, past 30 days	M (SD) or % (N)		
	Newcomers	Members	t or χ^2
Drank alcohol	69.9 (253)	65.1 (174)	1.57
Number of days[a]	19.9 (10.4)	18.8 (11.3)	.80
Number of drinks, typical drinking day[a]	8.8 (8.7)	9.4 (9.2)	−.50
Number of times had ≥5 drinks[a]	14.9 (11.0)	12.3 (11.2)	1.49
Number of days used			
Prescribed drugs	14.2 (14.4)	11.8 (14.1)	1.68
Non-prescribed drugs	4.1 (9.2)	3.6 (8.5)	.54
Drinker's problems due to substance use			
Family arguments	69.8 (243)	70.0 (147)	.00
Psychological health	65.5 (228)	61.0 (128)	1.18
Money	60.6 (211)	58.6 (123)	.23
Physical health	60.1 (209)	57.4 (120)	.38
Driving under the influence (DUI)	54.2 (188)	37.8 (79)	14.00***
Job or school	53.6 (186)	54.3 (114)	.03
Trouble with friends or neighbors	43.2 (150)	39.5 (83)	.74
Broke or damaged property	25.4 (88)	26.0 (54)	.03
Arrested	15.8 (55)	14.9 (31)	.08
Physically hurt someone else	14.7 (51)	12.4 (26)	.54
Put in jail	14.4 (50)	13.9 (29)	.02
Drinker's help (past 6 months)			
Substance problems			
Detoxification	27.9 (95)	24.7 (58)	.76
Inpatient or residential	28.3 (96)	26.6 (53)	.18
Outpatient	30.7 (104)	42.0 (84)	7.10**
12-step self-help groups	43.6 (149)	53.2 (109)	4.74*
Medical problems			
Inpatient	17.5 (60)	15.5 (32)	.37
Outpatient	29.5 (101)	32.5 (67)	.54
Self-help	5.0 (17)	5.9 (12)	.20
Psychological problems			
Inpatient or residential	9.7 (33)	9.7 (20)	.00
Outpatient	22.3 (76)	26.2 (54)	1.09
Self-help	7.6 (26)	8.3 (17)	.08
Couples/family problems			
Outpatient	12.9 (44)	15.5 (32)	.74
Self-help	8.5 (29)	7.4 (15)	.23

[a]Calculated only for drinking drinkers.
*$p < .05$; **$p < .01$; ***$p < .001$.

alcohol or drugs. Newcomers and members reported that their drinkers tended to be relatively aggressive; about one-quarter broke or damaged property and about 14% had physically hurt someone else.

About one-quarter of newcomers' and members' drinkers had undergone detoxification, and/or obtained inpatient or residential care for substance use problems in the past 6 months (Table 2). Drinkers were somewhat more likely to have obtained outpatient care, and even more likely to have attended 12-step groups, with drinkers of members having higher rates of such help. About one-quarter to one-third of drinkers had obtained outpatient care for medical and/or psychological problems.

Drinker Influences on Initial Al-Anon Attendance

Regarding chronic life stressors, the main drinker-related influences on newcomers and members initially attending an Al-Anon meeting were problems with the drinker's overall quality of life and well-being, and the drinker's relationship with the respondent (Table 3, top section). Initial Al-Anon attendance was also prompted by the drinker's problematic

TABLE 3. Al-Anon newcomers ($N = 362$) and members ($N = 265$): drinker's problems that were a reason to initially come to Al-Anon

Drinker's problems	Newcomers % (N)	Members % (N)	χ^2
Overall quality of life or well-being	89.6 (310)	87.7 (186)	.48
Relationship with: You	86.2 (301)	84.0 (178)	.55
Relatives	68.6 (236)	70.6 (149)	.25
Spouse/partner	60.6 (208)	52.7 (109)	3.37
Friends	59.8 (205)	57.1 (121)	.39
Children	53.2 (184)	42.7 (90)	5.81*
Finances	62.1 (213)	61.1 (129)	.05
Work or school	54.0 (183)	56.4 (119)	.31
Police or criminal justice system	29.6 (101)	29.3 (61)	.01
Concern that your drinker			
Is depressed or moody	85.4 (299)	83.7 (174)	.32
Is confused about how to cope with life's problems	85.0 (295)	81.0 (170)	1.57
Is missing what's important in life	84.1 (290)	81.4 (171)	.64
Is stressed, tense, anxious, or unable to relax	79.9 (278)	84.5 (175)	1.88
Is angry	77.9 (272)	78.7 (163)	.05
Has bad feelings about him or herself	77.5 (268)	79.8 (166)	.42
Causes harm to self and/or others by drinking[a]	73.3 (253)	67.5 (140)	2.13
Feels lonely and isolated	71.3 (246)	74.0 (154)	.49
Is neglecting responsibilities	70.4 (243)	69.5 (146)	.05
Drinks too much, too often, around other people[b]	69.7 (241)	64.2 (132)	1.95
Feels hopeless	66.5 (230)	70.9 (146)	1.15
Does not have a satisfying spiritual life	65.6 (227)	68.9 (168)	.68
Has physical health problems	55.2 (200)	57.3 (118)	.01
Uses drugs	41.5 (142)	44.5 (93)	.47
Receives verbal/physical abuse	24.9 (85)	23.8 (48)	.09

[a]Three items were combined such that endorsement of one or more was counted as endorsement.
[b]Two items were combined such that endorsement of one or both was counted as an endorsement.
*$p < .05$.

relationships with relatives, the spouse/partner, and friends, as well as the drinker's financial and work problems. Compared to members, newcomers were more likely to report that the drinker's problems in relationships with children initiated their attendance at Al-Anon.

The main concerns about the drinker that influenced initial Al-Anon attendance (Table 3, bottom section) were the drinker's negative feelings: being depressed or moody and confused about how to cope with life's problems, missing what's important in life, being stressed and angry, and having bad feelings about him or herself (78–85%). Secondary concerns about the drinker that prompted attendance were the drinker harming him/herself and others, feeling lonely and isolated, and neglecting his or her responsibilities, in addition to the drinker drinking too much, feeling hopeless, and lacking a satisfying spiritual life (64–71%). Fewer, but still a majority, of Al-Anon attendees endorsed the drinker having physical health problems (56%), as reasons for initial Al-Anon attendance.

Drinker-Related Goals of Al-Anon Attendance

Most newcomers and members endorsed drinker-related goals of initial Al-Anon attendance to be a better relationship between the drinker and him or herself (the Al-Anon attendee-respondent), and better quality of life and well-being for the drinker (Table 4). Most Al-Anon attendees also wanted the drinker to have better relationships with relatives and friends, and a better financial situation. Newcomers were more likely than members to endorse the goal of the drinker having a better relationship with his or her spouse or partner.

Other gains that most newcomers and members hoped for by their Al-Anon attendance were the drinker having less stress and learning better ways to relax, engaging more in what's important in life, and feeling better about him or herself and more hopeful, as well as less depressed, confused, angry, and lonely. Additional common goals were the drinker having better physical health, meeting responsibilities, and having a more satisfying spiritual life. Perhaps surprisingly, newcomers and members' goals directly related to the drinker's drinking were endorsed less frequently than all of the preceding goals of initial Al-Anon attendance; these mainly involved less risk of the drinker's drinking causing harm to self and others, and less drinking overall. Newcomers were more likely than members to endorse the goals of their drinker having less depression and reduced drinking.

TABLE 4. Newcomers' ($N = 362$) and members' ($N = 265$) goals of Al-Anon attendance for drinker

Better	Newcomers % (N)	Members % (N)	χ^2
Relationship with: You	89.2 (306)	90.3 (187)	.19
Relatives	60.8 (206)	65.4 (134)	1.15
Spouse/partner	59.1 (201)	48.3 (100)	6.07**
Friends	53.6 (181)	57.1 (117)	.64
Children	50.7 (172)	44.1 (90)	2.24
Overall quality of life and well-being	84.7 (288)	84.9 (174)	.00
Finances	54.4 (185)	52.2 (107)	.25
Work or school performance	50.3 (169)	46.8 (95)	.62
Police, law, criminal justice system problems	28.8 (98)	25.1 (51)	.87
What you hope drinker gains			
Less stress, anxiety; better ways to relax	75.7 (261)	75.5 (154)	.00
Engages more in what's important in life	75.1 (260)	68.8 (139)	2.58
Feels better about self	74.6 (259)	69.1 (141)	1.97
Less depressed, moody	73.5 (255)	65.2 (133)	4.24*
Less confusion about how to cope with life's problems	72.8 (252)	67.3 (138)	1.89
More hope	70.3 (223)	68.4 (128)	.20
Less angry	68.5 (237)	70.2 (144)	.18
Less lonely, isolated	66.8 (231)	65.0 (132)	.17
Better physical health	65.5 (226)	60.2 (121)	1.55
Better meets responsibilities	64.2 (222)	58.8 (120)	1.56
More satisfying spiritual life	61.0 (210)	62.6 (127)	.12
Less risk of drinking causing harm to self and/or others[a]	60.7 (208)	56.1 (114)	1.12
Reduces drinking, around other people[b]	58.7 (202)	50.8 (103)	3.50*
Less drug use	38.2 (131)	37.3 (76)	.05
Stops receipt of physical/verbal abuse	37.3 (128)	37.9 (77)	.02

[a]Two items were combined such that endorsement of one or both was counted as an endorsement.
[b]Three items were combined such that endorsement of one or more was counted as endorsement.
*$p < .05$; **$p < .01$.

DISCUSSION

Al-Anon newcomers and members were generally similar in terms of how they described their drinkers, but there were a few key differences. Newcomers more often had "a lot" of concern about their drinker's drinking, which fits with their more frequent reports that their drinkers had been driving under the influence of alcohol or drugs, and with their observations that their drinkers were less frequently obtaining help from outpatient or 12-step programs. Newcomers were also more likely to have, as a goal of initial Al-Anon attendance, the drinker becoming less depressed and drinking less, such as around other people. However, both newcomers' and members' reasons and hopes for initial Al-Anon attendance focused more on the drinker's quality of life, relationships, and psychological functioning than on the drinker's drinking.

Drinker Characteristics

Consistent with our findings, studies of individuals with alcohol use disorders who were seeking treatment showed that the majority were male and had an average age in their mid-40s.[19] We found that Al-Anon members reported having problems in their relationship with their drinker as frequently as newcomers did. Although some problems in these areas (eg, gets on your nerves, disagrees with you about important things) may be normative in long-term relationships (on average, drinker relationships had existed for two decades) that involve a high frequency of daily contact (about 50% of respondents and drinkers), the findings suggest an elevated level of relationship problems compared to those reported by spouses and friends of non-problem drinkers.[20,21] Combined with reports of many years of being troubled by the drinker's drinking (on average, almost a decade), and the drinker's violent behaviors (31% had damaged property and/or physically hurt another person), the problematic relationships reported by Al-Anon attendees support the idea that COs and their drinkers are often in need of relationship counseling.[2]

Newcomers had more concern about their drinker's drinking than did members, and were more likely to have initiated Al-Anon attendance in hopes that the drinker would reduce drinking and/or drink less around other people. This finding held even though there was no difference between newcomers' and members' reports of drinkers' drinking frequency and amounts. In Al-Anon, family members are

advised to detach from the loved one, focus on themselves, and obtain help for their own emotional distress to increase the skills they need to cope with the difficulties of living with someone misusing substances.[22] Our finding that members had less concern than newcomers did about their drinker's drinking, even though drinking patterns were similar, suggests that members may have accepted Al-Anon's message of detachment, thereby lessening their concern. It is important to note, however, that newcomers' drinkers were more likely to have driven under the influence of substances, which may have prompted newcomers' concern and more focus on the drinker reducing drinking.

Although Al-Anon attendees were more likely to be concerned about their drinker's drinking than drug use, nearly 30% had "a lot" of concern about their drinker's prescription and non-prescribed drug use. In the most recent Al-Anon membership survey, 34% of members initially joined Al-Anon because a person with a drug problem was negatively affecting their lives.[5] Al-Anon is intended for COs coping with alcohol problems, whereas Nar-Anon Family Groups is intended for those concerned about another's drug use.[23] However, due to the increasing prevalence of co-occurring problematic alcohol and drug use, attendance at 12-step groups targeting the use of a different substance (eg, Alcoholics Anonymous for individuals addicted to drugs) is now common.[24]

Close to 50% of drinkers were reported to have attended 12-step groups during the past 6 months. Similarly, in the Al-Anon membership survey, 47% of identified drinkers were reported to be members of Alcoholics Anonymous. Our finding that drinkers of members were more likely than those of newcomers to have attended 12-step groups supports the suggestion that there may be reciprocity between a CO's Al-Anon participation and the drinker's 12-step group participation,[25,26] although more rigorously designed prospective studies are needed to examine this hypothesis.

Drinker Concerns and Goals of Initial Al-Anon Attendance

Concerns that spurred Al-Anon attendees' initial meeting attendance focused on the drinker having a poor quality of life, poor relationships, and psychological symptoms (depression, confusion, stress, anger, low self-esteem, loneliness). Not surprisingly, their goals for initial Al-Anon attendance reflected these concerns; in addition to wanting the drinker to have a better relationship with him or herself (the CO), they wanted their drinker to have a better quality of life, more well-being by feeling less stressed, depressed, confused, angry, and isolated, and to be more hopeful, self-confident, and engaged in what's important in life. Perhaps unexpectedly, the drinker's drinking was of relatively less concern in prompting initial Al-Anon attendance than was the drinker's overall well-being, relationships, and psychological state. Specifically, supplementary Chi-square tests indicated that participants were significantly more likely to endorse the drinker's quality of life, relationship with the participant, and depression, confusion, missing life, stress, and low self-esteem as reasons for initial attendance than harm caused by drinking ($ps < .05$). Accordingly, newcomers and members' initial attendance goals related to the drinker were less frequently to reduce harm due to drinking than to help improve these aspects of the drinker's life ($ps < .05$ in supplementary analyses).

These results suggest that studies of couples and family treatments for substance use problems should expand outcome domains and interventions beyond the primary foci of reduced substance use and increased relationship satisfaction.[2] This expansion might include the drinker's psychological symptoms co-occurring with substance misuse and relationship dysfunction, which in turn might relieve COs' concerns in this domain. Psychological distress, such as pronounced symptoms of depression and low self-esteem, has been identified as a strong predictor of entry into substance use disorder treatment,[27] and so might be an appropriate target of family-focused interventions.

LIMITATIONS AND CONCLUSIONS

It is important to keep in mind that participants' reports about the drinkers in their lives reflect the reporter's perceptions; these perceptions may be inaccurate, especially among participants who had less contact with their drinker. One limitation of this study was that members reported on their drinker-related reasons for and goals of initial Al-Anon attendance retrospectively. That is, their experiences as Al-Anon members may have affected their reporting on the past (drinker influences and goals). However, a pattern of perceptions about the drinker may have prompted Al-Anon participation rather than been influenced by such participation. In addition, because this was a cross-sectional rather than longitudinal study, and newcomers and members were not randomized and followed prospectively, we cannot attribute differences between the two groups as due to Al-Anon attendance or any other factors. Further, in order to maximize our ability to identify differences between newcomer and member groups that may be informative to providers and 12-step group members, we conducted multiple comparisons without adjustment; however, this means that our findings require replication.

In contrast to Al-Anon's survey of long-term, stable members, which reported that 41% of identified drinkers were still drinking, we found that 68% of drinkers had used alcohol within the past month. This finding underscores that the majority of COs in Al-Anon may be coping with concern about an actively substance-using individual, rather than someone in remission or recovery. We also found that the most common goal of initial Al-Anon attendance was achieving a better relationship with the drinker, which agrees with clinical approaches advising that COs do not want to lose their relationship with the individual who is causing them distress.[28] Possibly, the Al-Anon fellowship offers COs some of the same elements recommended in clinical work with problem-drinking individuals, that is, empathy, enhancing motivation

for change by focusing on goals, and providing choices about future courses of action.[28] Research using longitudinal designs is needed to identify the active ingredients of Al-Anon among members for whom participation is associated with meeting the goal of a better relationship with the drinker.

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Declaration of Interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this paper.

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