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The Role of Stories in Three Non-12 Step Alcohol Online Support Groups

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Abstract. Health-related mutual aid groups provide an important source of information and support for people with a variety of illnesses and health problems. Research has demonstrated the important role of story-telling for people in Alcoholics Anonymous (AA) face-to-face meetings, for example, in informing new members about the organization's beliefs about alcoholism. There has been limited research examining the role that story plays in online AA, and even less research on story in non-AA/non-12 step groups. This paper explores the role of stories in three alcohol online support groups (AOSGs) that do not follow the 12-step philosophy, but offer very different beliefs about problem drinking and approaches to managing it. The paper reports on thematic analysis of the three groups' discussion forum messages, from which the role that story plays in the groups is identified. It is part of a wider study of the role discussion forums of AOSGs can play in informing users' 'representations' or beliefs about alcoholism/problem drinking.

Keywords: Online Support Groups; Alcohol; Story; Narrative; Mutual aid

1 Introduction

Lay beliefs about an illness or problem have now been shown to have important impacts on the clinical and social outcomes of treatment [7, 11, 14]. For example, the interpretation a person places on their 'symptoms' will influence what they decide to do about it, which in turn will impact on whether, and how, the issue is handled, and what the outcomes are from it. In terms of problem drinking, if an individual does not believe that they can stay sober, or does not believe that their drinking is a problem, they may not attempt to deal with it. The condition may escalate and lead to many of the social, personal, health and economic problems that can be caused by excessive drinking to an individual or society.

These influential lay beliefs can be formed in various ways over the course of an individual's lifetime, as a result of exposure to many different information sources. One possible influence in terms of alcohol is the information provided by support groups available to problem drinkers. (For the purpose of this paper no distinction is made between alcoholism and problem drinking, which are seen as points on a continuum of Alcohol Use Disorder in accordance with the Diagnostic and Statistical Manual 5 [1] definition.). Support groups are available in face-to-face and online formats, the latter usually including discussion forums. Within these, people can seek

information, ask questions and exchange knowledge, including that gleaned from personal experience.

The most influential and widespread alcohol online support group (AOSG) is Alcoholics Anonymous (AA), an international mutual aid group that espouses a definition of alcoholism as a disease, remedied by a 12-step programme. AA has influenced many state and private treatment programmes in the Western world. There has been much research into face-to-face AA and its effects, including into the central importance of members' use of story to convey the organisation's messages. There has also been some research into AA online in this regard. The aim of this paper is to explore whether similar processes are at work when stories are told in non-12 step AOSGs.

It is important to know more about this as problem drinking remains a significant problem in western society, and treatment figures are low. As more individuals turn to the Internet for help with health issues, improving understanding of, and access to the help available in online environments is vital. Given the centrality of 'story' to AA (as will be shown below), it is important to examine if this is used in the same way in other AOSGs. This study will briefly identify four types of story found in three AOSGs with contrasting beliefs, and will discuss the role of stories generally in the groups.

1.1 Definition of Story

Agreed by many to be a universal human activity [17], story-telling can be defined as follows:

“A teller. . . takes a listener into a past time or ‘world’ and recapitulates what happened then to make a point, often a moral one” (Riessman [15] p3)

“[Story-tellers] recount the events of their lives and narrate them into temporal order and meaning” (Sandelowski [16] p. 161)

For this study, narrative and story were deemed interchangeable, and the definitions above were adopted. Both indicate three elements: events or actions, a temporal element or sequence to these, and meaning, or how the person makes sense of what happened, what the point of the action is and therefore why the story has been told.

2 Literature Review

Cain [3, 4] showed how face-to-face AA teaches newcomers its culture, beliefs and practices, largely through stories. Newcomers learn to reinterpret their past and reconstruct their identities, moving from being drinking non-alcoholics to non-drinking alcoholics. They do this through listening to the drinking and recovery stories of others and identifying with them, interpreting their own story in the same way and telling it in their turn to help others. Newcomers also learn from others' reactions to their stories, and by observing how other members react to these, specifically which parts of the newcomers' narratives they endorse (identify with), and which they correct.

‘Correction’ happens when a speaker tells similar stories from their own life with alternate, AA-compatible interpretations and explanations. The original speaker is not overtly corrected: it is done implicitly, with “advice disguised as self-disclosure” to adopt Lewis’s term [10] p10.

Storytelling in online support groups has received some research attention [e.g., 9]. However, there is little research on AOSGs [13] and storytelling. Coulson [5, 6] found that storytelling was used in a similar way to face-to-face AA in two online support groups which clearly followed an AA/12-step philosophy. Lyytikäinen [12], using Howard et al.’s three-phase model of therapeutic change, also showed how storytelling is used to teach in the Russian version of AA online. Story there is central to the ‘remoralisation’ phase where an individual’s ideas about a problem are re-worked and hope for change instilled. In 1999, Hanninen & Koski-Jannes [8] suggested that the stories of alcoholics online outside AA/12-step fellowships had received little in-depth analysis, and this situation remains the same today. There have been no in-depth studies of story in non-AA AOSGs: a gap which this paper begins to address.

3 Methods

A qualitative methodology was adopted for this study. Following ethical approval from The University of Sheffield, consent to analyse postings was obtained from the moderators of three AOSGs which do not follow the 12-step philosophy. These were groups with publicly available discussion forums on their sites, two of which also offered other facilities (e.g., information pages, blogs). They were aimed at adults with alcohol problems, written in English and differing in size, location and social norms. The three were purposively selected from a list as holding contrasting beliefs about alcoholism and its treatment (Cognitive Behavioural Therapy, medication, and harm reduction are the three different approaches to treatment). Five hundred messages per group were analysed from threads posted to between August and October 2015. This period was chosen to avoid current postings: in one case the group notified members that the study was taking place (and offered them the option of withdrawing their posts from the study which was not taken up). Whilst the researcher did not post on any of the forums, awareness of their presence analysing current posts could have been off-putting to the members of that group.

The samples of posts were downloaded and anonymised, then coded using NVivo 11 and analysed thematically using Braun & Clarke’s method of thematic analysis [2]. The steps involved were:

- Familiarisation with the data
- Coding using a scheme partly derived from the literature review and partly arising inductively from the sampled material
- Grouping codes into themes relevant to the topic
- Reviewing and defining the themes

Additionally the sites’ information pages about problem drinking examined to establish the beliefs about alcoholism views promoted in them.

4 Findings

4.1 Types of stories identified

A key theme emerging from the analyses centred on the importance of stories and anecdotes. At least 98 were identified in the sampled material. Several common types of stories were found and their typical structure analysed, specifically:

- Drinking life-stories – accounts of an individual’s drinking and recovery
- Moderate drinkers’ tales – accounts of attempts at moderate drinking that escalate over time, leading back to problem drinking
- Experimenters’ tales - stories of experimentation with alcohol or with medication to treat problem drinking
- Treatment tales – accounts focusing on treatment, which may or may not involve the medical profession

Stories varied in length from one or two sentences to one or more lengthy posts, sometimes occurring over different threads.

4.2 The Role of Stories

Advice and information giving

The key use of story in AA was described above as giving “advice disguised as self-disclosure” (Lewis [10] p.10). Story is also used to convey advice in the non-AA online groups:

“I was trying to get through to [Alan] with my story...I wanted to turn him away from alcoholism, not to boast about my drinking” (John, B1, 11) (All quotations from the forums have been carefully re-worded to protect members’ privacy, whilst retaining the original meaning).

Here a drinking life-story describing a sudden descent into alcoholism was used as a teaching mechanism, and its power was assumed to derive from the possibility that the reader would identify with it and listen to the writer as they were similar. However, there is a marked difference from AA in that in the actual telling of the story the writer was explicit about the meaning, and about applying this to the original poster [OP].

“You meant to be funny, but it’s not sensible to think like that. I had an ongoing joke that I wasn’t an alcoholic, just working on becoming one. I didn’t think I could just suddenly get addicted” (John, B1, 11)

The point of using a personal story was to reach someone through inviting identification, and to exemplify or reinforce the simply stated message. In all three groups attempts to correct someone were overt: disagreement, feedback and correction were ‘allowed’ by the groups and therefore explicit: subtle correction through story was not necessary.

Through story, members can also provide information, experiential knowledge and a 'path' for others, showing them what may lie ahead:

"Your story has given me great information as to what emotions and thoughts to possibly expect" (Olivia, A1, 5)

Empowerment

Individual posters wrote about the effect and value of stories to them. Three common roles that they played for members which were explicitly stated by them include firstly, providing inspiration, motivation and encouragement. This was found in all three groups and the following is a typical example:

"I like hearing stories of people succeeding...some posts and stories I've followed...have been so inspiring." (Deborah, A1, 4)

Secondly, hearing others' stories could reduce members' sense of being alone with the problem, or of feeling unique in being alcoholic, and this, along with inspiration, gave a sense of strength and self-efficacy:

"The more stories we hear from others, the less alone we feel and we draw strength from others. That's what this group does" (Nancy A1, 9)

Thirdly, and as in this example, stories gave hope that a member could achieve what others have achieved. This was particularly prevalent in Group C where users of the method advocated to control drinking (The Sinclair Method or TSM) often felt frustrated at the slow progress they were making:

"it's always heartening to hear someone's success with TSM, especially after trying for a long time." (Vera, C2, 2)

Community

Anecdotes and stories in Group A were observed to reinforce the sense of community, as individuals shared a story whose significance would only be fully understood by other members: this may be in the sense of appreciating its humour, its significance or how annoying something had been. For example, when Michael told an anecdote about a work colleague who suggested he solved his drinking issue by buying more expensive wine and drinking less, he commented: "If only I'd been clever enough to think of that, eh? This is what we have to put up with." (Michael, A1, 10). This prompted sympathetic understanding from other members, one of whom recounted their own anecdote of annoying outsiders. There was less sense of community in Group B, and in Group C, the 'outsiders' tended to be the medical profession that were viewed as not understanding TSM and needing to be 'managed' to enable people to get access to the necessary medication. Stories of difficulties with the medical profession were frequent amongst treatment tales in this group.

5 Conclusion

This study identified the importance of story in three online non-12 step groups, and explored differences and similarities to the use of story to convey advice in face-to-face AA. In the non-12 step groups four types of story (drinking life-stories, moderate drinkers' tales, experimenters' tales and treatment stories) were identified. As well as advice-giving, five possible roles were noted: story can illustrate what is to come for the person entering recovery, provide hope, inspire, reduce loneliness and reinforce a sense of community.

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