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Sanger, S., Bath, P.A. orcid.org/0000-0002-6310-7396 and Bates, J. (2019) 'Someone like me' : user experiences of the discussion forums of non-12-step alcohol online support groups, June 2019. Addictive Behaviors, 98. 106028. ISSN 0306-4603

https://doi.org/10.1016/j.addbeh.2019.106028

'Someone like me': user experiences of the discussion forums of non-12-step alcohol online support groups, June 2019

Abstract:
Background: Peer support is widely acknowledged to be an important factor in recovery from problem drinking. Many seek this from support groups, including those online. Whilst Alcoholics Anonymous (AA) and other 12-step groups have provided help to many people, some individuals do not find them useful. This paper aims to contribute to the current limited knowledge on non-12-step groups, i.e., those that do not follow the approach of AA.
Methods: Twenty-five semi-structured interviews were carried out with users of five non-12-step alcohol online support groups (AOSGs) which differed in approach to recovery from problem drinking, size and location. The study was publicised via the groups, and interviewees self-selected. Data were analysed using thematic and template analysis.
Results: The most important benefit of the groups, according to most interviewees was finding 'someone like me': something that many did not feel they could do elsewhere, including in AA. Another key perceived difference from 12-step groups was that their groups provided support without requiring them to follow a set programme for recovery. The groups respected individuals' rights to choose their own goal for sobriety (e.g., abstinence, moderate drinking) and to choose how they achieved it. Other key benefits included seeing that recovery is possible and sharing experiential information. Some disadvantages of using the forums are also discussed.
Conclusion: The findings report the experiences and perceptions of twenty-five users of non-12-step AOSGs. These are groups that have received little research attention so the findings offer a rare insight into users' opinions on these sources of peer support.

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Keywords: Alcohol, Online support groups, Mutual aid groups, Online groups, Non-12-step, Internet

1. Introduction

Peer support has long been recognised as an important factor in recovery from problem drinking[1], including in the UK's and USA's national guidelines for treatment [2-3]. Peer support can be obtained in different ways, including via alcohol support groups. The best known, longest established and most widespread of these groups is Alcoholics Anonymous. Much research has been carried out on its face-to-face format, for example, on its effectiveness in improving outcomes [4-6], why and how it works [7-8], its members' characteristics [9], and its use by specific populations [10-11]. There has been less focus on AA's online platform and even less on non-12-step groups, i.e., groups taking an alternative approach to AA's 12-step programme of recovery. As Zemore states:

> "research on these groups is extremely sparse, and there are no known longitudinal comparative studies . Additional research on 12-step alternatives – and particularly secular alternatives – is sorely needed" [12, p19]

Research has predominantly been restricted to a handful of better-known groups, (e.g., Smart Recovery, Women for Sobriety and Moderation Management). Research into their face-to-face format includes comparisons with AA/12-step groups [12-16], descriptive overviews of groups [17 - 18], research into user experiences [19] and group efficacy [20-21].

Previous research has examined the advantages and disadvantages of online health support groups generally. Advantages include, for example, their 24/7 availability [22-23], the possibility of greater anonymity than is offered by a face-to-face group [24-25], and that they provide time for considered

responses that more accurately reflect users' views [24, 26]. Disadvantages include trolling and flaming [26], having to wait for a reply or not receiving one [22-23] and the lack of visual clues leading to misunderstandings [26]. Research specifically into non-12-step AOSGs include studies of single groups [18, 27-30], analysis of the content or themes of discussion forum postings [31], participatory patterns in discussion forums [32, 39] and user characteristics [33]. A wide range of such groups exist beyond the better-known ones, offering many different approaches to recovery from problem drinking.

This paper aims to answer the following research questions:

1. What do users perceive to be the key benefits and disadvantages of non-12-step online support groups for people with alcohol problems?
2. To what extent do these benefits and disadvantages appear to be a connected to the groups non-12-step philosophy and/or online format?

The study seeks to identify what users felt to be key aspects. Rather than assessing benefits and disadvantages that are unique to each group, it focuses on themes found across a range of groups, whose transferability to other non-12-step groups may then be explored in further research.

2. Method

This research was part of a two-arm study, ethically approved by the University of Sheffield. The first arm involved analysis of discussion forum postings from three contrasting AOSGs (A–C). For the interview study the same groups were approached via their moderators for permission to invite members to participate in the interviews. Group A refused permission; however, one moderator agreed to be interviewed. Group C gave consent to participate, and four members were interviewed. To recruit further interviewees, 16 further groups were contacted that met the following criteria:

- written in English, currently active in October 2017;
- publicly available discussion forums, for adults with any type of drinking problem;
- not AA/12 step-based in philosophy.

Four of the 16 groups agreed to participate and publicised the study within the forums. Thirty-one responses were received from members of three of the four consenting groups resulting in 20 interviews. The final total obtained from both phases was 25 interviews from members of five groups (See Table 1). Written informed consent was obtained from all interviewees before the interviews.

Table 1: The interview groups

Name	Brief description*	Approach to recovery endorsed in information pages	Moderated?
Group A	Medium size AOSG, based in the UK	Psychological therapy	Y
Group C	Small AOSG, based in the USA	Medication based treatment	Y
Group D	Small AOSG, based in the USA	Own harm reduction programme	N
Group E	Medium size AOSG, based in the USA	Own moderate drinking programme	Y
Group F	Large AOSG, based in the UK	No specific programme, promotes abstinence	Y

*** Small = <5,000 members; medium = > 10,000 members; large = > 50,000 members.**

Semi-structured interviews were undertaken chiefly by phone or Skype: one person was interviewed face-to-face and another by email. Interviews took place between October 2017 and February 2018

and lasted 60-114 minutes. The data were coded in NVivo 11 using Braun and Clarke's method of thematic analysis [34]. A combination of data-driven and *a priori* codes were used, the latter being derived from the literature and the analysis of forum postings in the first part of the study. Themes were identified and re-coding was carried out using template analysis [35] to enable greater flexibility to concentrate on areas of rich data. Names of interviewees and identifying details were changed to protect anonymity.

3. Results and discussion

3.1 Interviewee demographics

The majority of interviewees were female, aged between 40 and 60 and highly educated to graduate level and above (see Table 2). All were white.

Table 2: Interviewee demographic details

Pseudonym	Group	Nationality	Gender	Age group	Education	Time using site
Anna	Group A	UK	F	50 -60	Level 3	5 years +
Alan	Group D	North America	M	40 - 50	Level 3	1-2 years
Bethany	Group D	UK	F	40 - 50	Level 2	Less than 1 year
Ben	Group C	North America	M	30 - 40	Level 2	Less than 1 year
Cathy	Group C	North America	F	40 - 50	Level 3	Less than 1 year
Julie	Group C & previously E	Rest of the world	F	50 - 60	Level 3	Less than 1 year
Marianne	Group C	North America	F	60 - 70	Level 2	Less than 1 year
Bridget	Group E	North America	F	70 - 80	Level 4	2-3 years
Christine	Group E	North America	F	50 - 60	Level 3	5 years +
Dawn	Group E	North America	F	70 - 80	Level 2	3-4 years
Jackie	Group E	North America	F	50 - 50	Level 4	2-3 years
Joe	Group E	North America	M	30 - 40	Level 3	1-2 years
Paul	Group E	North America	M	50 - 60	Level 3	5 years +
Ariana	Group F	North America	F	50 - 60	Level 2	Less than 1 year
Cara	Group F	UK	F	40 - 50	Level 2	4-5 years
Cleo	Group F	UK	F	50 - 60	Level 2	2-3 years
Erin	Group F	UK	F	50 - 60	Level 1	1-2 years
Grace	Group F	North America	F	50 - 60	Level 2	2-3 years
Isabelle	Group F	UK	F	50 - 60	Level 2	1-2 years
Joanne	Group F	UK	F	60 - 70	Level 3	Less than 1 year
Megan	Group F	UK	F	40 - 50	Level 1	Less than 1 year
Robert	Group F	UK	M	50 - 60	Level 2	2-3 years
Theresa	Group F	North America	F	60 - 70	Level 3	2-3 years
Tina	Group F	North America	F	50 - 60	Level 3	Less than 1 year
Yvonne	Group F	UK	F	50 - 60	Level 1	4-5 years

Education: highest level of educational attainment
Level 1: School; Level 2: Undergraduate degree obtained or studied but not obtained; Level 3: Masters degree obtained or studied but not obtained; Level 4: Doctorate obtained or studied but not obtained

3.2 Key themes

'There is someone like me: I'm not alone'

Many interviewees cited this as the most important effect of the AOSG for them. It was a revelation to realise that there were problem drinkers like themselves, who did not fit the stereotype of the 'alcoholic', (someone whose life was seen as out of control and whose need for alcohol as compulsive), but who still had a serious problem that was causing them considerable mental and physical pain. They could identify neither as 'alcoholics' in the stereotypical sense, nor as 'normal drinkers', the latter being seen as people who could control their alcohol consumption and stop

drinking at will without difficulty. They may not have known that others like them existed until they found the groups:

> "for me people with drink problems had lost everything and here were just women who, you know, were managing to be a mother and managing to go to work every day and yet were just drinking too much every night." (Cara, Group F)

The key difference between the 'alcoholic' as seen here and this other group of 'non-normal' drinkers is that the latter can maintain the external appearance of coping, dealing reasonably successfully with work and family. Finding others like them is highly important for these drinkers, as their previous sense of being alone and unique was negative: Christine (Group E), for example, described how the forum had made her realise that she was not a 'freak', or 'bad', Marianne (Group C) came to feel that she was not 'crazy' and Isabelle (Group F) that she was not a 'weirdo' or 'abnormal'. Isabelle described how reading people's stories on Group F in the blogs and forums over time helped her to accept that she did have a problem:

> "slowly, but surely it drip feeds into your consciousness and you think, "Yeah I'm recognising myself… I am a problem drinker, you know I'm an addicted drinker" so I think it helped a lot really with kind of coming to terms with that." (Isabelle, Group F)

This implies important longitudinal and cumulative benefits to using the site because, over time, seeing multiple examples of other drinkers enabled users to accept their own issue. They felt that it was not uncommon to develop a drink problem and did not automatically entail losing everything as did the 'alcoholic' stereotype. Some re-worked their concept of an 'alcoholic' to include high functioning drinkers such as themselves. Others kept the concept of the 'alcoholic' separate from their self-definition which they labelled in some other way, e.g., as an addicted or dependent drinker. In both cases they no longer felt alone, having found a community with which they could identify and where they felt 'normal'. This is not a unique feature of non-12-step forums as it can also be found in AA [37, p17] and is an important feature of group work generally online and offline [38]. However, being in non-12-step groups provides a community and a sense of 'normality' to those who did not feel they belonged in the world of the 'alcoholic' and AA and who otherwise may have remained isolated.

Their online nature also offers access to some who would not wish, or be able to, join face-to-face groups and find others like themselves there. Anna (Group A), for example, stated that she would not have wanted to access services near where she lived because of the potential impact on her job. The domestic situations of Robert, Megan and Tina (Group F) did not permit them to attend in-person groups. Joe (Group E) preferred the written format generally over talking, finding it much easier to communicate this way. Others noted geographical distance from services as problematic. Both the online and the non-12-step nature of the groups therefore offer important benefits to different individuals in relation to this theme.

Support and encouragement without requirements of belief.

The information pages on the sites, written by their managers/founders, often provided a programme for recovery which was not 12-step but offered guidelines for achieving the goals suggested by the group. Group A, for example, recommended therapy, and Groups D and E suggested separate specific programmes to achieve moderate drinking. However, these suggestions were optional, and there was a site norm in all groups of having respect for differences:

> ""so on [Group D], one of the beauties of it is that we're really big on policing judgement, and whatever works for someone is whatever works" (Alan, Group D)

> "you know we have a policy that we don't say that "Come on, you've got to stop drinking."… nobody says you have to do it this way or you have to do it in this order." (Dawn, Group E)

Group C exists to promote and provide information about a specific form of treatment: however, this is done politely with clear explanation of the science behind the programme and giving the reasons for suggestions.

> "But the [Moderators]….they will definitely come in and give a very strong opinion and advice, but again, it's always done in a very respectful tone. They won't mince words, but …, they're not autocratic." (Marianne, Group C)

For members, this contrasted strongly with AA and other 12-step based groups, which they described as being far more didactic and anti-intellectual, requiring belief not thought. Bethany (Group D) and Robert (Group F), for example, described AA as being "my way or the highway" in its approach. Ariana stated:

> "I liked in AA the support, particularly women's meetings, but what I didn't like was the insistence that certain beliefs must be had and that that was the only way to succeed. So what I truly like about F] is that it offers that same support but without any particular requirements of belief." (Ariana, Group F)

Whilst many disliked AA, they respected others using it, and felt that people who used AA were welcome in their groups as long as they did not take an "evangelical" attitude and remained open-minded. Interestingly, three of the interviewees also used AA alongside their non-12-step group. The clash of ideas on how to deal with problem drinking appeared not to trouble them: rather, they took what they liked from both groups:

> "I take what I find useful from AA and I take what I find useful from [Group F] and everything else in life, but I won't, I don't preach one…I don't <u>believe</u> in one" (Erin, Group F, her emphasis)

All interviewees held different beliefs about problem drinking, taking information and ideas from a range of sources and merging them into their own self-developed set of ideas. Many believed this was not possible in a 12-step forum, and was therefore made possible by the non-12-step nature of their groups. The online dimension does not appear to be important in regard to this benefit.

'Recovery is possible'

One effect of seeing people like themselves in the forums was also seeing that these people did 'recover', however they defined this, e.g., drinking moderately, drinking only on special occasions, abstinence:

> "it helped me to know that somebody's been there and is going what I'm going through… then I read further into their recovery and realised that they're doing great now. So it was hopeful for me to relate to them and know that there's a pretty good chance that I'm going to recover too". (Ben, Group C)

This inspiration and hope could also come from seeing others whose problem drinking was more severe than their own, yet who also recovered:

> " [they] had been much more problematic drinkers than I had been, so I thought, "Oh OK, you know, this, this is doable"" (Jackie, Group E)

Several members described the value of seeing people further along their journey than they were. Tina (Group F) describes this as like "signposts" on a journey or a "sobriety GPS". Isabelle discussed how she put trust in those that were further ahead than her:

> "that for me was the main [impact of the forums]…having people like lay a path for you saying, "Trust us it will get better"… you just place like blind faith in them and as you go along various milestones you think, "Yeah they were telling the truth", so you believe that the next milestone will also be the truth, you know. I think that's something that counselling and your doctor and that can't give you, it's that like wisdom, isn't it, of thousands of people collected in one space." (Isabelle, Group F)

Isabelle talked in terms of having 'blind faith' in the members, which suggests a suspension of reasoning similar to that described by some members in AA:

> "[AA's] just not for me, it's too [pause] insistent on slogans and on, [pause], non-thinking, on believing but not analysing." (Ariana, Group F)

However, Isabelle presented this as earned trust, based on her lived experience matching those of other members.

This particular theme is not specific to either non-12-step groups or the online format, as long-term members of face-to-face groups, including AA, can also see others recover over time: it is something all these groups must provide, given that recovery, however defined, is their ultimate purpose. However, Isabelle's comment also suggests that the scale is perhaps different online, offering access to the "wisdom of thousands".

The authority of experience

Another key aspect of the forums that was valued by members was the exchange of experiential information. Members discussed theoretical aspects of problem drinking (e.g., what it is to be an 'alcoholic'), but far less often than aspects based on lived experience. They discussed what had and had not worked for them in terms of achieving their drinking goals and exchanged practical tips and tools for succeeding at this. They also helped each other with dealing with difficult situations, for example, weddings or parties, where they would be encouraged to drink. The lived experience of what can happen on the journey to recovery is presented as something separate to theory that cannot be obtained from medical services and is highly valued:

> "I knew about operant conditioning and classical conditioning… but there is a human element on the forum where people are talking about their feelings and their insights, and different strategies…It's something that you can, you know use in your daily life, as opposed to just [unclear], like yeah, this works and this is how it works, and here's the evidence." (Marianne, Group C)

Marianne stated that theory, once understood, did not need to be returned to, whereas the forum was invaluable for her "everyday experience" of dealing with alcohol problems. Ben (Group C) echoed this. Christine (Group E) described the forums as providing a human dimension, which she saw as at the heart of the forum experience saying "you get human there, the shared experience, it's real".

Face-to-face and online groups can both be vehicles for this type of information, which can also be found in both 12-step and non-12-step groups. However, Christine, like Isabelle above, implied that the scale was different online, because advice remained available rather than disappearing with the end of the group meeting:

> "everything that's been written there is there… There's threads on what to do in your first 30 days, there's threads on, you know, what to do if you're going through a divorce…You know information from trial and error and what's worked for many individuals. (Group E)

3.3 Forum downsides

Negative aspects to using the forums identified by interviewees included those shared with face-to-face and 12-step formats. The activities of trolls is one obvious such aspect, possible in any online group (and in face-to-face groups where members may conflict and argue). An extreme example of this had been experienced by Robert (Group F), who was harassed by a member of his first online forum which caused him great distress and prompted him to leave. This seems, at least in part, to have been caused by his questioning of its AA programme:

> "generally it was people who were die-hard or down the line 12 steppers, would accept no alternatives… if it was outside the Big Book, you were jumped on."

It is not clear whether this problem was exacerbated by the absence of moderators in the group; however, his experience in his next (moderated) online group was similar:

> "But again, there was an AA influence creeping into that and eventually the moderator changed to, again, a fellowship member and that got quite unpleasant again"

The presence of moderators does not therefore always prevent aggressive behaviour if they are the ones exhibiting it through enforcing the group's philosophy. Only one group researched was unmoderated (Group D), and both interviewees from this group acknowledged that this was problematic forcing members to deal with trolls and disagreements themselves.

A second type of problem was the presence of incoherent, drunk users, which also happens in face-to-face groups of any philosophy and was mentioned by Groups D, E and F. Thirdly, several members mentioned difficulties caused by the size of a group, usually that it was too big:

> "So I've been on other websites [where there is] a tremendous amount of people posting a tremendous amount of information and exchanging on a minute by minute basis. And [Group D] is much more digestible as there's not as much activity." (Alan, Group D)

Size can be problematic for users feeling daunted by not knowing other members, and in the amount to be read. It may lead to the formation of splinter groups, as individuals seek a more intimate or manageable community (Cara, Group F). Ariana describes one thread in F in terms very reminiscent of the problem of walking into face-to-face groups of strangers, highlighting that this is not a problem unique to online groups.

Study Limitations

Interview participants were self-selecting, therefore the sample was not representative, and this research does not claim to be generalizable. However, members came from five different non-12-step groups and all themes highlighted were present in at least three groups. They may, therefore, be transferable to other such groups: this could be explored in future research. Another limitation is

that half of the users came from Group F, and therefore their interests / ideas may be over-represented; however, as indicated, this paper focused only on recurring themes.

Almost all interviewees had high levels of education (post school). This group may have more confidence in selecting and assessing information and therefore felt more at ease with rejecting group beliefs that did not appear true to them. However, high levels of education amongst study participants have been noted in other studies of users of non-12-step alcohol support groups, [e.g., 13, 40]. Finally, whilst satisfied users are sometimes over-represented in studies, dissatisfied ones having left the groups, in this study, negative aspects were freely discussed by members.

Conclusion

This paper extends research in describing key benefits and downsides perceived by users of five non-12-step AOSGs and exploring whether these are connected to their online format and/or their non-12-step approach. These groups were preferred by many interviewees over 12-step forums, as they could access support without any "requirement of belief" and without having to follow a particular programme for recovery: this is clearly connected to their non-12-step status. The forums also provided an image of the problem drinker with which interviewees could identify, which they did not feel they could or had found in 12-step venues. These groups also provide what other studies have found to be the key element of group work, the need to belong, for example:

> "It is this desire to belong that underlies the fundamental basis of group work and group therapy." [38, p130]

This benefit relates both to their online format (in providing options for connection with others to those who cannot or do not wish to attend face-to-face groups) and to their non-12-step approach. Two other benefits, exchanging experiences and seeing that recovery is possible are benefits also provided by 12-step forums [37] and face-to-face groups; however, the scale on which this occurs is greater in online groups. The downsides discussed here are also shared with 12-step and face-to-face groups, for example, experiencing aggressive behaviors, the possible presence of drunk individuals or feeling intimidated by not knowing others in the group. Overall, non-12-step groups have benefits for some and it is important to make users aware of the full range of choices available, in terms of both format and approach. Both have their downsides, therefore professionals need to help people to be aware of, and to deal with these, rather than advising users to avoid the groups completely which can cut out access to possible sources of valuable help.

Footnotes

[1] Please note: this study uses the term 'problem drinking' to include all forms of alcohol misuse, seeing these as on a continuum in line with DSM-5's definition of Alcohol Use Disorder [1].)

[2] 89% of UK adults [36] had access to the internet in 2018

Competing interests statement

Declarations of interest: none

Acknowledgements

We are grateful to the AOSGs that facilitated this research and to the users of the groups that kindly agreed to participate in this research.

Funding

This research was funded through a University of Sheffield studentship.

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