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**A PROGRAM OF ATTRACTION RATHER THAN PROMOTION:
ENCOURAGING NEWCOMERS TO "KEEP COMING BACK"**

by

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THESIS

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DEDICATION

I dedicate this thesis to the members of Alcoholics Anonymous:

Thank you for opening up and sharing your story with me.

I am full of gratitude and deep appreciation for your generous help and valuable contributions.

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I cannot say thank you enough to many people who have guided and supported me with their wisdom and kind heart through completion of this thesis. For this thesis would not have been complete without their contribution, I owe them my sincere gratitude. First and foremost, I would like to express deep appreciation to my incredibly supportive committee, Dr. Pamela Lutgen-Sandvik, Dr. Judith White, and Dr. Tamar Ginossar. Pam, thank you for being my thesis adviser and working with me to publish this project. Your guidance has given me the confidence to carry on my research, and your encouragement has helped me through hard times in graduate program. I truly appreciate your devoted mentorship that helped me grow as a scholar. Judith, thank you for always taking your time to meet with me and provide me with constructive feedback. Your support and suggestions have motivated me to work harder. Also, thank you for helping me expand on ideas when I struggled with writer's block. Tamar, thank you for bringing insightful inputs to this project. You have exposed me to the world of the unknown and taught me the joy of learning. Examining social support from health communication perspective helped me redefine the importance of this factor in AA.

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A PROGRAM OF ATTRACTION RATHER THAN PROMOTION:

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ABSTRACT

Studies regarding persuasion in Alcoholics Anonymous (AA) have addressed what potentially increases newcomers' early engagement with AA. This research regarding what seems persuasive to newcomers, however, reports researchers' rather than newcomers' perspective and standpoints. AA-related research from various fields suggests that AA is an effectiveness path for treating alcoholism, which untreated can have deadly outcomes. Understanding how early interactions and initial messages in AA persuade newly sober people to continue attending meetings may provide life-saving information to counseling staff, allied professionals, and members of AA. Given the importance of new-member persuasion to long-term recovery, this thesis explores newcomers' early experience in AA, focusing on which features of AA they reported persuading and encouraging them to "keep coming back" (an AA idiom). The persuasive process in AA is one of "attraction" rather than the direct, strategic persuasion found in advertising. That is, AA members refrain from recruiting newcomers or convincing newcomers that they are alcoholics. Instead, established AA members show (instead of tell) new members how AA has changed their lives through their narratives and genuinely offer them to help if they are ready to change. Through interpersonal communicative engagement with established members and newcomers' peripheral, rather than elaborated, message processing, newcomers decide to maintain sobriety through the AA program. The types of

peripheral message processing most often used by newcomers are *liking via social support*, *liking via similarity*, and *social proof* among others.

I employed ethnographic methods to explore newcomers' standpoints regarding the persuasive features of AA. To examine the types of messages newcomers perceive as persuasive—communication that is used in AA that attracts or persuades newcomers— I attended 60 hours of AA meetings and spoke to 27 AA members. I framed the analysis of collected data using Cialdini's (2007) theoretical types (i.e., cues) that trigger newcomers' peripheral message processing during the persuasion process: reciprocity, commitment and consistency, social proof, liking, authority, and scarcity. Findings suggest that newcomers feel motivated to come back to AA because they felt cared for, felt similar to other alcoholics, and found hope in others' recounted experiences with the program.

Findings also argue for an extension of Cialdini's theory by augmenting the "liking" peripheral cue to include social support and similarity, two themes repeatedly stressed in my interactions with AA members and my observations of AA meetings. The theoretical extension considers newcomers' unique situations, which present special needs and include contextual life-history factors that appeared quite persuasive for the study's sample. Findings suggest a number of practical implications at organizational (e.g., within AA) and professional levels (e.g., treatment counselors). I conclude the thesis by reflecting on study limitations and making suggestions for future research.

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Chapter 1: Introduction

Alcoholics Anonymous

Alcoholics Anonymous (AA) is a self-supporting group of men and women who suffer from alcoholism that is growing nation- and world-wide. A considerable body of research reports that AA has significantly contributed to alcoholics' improved quality of life (Kelly, Magill, & Stout, 2009; Kelly, Stout, Magill, Tonigan, & Pagano, 2011; Moos, & Moos, 2006; Tonigan, 2007; Vederhus, J., &Kristensen, 2006) and is predictive of positive drinking outcomes (i.e., extended sobriety)(Bond, Kaskutas, & Weisner, 2003; Hedges, 2007; Krentzman, Robinson, Perron, & Cranford, 2011).

In spite of enormous attention devoted to AA's effectiveness for alcoholic persons, little is known about what increases new attendees' (i.e., newcomers) early engagement with the program. Although researchers have theorized about these processes (Bell, 2007; O'Halloran, 2005; Rasmussen & Capaldi, 2006), exactly which aspects of AA actually do attract and persuade newcomers to continue coming back to meetings —from the perspective of newcomers—is currently unknown. As such, this thesis centers on newcomers, the lifeblood of AA, particularly on their subjective experience in AA.

It is indeed crucial that newly sober persons start and commit to their recovery at an early stage. As the U.S. Centers for Disease Control and Prevention estimates, alcoholism and alcohol abuse kills nearly 75,000 US Americans every year and reduces their lifespan by an average of 30 years (CDC, 2010). Newcomers are the population who are still suffering from serious consequences of their alcohol abuse and thus need AA most. Blurred definition of alcoholism (as alcoholism is a disease of self-detection) and a shame and stigma associated with the term, however, likely to prevent them from self-detection. Consequently, they might refuse to accept

that they are alcoholics and thus refuse to accept AA even though their drinking is getting progressively worse. Therefore, it is important to explore effective ways to engage newcomers with the program. That is, the central theme of this thesis is to explore what attracts newcomers to AA, particularly newcomers' perception regarding persuasive messages that encourage them to keep coming back to AA meetings.

Given the AA's success regarding alcohol recovery, understanding what newcomers hear that initially persuades them to continue attending meetings is of key importance. Indeed, sustained attendance at AA, resulting from initial attraction to the program, has proven linked robustly to improved outcomes over time (Hedges, 2007; Witbrodt, Kaskutas, Bond, & Delucchi, 2012). Through continued attendance, newcomers come to feel a part of the program and similar to others dealing with alcohol problems. Nevertheless, if newcomers do not continue attendance, their chances are diminished in terms of identifying with similar others and working the AA program. Thus, the purpose of this thesis is to explore the aspects of AA that newcomers report as the most persuasive feature of their AA experience—the feature that persuaded them to keep going back to meetings.

Key Terms and Ideas

Newcomers are recently sober members with a short sobriety period. If AA members relapse, they become newcomers regardless of their prior sobriety period. Therefore, some newcomers may have been in the program for an extensive period before their relapse while others are completely "new" to the program. A chairperson asks newcomers in their first 30 days of sobriety to introduce them in the beginning of each meeting. Additionally, some newcomers are forcefully sent to AA because of DWI arrests or suggested by professionals (i.e., recovery center, counselors, etc.) or significant others (i.e., family or friends).

As forced attendees are often uncertain about the seriousness of their problematic drinking behaviors (Dill & Wells-Parker, 2006), they are less motivated and committed to the program. Meanwhile, some have horrifying experiences because of their drinking, which brought them to AA (known as "hitting bottom": Young, 2011). They decide to attend meetings of their own accord and thus they are ready to quit drinking.

Established members (called "old-timers" in AA) refer to AA members who have been sober for an extensive period in the program. They suggest newcomers how to work the program through narrating their experience before and after AA, assist newcomers in working the steps (called sponsorship), and provide intangible and material support to help newcomers' recovery. AA's 12-step program teaches the members that helping other alcoholics is the step to sobriety (AAWS, 2001). Thus, established members attend meetings and share their story mainly to help newcomers (and to maintain their own sobriety) as someone was there for them when they were new.

Guiding Perspective and Theory

This thesis takes the interpretive perspective, as newcomers' subjective experience is the focus of this research. As such, I employed ethnographic method to analyze the data from newcomers' perspective. The data in this study consists of field notes from attending open AA meetings as a participant observer for an extensive period and transcripts of interviews with current AA members, including both newcomers and established members. I focused on newcomers' standpoint regarding persuasive messages and asked AA members from their current experience or looking back when they were new to the program what encouraged them to keep coming back to more AA meetings. In order to determine the persuasive features of AA, I used a priori theoretical categories of persuasion from Cialdini's work (2006; 2007). Guided by

Cialdini's typologies, I coded and classified types of communicative persuasion as reported by AA members.

Thesis Synopsis

To begin, I briefly describe the AA program and the notion of persuasion or attraction in AA in Chapter 2. I then explain a theory of persuasion applicable to the new AA member and review literature regarding persuasive communication in AA, as well as the messages newcomers are likely to hear in their first few meetings. I follow this by outlining the study's methods in Chapter 3 in which I describe participants, observation site, data collection procedures, and data analysis procedures. In Chapter 4, I present the findings and provide analysis. In Chapter 5, I summarize the study's key findings and discuss implications both practical and theoretical. Finally, I close this thesis with the study's limitations and suggestions for future direction.

Chapter 2: Theoretical Framework and Literature Review

This thesis explores newcomers' early experience in AA and examines what encourages them to engage in the program at the early stage of their recovery. In the following section, I first review the program of AA and what attraction (i.e., persuasion) means in AA. Particularly, I argue that direct persuasion does not occur in AA, that is, AA members do not recruit or convince newcomers to join the program. Instead, my position is that newcomers decide to engage in the program because they are attracted to AA by the way members talk or interact with them. I use Elaboration Likelihood Model (ELM) (Petty & Cacioppo, 1986; Petty, Cacioppo, & Schumann, 1983) and Cialdini's (2007) Theory of Influence as the framework of this study to explain which persuasive features of AA most likely attract newcomers and thus increase their early engagement with the program. To provide a background in the context, I also review what researchers have found that seems persuasive for newcomers, typologies of persuasive features in AA that might be useful for this study.

Alcoholics Anonymous and Attracting Newcomers

Alcoholics Anonymous is the premiere self-help 12-step program established to help people who want to stop drinking, to stop drinking. It provides the model for all other 12-step groups (i.e., Narcotics Anonymous, Overeaters Anonymous, etc.), sells 1 million copies of its core text (referred to as the Big Book) a year in English, translates program materials into 64 languages, and maintains a current membership of over 2 million and a presence in 180-plus countries (AAWS, 2012). The program was established in the 1930s in Akron, Ohio when two alcoholics met and stayed sober by helping each other (AAWS, 1980). Essentially, the program suggests a means to achieve and maintain sobriety by working steps that result in a spiritual awakening. Members attend meetings regularly in which they narrate their experiences before

and after exposure to AA, learn via sponsors and others how to work the 12 steps, and subsequently assist other newcomers who ask for help. Core texts form the foundation of the program—Big Book, Twelve Steps and Twelve Traditions, Twelve Concepts—and ancillary texts support key actions such as prayer, meditation, and abstinent-living—Living Sober, As Bill Sees It, Daily Reflections (http://www.aa.org/lang/en/subpage.cfm?page=343).

AA's major tenets are embedded in rhetoric that rationalizes acceptance of alcoholism as a disease, indicates that alcoholics alone are powerless to overcome the disease, and emphasizes that alcoholics can recover with help from others, a relationship with a Higher Power of their understanding, and continued engagement with the program (AAWS, 2002). These tenets are encoded in members' language in ways that, hopefully, encourage new members to engage with and work the AA program (i.e., 12 steps). Typically, newcomers are encouraged to attend "90 meetings in 90 days, a criterion considered by AA members as optimal for induction" (Galanter, Dermatis, & Santucci, 2012p., 175). That new people's indoctrination to programmatic tenets occurs through persuasive messages is a central thesis for many communication researchers (e.g., Bell, 2007; Rasmussen & Capaldi, 2006; Witmer, 1997). However, theories of persuasiveness in most studies come from the researchers' perspectives, not from the perspectives of newcomers themselves. Exactly what newcomers hear in AA that persuades them to want to continue attending meetings, the first phase of recovery in the program, is yet unclear.

Persuasion in AA is somewhat indirect because the guiding tenets instruct that the program is one of "attraction rather than promotion" (AAWS, 2002, p. 562). What attraction generally means is that newcomers come to AA and stay because they hear something that appeals to them. That is, more established AA members do not recruit directly or attempt to convince others to join the program (even if members believe others have serious alcohol

problems), as might be the approach of a proselytizing movement. Rather, established members believe in showing instead of telling—living the program and thus being an example of what the program can do. In other words, members operate on the belief that their honestly told stories of recovery, including the pain and shame of alcohol-related debacles, are more persuasive and attractive than direct attempts to convince newcomers that they need AA. As such, persuasion occurs circuitously via "interpersonal communication processes of openness of self-presentation, reciprocity of openness, and personal acceptance of the self-presentations of others (Van Lear, 2006, p. 123). To frame how I believe persuasion occurs for newcomers to AA, I now turn to the theoretical perspective of persuasion that guided this thesis.

Principles of Persuasion Theory: What Attracts the Newcomer?

To explain the persuasive communicative processes likely to move newcomers to keep coming back to AA meetings, I employed ideas from Petty and colleague's Elaboration Likelihood Model (ELM) (Petty & Cacioppo, 1986; Petty, Cacioppo, & Schumann, 1983) and Cialdini's (2007) Six Principles of Influence. ELM conceptualizes "persuasion as a process in which the success of influence depends largely on the way the receivers make sense of the message" (Dainton & Zelley, 2005, p. 104) and sense making involves targets' motivation and reasoning ability. Motivation is the targets' incentive to act or make a change prior to hearing the persuasive message, and reasoning ability is the cognitive or mental capacity targets have to process the persuasive message.

According to this model, persuasion occurs via two potential routes: central and peripheral. Centrally routed messages are processed in the most complex way, referred to as the elaborated route. In centrally processed or elaborated message processing, targets consider in-depth the arguments, evidence, and support for the arguments of a certain position. "The central

route views attitude change as resulting from a person's diligent consideration of information that s/he feels is central to the true merits of a particular attitudinal position" (Petty et al., 1983, p. 135, emphasis original). According to ELM, an elaborated message is more likely to result in long-term change, than is a peripherally routed message.

Although persons sober for extended periods of time can and do elaborate AA's persuasive messages, newcomers are unlikely to engage in the depth of cognitive reasoning necessary for elaboration because of both motivation and ability limitations. In terms of motivation, newcomers typically are ambivalent about attending AA and reticent about accepting that they have an alcohol problem (Antze, 1987). Despite the dire problems caused by drinking, "the idea that somehow, someday he [sic] will control and enjoy his [sic] drinking is the great obsession of every abnormal drinker. The persistence of this illusion is astonishing. Many pursue it into the gates of insanity or death" (AAWS, 2002, p. 30).

Newcomers likely also lack the ability to elaborate complex messages. In fact, persons who have been abusing alcohol for extended periods, at least in the early months (and years in some cases) of abstinence, experience "impairments in abstract reasoning, problem-solving, and perceptual motor functioning" (Tamkin & Dolenz, 1990, p. 816) and are less able to carry out the cognitive processing necessary for elaboration. Based on considerable medical research (for review see Tivis, Beatty, Nixon, & Parsons, 2006), reduced motivation and cognitive capability more than likely means that newcomers are persuaded initially to keep coming back via peripheral message processing.

Regarding peripheral message processing, ELM argues that even if targets are unmotivated or unable to elaborate messages, they may still be persuaded. According to Petty and colleagues (1983),

attitude changes that occur via the peripheral route do not occur because an individual has personally considered the pros and cons of the issue, but because the attitude issue or object is associated with positive or negative cues—or because the person makes a simple inference about the merits of the advocated position based on various simple cues in the persuasion context. (p. 135)

In early exposures to AA, for example, newcomers may simply want a reprieve from alcohol-related problems and so attend meetings where others perceived as "experts" are talking about how much better life is sober. Hearing others' stories of triumph over alcohol likely evokes positive emotions for newcomers, emotions that may work to keep them coming back. These short-term changes (e.g., regularly attending meetings) may lead to later elaboration if the newcomer stays sober for longer periods of time and continues hearing established members' lived experiences. Cialdini's (2006) work presents a useful typology of peripheral indicators or communication cues that purportedly move targets to make changes via automatic, less reflexive responses to persuasive messages. I review Cialdini's communication cue typology in the next section.

Six Weapons of Influence

Cialdinis' theory of persuasion (2007) explains the peripheral process of relatively automatic persuasion – type of persuasion likely to attract newcomers to AA. Automatic or peripheral persuasion is a product of pre-registered stereotypes, peripheral cues of persuasion that convince targets to bypass thinking processes. When one or more of such features are present, targets automatically assume the potential benefits and respond immediately to persuasive messages. Thus, the key is to incorporate such cues in messages in order to pull off the stereotyped, automated response. From social psychology perspective, Cialdini explains the

need to rely on such cues in order to save time and energy in the overloaded modern life is indeed demanding and becoming more prevalent. As such, we simply do not have time to examine fully every single piece of the available information. Instead, we tend to rely more on one aspect of the information that seems persuasive. Cialdini categorizes six principles for automatic persuasion: *reciprocity*, *commitment and consistency*, *social proof*, *liking*, *authority*, and *scarcity*. The following section details each principle and the ways Cialdini theorizes that they are triggered.

Reciprocity. The principle of *reciprocity* exploits a feeling of indebtedness created when individuals receive a favor or something of value from others (Cialdini, 2007). Because of a felt obligation to return something in kind or more valuable, this principle can hold individuals accountable to reciprocate a favor. In some cases, individuals would feel obligated to reciprocate a favor even when they receive an uninvited favor. That is because "receiving a favor" indebts individuals, regardless of the kind of favor, if they do not give anything in return.

In AA, *reciprocity* likely works as a product of the 12th step, which charges recovered members to "carry the message to alcoholics who are still suffering" (AA, 1984, p.18). Indeed, giving back is one of the basic values of the program and is found in numerous program texts (e.g., Alcoholics Anonymous called *Big Book*, The 12 Steps & 12 Traditions, AA related pamphlets, etc.). Because other recovered persons were at meetings when the newcomer came to the program, and these people were freely willing to share how they had found a solution in the program to help the newcomer, the help-others dynamic appears to setup a desire to reciprocate in kind for other newcomers. Since *reciprocity* is a basic tenet of much interpersonal communication (Roloff & Miller, 1987), finding *reciprocity* as a means of persuasion in AA could be very likely.

Commitment and consistency. The principle of *commitment and consistency* exploits the human tendency to believe that people have made a correct choice once they made a commitment; furthermore, they will modify their behaviors accordingly to remain consistent with their commitment (Cialdini, 2007). The stubborn desire and the internal pressure to be consistent are the key of this principle. According to Cialdini, such desire and internal pressure increase1) when individuals make a voluntary commitment, 2) when a commitment is made openly in public, and 3) they devote extensive effort to make a commitment.

In AA, this principle of persuasion might play out when newcomers start to participate in AA through engaging in service commitments (i.e., being a greeter at the door, making coffee, etc.), introducing self as an alcoholic (i.e., "My name is XX, and I'm an alcoholic"), or simply sharing their story in meetings. As newcomers increase their participation in AA through such engagement, they may desire to be consistent with who they say they are or what they do in AA and thus return to more meetings. As Cialdini (1993) explains, "Once we make a choice or take a stand, we will encounter personal and interpersonal pressures to behave consistently with that commitment" (p. 51).

Social proof. The principle of *social proof* exploits the human tendency to look for social cues from others' behaviors in order to determine what is desirable or appropriate (Cialdini, 2007). Individuals search for *social proof* when in doubt and determine the correctness of a specific action based on their successful performance (i.e., social evidence). Particularly, *social proof* is persuasive when proven by many or similar others. *Social proof* by many others refers to the collective action. For example, when many others engage in the same course of action, it seems reasonable to assume that their action is "correct" in this regard. *Social proof* by similar

others is through modeling. That is, individuals model similar others' path of action in order to achieve the same success.

In AA, how old-timers act and perform, an evidence through their recounted stories, and how many members have a successful or positive sobriety life as a result of taking the steps is likely quite persuasive to the newcomer. Since newcomers have yet to realize their own symptom or figure out how to live without alcohol, the talk about alcoholics' drinking experience and their success in the program may well serve as a powerful *social proof*. Through observations of how similar others deal with their problem with alcohol, newcomers may learn how to cope with their own problem as well.

Liking. The principle of *liking* exploits the human tendency to respond favorably to requests from others they like. Cialdini's theory presents five factors that increase *liking*: 1) if they like others' physical appearance, 2) if they are to cooperate with others with whom they have had a prior contact, 3) if they perceive others in terms of positive association, 4) if they identify with others' similarity, and 5) if they receive a positive compliment from others. According to Cialdini (2001, Oct), two most prominent factors among all are similarity and compliment/praise. That is, individuals like others who are similar in a variety of aspects, and giving a compliment increases their liking others.

In AA, newcomers' attachment to the program may increase as they begin to identify with the fellowship of AA. AA's alcoholism as a disease concept (Swora, 2001) may facilitate newcomers to see that they all suffer from the common disease and that they are a group of fellows who work together to recover from this disease. Regardless of their individual differences (e.g., educational level, social status, race, ethnicity, age, etc.), this principle of

persuasion may be likely persuasive when newcomers begin to recognize and internalize the bonds they have with members.

Authority. The principle of *authority* exploits the human tendency to rely on authority for the perceived benefits and advantages of following its power (i.e., knowledge, experience, skills, etc.) (Cialdini, 2007). The symbols such as titles (e.g., high educational status) or clothes (e.g., police uniform) represent *authority* and thus persuade individuals to believe in the benefit to follow these symbolic representations of *authority*.

In AA, established members may appear an authoritative figure that has a profound knowledge about recovery. Their sobriety period and experience may symbolize their credential in the program and persuade newcomers to listen to their stories backed up with readings from AA Conference-Approved literature (Witmer, 1997). Especially because newcomers are still young in their sobriety, they may find the talk of recovered alcoholic persons who have years and decades of sobriety persuasive.

Scarcity. The principle of *scarcity* exploits the thought of losing that increases the perceived value of what might be otherwise a trifle (Cialdini, 2007). For this principle to be persuasive, individuals must first believe that something desired is scarce or rare, which increases their perception of its psychological value. Individuals are then motivated to pursue the scarce commodity even if its actual value stays the same. *Scarcity* thus persuades individuals to overestimate and pursue what is running out.

In AA, *scarcity* or fear for losing sobriety may provoke newcomers' desire to stay in AA. Potentially, the talk about how many people relapse could make sobriety seem like a scarce commodity. In addition, AA members place a very high value on sobriety and cherish it above all else in their lives. This could heighten the persuasive force of *scarcity* in the program.

Past Theoretical Applications

Cialdini (2007) originally constructed the theory to explain what triggers automatic or stereotyped response and tactics to exploit these stereotypes. However, I believe the theory to be effective for understanding persuasion processes in other communicative settings. In fact, others have applied the theory to a variety of persuasion contexts. Bator and Cialdini (2000), for example, used the theory to help others design more effective public service announcements regarding the environment. Sagarin, Cialdini, William, and Serna (2002) designed treatments to instill the ability to resist manipulative use of authority-based appeal in the advertisement. Cialdini's (1993) book, *Influence: The psychology of persuasion*, appealed to marketers of many types, whether or not this was the author's intended audience.

In the current study, I use the theory's typology to explore and categorize the forms of persuasion most likely to attract newcomers to AA. Given that AA is "a program of attraction rather than promotion" (AAWS, 2001), my focus in this thesis is to better understand the messages newcomers hear in their early meetings and interactions that, looking back, they believe were the most persuasive regarding their engagement in AA. Through this use of the theory, I also determine its usefulness for the analysis of persuasion in the alcoholism recovery movement of AA.

By using Cialdini's theoretical types, as a priori coding system, the current study provides a better understanding of the types of persuasion most likely to move the newcomer toward long-term sobriety. As such, I use the types as detailed in Chapter 3 (i.e., Methods) to determine the most common forms of persuasive rhetoric to assimilate new members. The theory has a strong potential to explain AA attraction and the elements of AA members' talk that appears to be the most powerful processes of persuasion.

Given the likelihood that newcomers are persuaded by way of peripheral message processing, I frame the review of literature and the current study's findings using this a priori typology. In what follows, I review current research regarding persuasive messages in AA.

Persuasive Communication in AA

Variable analytic research has explored a number of elements to determine which people are more likely to engage in AA and what circumstances might lead to increased AA engagement. Some of the elements associated with AA engagement include a person's past psychotherapy, education level (Terra et al., 2007), interpersonally low attachment avoidance style (Jenkins & Tonigan, 2011), and personality extroversion (Krentzman et al., 2011). Additionally, a therapeutic approach to treatment that requires, rather than suggests, 12-step meeting attendance is associated with more AA involvement and better treatment outcomes (Walitzer, Dermen, & Barrick, 2009). Although such research is useful, especially to treatment providers (e.g., Walitzer et al., 2009), I believe that the persuasive processes within AA are more complex than what can be captured fully with a variable-analytic approach. Rather, I argue that attraction (i.e., persuasion) occurs via interpersonal communication—what newcomers hear during early meetings and in their early interactions with established members. As such, my position is in line with VanLear's (2006): "Recovery in a twelve-step program is essentially an interpersonal communication process" (p. 123).

I organize the review of past scholarship into central themes found in researchers' analyses and discussions of key findings regarding persuasive cues that likely encourage newcomers to engage with the program (i.e., continue attending AA meetings). The central themes from past research that likely are associated with persuasion include identification; rhetorical repetition; mutual support (freely giving help, sponsorship, abstinent social group);

evocation of hope; welcoming group climate; AA members' credibility; and flexible spirituality. Hitting bottom is also noted in past studies as a persuasive factor encouraging people to return to AA, and it is both intrinsic and extrinsic to the AA program. Newcomers experience the consequences of prolonged drinking, and established members' narrated AA stories underscore hitting bottom and the profundity of members' pain and anguish linked to their drinking prior to AA. (Many of these themes also highlight the messages that newcomers are most likely to hear during their first few AA meetings.)

The majority of the literature reviewed, as is also the case for this thesis, comes from interpretive or critical perspectives (e.g., qualitative approaches: auto-ethnography, ethnography, participant observation, etc.). As such, key findings are researchers' interpretations and conclusions that they drew from data and experience in the field. Variable-analytic studies also (and necessarily) focus on a limited number of variables, using survey tools typically developed from qualitative analysis. That is, perspectives of what likely persuades people to engage in AA surfaces in conclusions academics have drawn not directly from newcomers' and established members' responses to the question, "Early in your contact with AA, what persuaded you to 'keep coming back'?" Thus, the current study augments past work by offering AA members' thoughts on why and how AA processes and interactions persuaded them that they needed the program. The review of past research suggests that persuading newcomers to engage in the program most likely occurs through intersubjective sensemaking, non-judgmental interpersonal communication, identification processes, transcendent narratives, and the like. It is to these themes that I now turn.

Identification. Literature suggests that one of the most persuasive cues for newcomers is their identification with others in AA. That is, seeing themselves in other AA members.

Identification takes the form of newcomers recognizing aspects of the self in others'

presentations and performances (Hedges, 2007). Right (1997) and Antze (1987) argue that one of

the strongest persuaders for newcomers, one that deepens their positive convictions about AA, is

to see others like themselves who are successful and thriving. Identification occurs when

newcomers see similarities, typically a great deal of similarities, between themselves and others

(Swora, 2011). Indeed, "one reason why AA has been effective is the identification that one

alcoholic has for another …. Only another alcoholic knows at an experiential level what it is like

to be addicted—how one can resolve with all his/her will to get sober and then find him/herself

drunk in a short period of time" (VanLear, Sheehan, Withers, & Walker, 2005, p. 8).

Research suggests that encouraging identification is purposeful, and that "AA members

design their stories to accomplish the sense of being in the same boat" (Arminen, 2004, p. 321).

Established members encourage newcomers to look for how they are similar (Bell, 2007) and are

warned about viewing themselves as somehow different from others in AA (e.g., possibly

someone who really does not have a problem with alcohol). Established AA members call

feeling different from other AAs "terminal uniqueness" (Lutgen-Sandvik, 2005). The terminal

descriptor indicates that seeing oneself as different from others in AA can be fatal.

Theoretical categories. Identification involves Cialdini's (2006) peripheral cues of *social*

proof, *liking*, and *authority*. Established members narrate their experiences and provide the social

evidence of being similar to newcomers (O'Halloran, 2005). As newcomers come to identify

with established members, they also come to like AA members as people and eventually as

friends and even sponsors (Cain, 1991). Although AA does not have leaders or highly placed

persons within a hierarchy of authority, newcomers typically perceive established members with

years of sobriety as authority figures (VanLear & Brown, 2003). Although these three peripheral

cues from Cialdini's (2006) work describe the persuasive cues embedded in identification, I believe that part of identification is *similarity*—also a highly persuasive process. I discuss this further in the chapter 5 (i.e., Discussion) as a potential limitation of Cialdini's theory as an explanatory device for understanding persuasion in AA.

  Rhetorical repetition. The literature also notes that persuasion happens because newcomers are exposed to recurring story lines, morals, expressions, metaphors, and explanations for alcoholism. Arminen (2001) explains that members' stories are marked by "extreme case formulations and the rhetorical repetition [that] … paint the account emotionally" (p. 216). For Arminen, rhetorical repetition is similar to Lakoff and Johnson's (1980) concept of "reduplication" in which speakers repeat certain words in which "more of form stands for more of content" (p. 127). In AA, rhetorical repetition includes these ideas and also involves hearing over and over similar expressions, idioms, values, and solutions to the problems alcoholics or alcohol abusers have faced and overcome (Ford, 1989; Rasmussen & Capaldi, 2006).

  Researchers suggest that for most newcomers, these repeated tales explain what has heretofore been inexplicable to them—why they continued to drink despite the pain, loss, harm to others, and the havoc that alcohol use has wrecked in their lives (Arminen, 2004). This includes repeatedly hearing key AA texts that members read or refer to at every meeting that also indoctrinate newcomers to the program's ideological beliefs, doctrine, and ideals guiding AA members' lives (Right, 1997). Through such repetition newcomers begin to understand their own lived experiences as they are mediated by an ideology that makes sense of the reality of being an alcoholic (Hedges, 2007). Newcomers have repeated exposure to AA's explanatory model of alcoholism (Galanter et al., 2012), a model that provides a "solution to drinking problems and an

overarching world view with which to reinterpret … past experience" (Greil & Rudy, 1983, p. 5).

Theoretical categories. Rhetorical repetition involves Cialdini's (2006) peripheral cues of social proof and consistency. Established members' recounted experiences repeat and reinforce the effectiveness of working the AA program and thus provide *social proof* or evidence of the program's effectiveness (Galanter et al., 2012). Repetition of the same ideas, beliefs, and values by member after member in meeting provide *social proof* of program effectiveness and models for appropriate or desirable behavior (Humphreys, 2000). When newcomers hear and observe established members' accounts and behaviors, especially when repeatedly performed, such observations typically determine the correctness of specific actions for the newcomer (Hedges, 2007). Rhetorical repetition also involves consistency because newcomers begin to mirror established members' actions and communicative behavior. "Thus by assuming the role of AA member and making a public argument in support of it, newcomers tie themselves more tightly to their new role" (Humphreys, 2000, p. 449).

Mutual support. Mutual support, according to past studies, is highly persuasive at engaging AA members. The literature suggests that this takes three general forms: freely given help, sponsorship, and abstinent social groups.

Freely given help. Researchers argue that another persuasive cue for newcomers in AA is their emotional response to the help that established members freely offer them. Program texts and interactions are rooted in the belief that if AA members are to stay sober, they must freely give help to others, as help was given to them (Arminen, 2001). One of the "persuasive factors contributing to the recovery process [is this] … display [of] altruism" (Right, 1997, p. 85). The established member's unconditional support and willingness to help the newcomer in need can

be deeply persuasive, especially for those who have alienated many of their family members and friends (O'Halloran, 2005). In fact, "AA members often report feelings of extreme isolation from others and a lack of openness and honesty in communication with others" prior to their AA experience (VanLear et al., 2005, p. 21). The support found in AA is especially persuasive because newcomers neither pay for nor have to ask for this help. According to established AA members, the hand of AA is a gift freely given (i.e., there are no due or fees for AA) (O'Halloran, 2005).

Sponsorship. Research suggests that another aspect of mutual support is the concept of sponsorship (Witmer, 1997). A sponsor is an established member who guides the newcomer, provides basic instructions, helps the newcomer begin working the steps, and so forth (Witbrodt et al). If newcomers find the courage to avail themselves of sponsors, or professionals (e.g., treatment counselors) instruct them to get a sponsor, sponsorship can be exceedingly persuasive at encouraging meeting attendance (Galanter et al., 2012). In fact, many sponsors suggest that newcomers attend "90 meetings in 90 days" (Galanter et al., 2012, p. 175), believing that this pattern of attendance is a prerequisite action toward working the program. As Li and colleagues (2007) argue, "In the beginning it is the unconditional support from other alcoholics/addicts in the fellowship, especially one's sponsor, which promotes working the program and emotional recovery" (p.9).

Abstinent social group. Another persuader, according to past research, is the presence of a ready-made abstinent social group-- a pro-sober, pro-abstinence, pro-meeting collection of people (Galanter et al., 2012). As newcomers identify with other recovering alcoholics, they begin socially constructing (building) a sense of belonging to this group (Swora, 2011). Likely, the majority of newcomers' relationships are with pro-drinking others when newcomers first

come to meetings. As such, newcomers likely have few or no sober friends or persons who can model a non-drinking lifestyle (Right, 1997). In addition to the program of AA, AA groups and their members have a wide variety of social events that encourage ties among abstinent social group members. These events range from international and national conferences to picnics, team sports, and after-meeting coffees (Witmer, 1997). Newcomers build social connections, at first tenuous later but in time strong and durable, that persuade them to engage with the AA program (Galanter et al., 2012).

Theoretical categories. Mutual support involves Cialdini's (2006) peripheral cue of *reciprocity* and *social proof*. Help freely given is very persuasive for newcomers who typically are suspicious of well-meaning advice-giving others (Van Lear, 2006). Recognizing that the established member offering help has nothing to gain and wants nothing in return is extremely persuasive and can evoke feelings of wanting to return the favor by engaging in the AA program (Rasmussen & Capaldi, 2006). The presence of a pro-abstinent social group, especially the members' modeling of not just living sober but also loving the sober life is profound evidence or *social proof* of AA's power to change lives (hopefully the newcomers' lives) (Right, 1997; Thatcher, 2006).

Evocation of hope. Researchers' perspectives about persuasion in AA argue that hearing AA stories of overcoming alcohol addiction, living a sober life, mending broken relationships, forgiving themselves, and experiencing transcendence evoke hope in the newcomer, hope that he or she can also find and experience the solution offered by working the AA program (Humphreys, 2000; Right, 1997). Usually newcomers have tried and failed numerous times to "control and enjoy [their] drinking" (AAWS, 2002, p. 30), so have fallen into some level of hopelessness (Arminen, 2004). According to Hedges (2007), "what makes the [AA] narrative [so

persuasive] … is that people are describing from personal experience how they were successful in dealing with the common problem of alcohol. Thus, … [newcomers develop hope that that they] too will be successful in recovery" (p. 24).

Theoretical categories. Hope involves Cialdini's (2006) peripheral cue of *social proof*. Through established members' stories, newcomers hear that others have had similar (horrible, horrifying) experiences with alcohol—"portraying a path from 'utter defeat' to a recovery and a new life" (Arminen, 2004, p 325). Such *social proof* or evidence feeds newcomers' hope for a better future, for a way out of their alcoholic debacles.

Welcoming climate. An organization's climate is its psychological and emotional atmosphere, the feelings people have or that are evoked during organizational activities (Albrecht, 1979). Research suggests that AA presents newcomers with a safe, welcoming atmosphere when they arrive—"a heaven for the recovering alcoholic where he or she can find acceptance" (Right, 1997, p 85)—a climate that persuades them to continue attending meetings. Established members quickly introduce themselves to newcomers, encourage them to keep coming back, offer their phone numbers, and so forth (Lofland & Lejeune, 1960). The various emotional aspects of the AA climate include openness, honesty, non-judgment, and respect (Witmer, 1997). Established members often say to newcomers, "Keep coming back; we'll love you until you learn to love yourself" (Grapevine, 2000, p. 12).

Ethnographic studies of AA suggest that newcomers come to believe that AA members have nothing to gain from helping them (no dues/fees, no status markers, etc.) and hear sincere expressions of acceptance and others' desire for newcomers to join them (Swora, 2011; Witmer, 1997). Members communicate in receptive ways in order to show newcomers that all AA members are the same and thus equal, and that newcomers are safe with established AA

members (O'Halloran, 2005). Another welcoming quality of the climate is that AA membership and attendance is private—anonymous—and others will maintain the newcomers' anonymity (VanLear et al., 2005). Established members communicate empathy, trust, forgiveness, and understanding, regardless of how horrifying the newcomers' past experiences with alcohol (Li et al., 2007; O'Halloran, 2005).

Theoretical categories. The welcoming, equality-focused climate of AA likely persuades newcomers to return via Cialdini's (2006) peripheral cue of *liking*. People, as a general rule, favorably respond to others they find appealing and welcoming, that is, people they like. Typically, active alcohol abusers have lost many valued relationships due to their problem drinking. As such, finding people who are friendly and willing to accept newcomers regardless of their past drinking problems is likely very persuasive, evoking a feeling of attraction to established AA members (Thatcher, 2006; Witmer, 1997).

Members' credibility. Research suggests that newcomers perceive alcoholics' understanding of alcohol problems and alcoholism as far more credible and in-the-know than any non-alcoholic (i.e., "normies") friends, family members, or involved professionals who give warnings or admonishments (Right, 1997). Most people entering AA for the first time have had contact with the legal system, mental health providers, or family members who have warned of the new member's out-of-control experience (Hedges, 2007). Rarely, however, do people with alcohol problems believe or put much credence to what others tell them. In fact, alcoholics often say that others cannot understand what they have been through unless those others have also "been there" (Witmer, 1997).

When newcomers enter AA, they come into contact with other people who also have had alcohol problems and have found a way to stay sober. Because newcomers hear their own

experiences narrated by others and hear others talk about doing many of the same self-destructive, inexplicable behaviors as the newcomer has done, newcomers typically perceive these others as highly credible. Likely, although they perceived professionals and well-meaning friends or family as not understanding, after hearing AA members' accounts they are persuaded that those members know what they are talking about (Hedges, 2007). Part of the perceived credibility is evoked in the presentation style of information AA members give, a show-versus-tell style in which alcoholics report what they were told when they came in the program, what they did, and what resulted from these two factors (Arminen, 2004).

Theoretical categories. The credibility of the AA members in terms of their knowledge about active alcoholism and serious alcohol abuse represents Cialdini's (2006) *social proof* and *authority* persuasive peripheral cues. As VanLear (2006) points out, "Relationships with non-alcoholics and well-meaning and knowledgeable professionals may not alone be a sufficient resource to achieve recovery, because theirs is knowledge about addiction …, whereas another alcoholic or addict understands addiction at the experiential … level" (p. 123). In fact, a recovering alcoholic is an authority on recovery, at least to newcomers, and a living form of evidence. As such, another alcoholic can be far more persuasive at evoking change in newcomers than well-meaning friends, family members, or professionals (Hedges, 2007).

Flexible spirituality. AA presents a solution for alcoholism to newcomers that is based on having a spiritual awakening via newcomers' making a "decision to turn [their] will and [their] lives over to the care of God as [they] understood Him [sic]" (AAWS, 1953/1984, p. 34). What makes this solution more persuasive and palatable to newcomers than other religious treatise is the malleable character of the transcendent power AA members present to newcomers (Right, 1997). That is, the newcomer is told repeatedly that he or she is free to define this

"Higher Power" in whatever terms are most palatable for that person. Although other members speak of their own concepts of this power and their understanding (or lack thereof) of this power and how it has worked in their lives, they are quick to add that newcomers should and will find their own definitions and conceptions that feel right to the newcomer (Krentzman et al., 2011). Because AA members' perceptions of spiritual awakenings and a transcendent power are so flexible, even though newcomers may at first be resistant to the idea of God as part of working program of recovery, they find that AA's God is not attached to religious dogma (e.g., judgments of damnation) (Humphreys, 2000). Research suggests that such flexibility is a persuasive force when newcomers are first exposed to the AA ideology (Galanter et al., 2012; O'Halloran, 2005).

Theoretical categories. The flexibility of how members can choose to define their Higher Powers most likely persuades via Cialdini's (2006) peripheral cue of *authority*. *Authority* exploits the human tendency for people to rely on others with power or expertise (i.e., established AA members with extended sobriety) so they might gain the perceived benefits and advantages provided by following others' advice. Although *authority* is an aspect of how flexible spirituality persuades newcomers, this cue does not sufficiently describe how flexible spirituality is persuasive. Also, research suggests that this feature of AA can be quite appealing.

Hitting bottom. Hitting bottom is falling to a low point in one's life with which they can no longer withstand and is noted in past studies as a persuasive factor encouraging newcomers to return to AA (Humphreys, 2000; Right, 1997). Although this persuasive cue is extrinsic to the AA program, that is, newcomers internally experience their perceptions of bottoming out, established members' stories underscore the "pitiful and incomprehensible demoralization" they experienced because of their alcohol abuse (AAWS, 2002, p. 30). AA stories underscore hitting bottom and the profundity of members' pain and anguish linked to drinking prior to AA

(Arminen, 2001). As Humphreys explains, "Some examples of hitting bottom … include having a psychotic breakdown, being arrested and incarcerated, getting divorced, having convulsions or delirium tremens, attempting suicide, being publicly humiliated due to drinking, having a drinking buddy die, going bankrupt, and being hospitalized for substance abuse or depression" (Arminen, 2001, p. 449).

Research suggests that "Sobriety, when it is finally achieved, results from the loss of the hope or belief in oneself" (O'Halloran, 2005, p. 543) and that most AA members experience some form of a bottom or bottoming out (Krentzman et al., 2011; Miller, 1985). Hitting bottom, although different for each person, appears to be necessary to move the newcomers to seek help and can be a persuasive force pushing them to keep coming back to meetings to find a solution to their problems (Witmer, 1997). Hitting bottom is emphasized as important turning points for AA members in which the negative ramifications of their drinking were so horrible that they could not continue drinking so had to accept AA as a last effort to save themselves (O'Halloran, 2005). As one AA speaker recounts, "I lost everything—the service, my pride, my buddies. That broke me, but that's why I'm sober and here today," (Humphreys, 2000, p. 498). So although newcomers hear about others hitting bottom, these serve to keep their own experiences, shame, and horror while under the influence foremost in their minds. Reminders from others and their own humiliation are persuasive forces that encourage newcomers to keep coming back (Galanter et al., 2012).

Theoretical categories. Hitting bottom involves Cialdini's (2006) persuasion processes of *scarcity* and *social proof*. Established AA members value sobriety very highly and speak about it as a precious commodity that can easily be lost (Humphreys, 2000). Members recount stories of others who stopped going to meetings and ended up drunk. Thus, although sobriety through AA

is highly valued, sobriety can be easily lost if newcomers fail to engage in the program—that is, fail to "keep coming back." Hitting bottom also acts as a peripheral persuasion cue via *social proof*; members recount the depths to which they sank prior to AA as evidence that AA saved their endangered lives (Swora, 2011). Nearly all drunk-a-logues, "the drinking-life stor[ies]" (Arminen, 2004, p. 325), include graphic examples of hitting bottom. Humphreys argues that "the telling of drunk-a-logs performs an important organizational maintenance function: hooking newcomers" (p. 500).

Current Study

Although past research provides researchers' interpretations of what likely engages newcomers, studies have not specifically asked members exactly what they heard or experienced in early meetings that persuaded them to keep coming back. Despite evidence that AA is a major asset for alcoholics' recovery, little is currently known about newcomers' early perceptions of AA's persuasive features. In order to better understand the most common forms of persuasion in this setting and to assess newcomers' perceptions to researchers' interpretations, the current study poses the following research question:

RQ: What do AA members report being the most persuasive messages or interactions in

early meetings that convinced them to continue attending AA meetings?

Chapter 3: Methods

To answer the research question, I asked AA members about their perceptions of the most persuasive messages they heard in their early recovery, messages that encouraged them to keep coming back to meetings. Specifically, the current study explored newcomers' standpoints—this includes persons who were recent new members and established members recalling their early days at AA meetings. In order to explore newcomers' subjective experience and to learn about the unique organizational culture in AA, I conducted fieldwork (i.e., participant observations by attending open AA meetings). I also interviewed AA members and asked them directly what they found persuasive in the beginning. As such, the methods for the study include fieldwork (i.e., participant observations by attending open AA meetings) and interviews, both of which allowed me to understand more clearly the early experiences of AA members. In what follows, I review the criteria by which the participants were chosen, followed by access to the observation site. I then outline data collection procedures and data analysis method.

Participants and Observation Site

Participants. Participants were current AA members who attended AA open meetings. Because the nature of the organization to which the participants belong protects the subjects' anonymity, no demographic information, except for their gender, was collected at any phase of this study. The participants were assigned first-name pseusdonymous and identified as establislihed members or newcomers based on length of sobriety. Although there is no clear organizational definition to differentiate established members and newcomers, and the participants may have different ideas about this definition, for the purposes of this study, one year of sobriety separated newcomers from established members. This decision was grounded in

the assumption that members with 12-plus months of sobriety often sponsor newcomers. They had already worked through the program steps and could help others. Newcomers then were members with a minimum of 30 days, but not more than 12 months, sobriety. Per a suggestion from Human Subject Protections, members who are in their first 30 days of sobriety were excluded from the study because they may be still confused about AA and their alcoholism and thus may mistake participation in the study as part of the program. For interviews, I spoke with 27 participants. The number of participants observed in each meeting varied from one to the next.

Access to the site. The observation site was selected from any AA open meeting in the western United States based on the researcher's schedule and availability. Open AA meetings welcome general public, per program rules and traditions, so the researcher's attendance was in line with program guidelines. The researcher introduced herself as a visitor at the beginning of each meeting when the meeting chair asked for visitors (a standard practice in all meetings). The researcher revealed the purpose of her presence in the meeting and told the group she wished to learn more about AA when introducing herself. The researcher would have exited the meeting if any attendees had objected to her presence. The researcher was welcomed at all the meetings she had attended. That was, the participants' consent to allow the researcher's observation was obtained by consensus and acceptance of the researcher's presence at the meeting.

The participants who were interested in learning more about the research was provided with a handout (see appendix A) describing the research objective, the researcher's and advisor's name and contact information, and contact information for the university's IRB office. Interviewees were recruited through after-meeting conversations that spontaneously occurred between the researcher and AA members. The researcher asked members to consider the

interview with her at another time and place of the members' convenience and provided the potential interviewees with the research study handout.

To avoid interrupting important conversations between members that occurred in after-meeting talk, the researcher refrained from approaching members within the first 15 minutes before and after the meetings, unless members approached her during this time. Doing so ensured that the research process did not interrupt the fellowships among the participants spontaneously occurring before and after meeting dynamics. I also used this 15-minute window to show respect to the participants who used this time to seek help from others.

Data Collection Methods

The primary data of this study comes from participant observation, interviews, and document analysis (i.e., reading key AA texts). I attended AA meetings to become familiar with meetings and members' talk, interviewed members to hear their own accounts regarding persuasive messages they heard, and analyzed AA related documents to understand AA's basic tenets.

Participant observation. In order to become familiar with the meeting process, rituals, and traditions, I attended 60 open AA meetings (i.e. 25 hours for 604 Qualitative Research Method, 20 hours for 593 Independent Study, and 15 hours for 599 Master's Thesis). Each meeting lasts about an hour, and total of participant observation hours thus amounted to 60 hours. Observation data was recorded as field notes in an electronic format (i.e., Word document) after the researcher left the scene. The research did not involve any form of recording during the meetings. Informal interviews, only if it felt appropriate, spontaneously occurred between the researcher and the participants before or after the meetings.

To respect the seventh tradition of AA that emphasizes the "self-supporting" (AAWS, 2001, p.19) nature of organization, the researcher chose to participate in meetings as the observer-as-participant (Gold as cited in Lindlof & Taylor, 2011). This means the researcher's participation in the meetings was limited to minimum (i.e., initial introduction as a visitor). The researcher's primary purpose was observation and abstained from direct, obtrusive participation in the meetings. Nor did the researcher share the story or donate monetary contributions (i.e. the basket is passed around for donations) during the meetings. According to Gold (cited in Lindlof & Taylor, 2011), this data collection method allows a researcher to immerse in the organizational culture yet remain objective.

Interviewing. The interviews were recorded in an audio recorder and transcribed into an electronic format (i.e., Word document). The interviewees were recruited based on their approaching the researcher rather than the researcher soliciting the participants. The goal was to recruit relatively equal number of newcomers and established members; however, established members slightly outnumbered newcomers (i.e., 15 v. 12). The potential interviewees chose the time and place for an interview in a public place (i.e., coffee shop, restaurant, AA meeting room, etc.). At the time of interview, the researcher explained the voluntary nature of the interview and protection of their anonymity and confidentiality.

Following the prepared questions provided in the interview guides (see appendix B), the interviews were carried out with informal and conversational tone. The key questions focused on the newcomers' standpoints regarding persuasive messages that they heard in the beginning organized in a chronological manner. I prepared separate interview guides for newcomers and established members: newcomers were asked what encouraged them to keep coming back, and established members were asked to recall what they heard in the beginning that was persuasive.

Document analysis. In order to understand the framework for meetings and information gathered during interviews, I read the two key texts of the program: Alcoholics Anonymous (i.e., called Big Book) and The 12 Steps & 12 Traditions (called the 12-and-12). Additionally, I read key pamphlets (e.g., the AA Newcomer) and other texts of the program (e.g., Preamble, Statement of Responsibility, etc.). As a participant observer, I also noted the artifacts hanging on meeting walls, especially as these relate to AA texts, observed talk, and interview interactions.

I used Lindlof and Taylor's (2011) methods of document analysis to analyze the significance of these documents in AA. In particular, I focused on four aspects: function, power, history, and public representation. 1) I analyzed what functions these documents serve in AA. Specifically, I noted how, when, and for what purpose AA members use each document. 2) I analyzed how these documents represent AA's belief about power or authority, focusing on how these documents conceptualize organizational decision. 3) I also analyzed historical events recorded in these documents. 4) Finally, I analyzed which documents created specifically for the public consumption purpose (e.g., pamphlets).

Data Analysis Procedures

Data coding. Cialdini's six weapons of influence (2007) guided data analysis in this study. Using these theoretical types of peripheral message processing as an a priori coding system, I sorted the data deductively into six categories of persuasive messages and developed other categories of persuasive messages that emerged during the data analysis process.

Using qualitative data analysis software WEFT QDFA, I coded and unitized the data by extracting direct interview responses to key questions such as "what convinced you to keep coming back?" Also, I extracted what the members stressed was important in their decision to keep coming back to AA meetings. Some examples include their talk in meetings when members

prefaced their comments with phrases linking themselves in some way to the other members

(e.g., "they had something I wanted"; "they knew my secrets before I even told [those secrets]";

"they had a solution") as these typically occurred during accounts of what purportedly moved the

speaker to engage with AA.

Once I unitized (i.e., extracted) persuasion-related responses from transcript data, I coded

or categorized these data segments using a constant-comparison method (Charmaz, 2001) with

Cialdini's typology of peripheral persuasion processes as codes. That is, I read through each unit,

compared the unit's content to the persuasion type descriptions, and labeled each unit with one or

more of the types that most closely matched the unit's content. When Cialidini's types failed to

describe adequately any data unit, I created an open code.

Lastly, I used one of Braun and Clarke's (2006) approaches to thematic analysis to

determine the most persuasive messages AA members recounted as important in their decisions

to keep coming back to AA. Frequently, my determination of a message's persuasiveness guided

the data analysis. That is, I counted the number of times each peripheral type matched members'

talk and compared total number of participants that fell under each category of persuasion code.

Most frequently mentioned forms of persuasion were then the persuasive messages that most

likely attract newcomers to keep coming back.

Table: Persuasion Type Definition, Frequency, Percentage, Exemplars

Persuasion Type	Definition	Frequency	Percentage	Exemplar
Liking	The most likeable aspect that newcomers found in AA			
Liking via Social Support	Liking evoked from receiving social support	22	81%	"In AA, if you go enough [meetings], that's where your friends are." (Kenny, 13 months)
Liking via Similarity	Liking evoked from identifying with other AA members	21	78%	"There's no way anybody on the outside can truly understand what it's like." (George, ten years)
Social Proof	AA members' verbal and non-verbal messages that showed the impact of past drinking and the program to members' non-drinking lives	20	74%	"I believed that they were at where I was at, so they gave me faith; maybe it's the program that helped them to be where they are [now]." (Patrick, ten years)
Authority	AA members' experience and sobriety in the program that communicate their expertise in recovery	13	48%	"They already figured it (i.e., how to work the program) out. These people are way ahead of me, and they know what they are doing." (Tracy, 45 days)
Scarcity	AA members' relapse story that provokes newcomers' desire to maintain their own sobriety	5	19%	"I can live through other people's experiences. I don't have to go out and do certain things because I've heard that." (Manuel, three months)
Hitting Bottom	Newcomers' own bottom experience that provokes newcomers' desire to maintain their own sobriety	6	22%	"We are one drink away to come back to the time that I was in between those two cars." (Suzanne, 18 months)

Reciprocity	Newcomers' desire to help other newcomers provoked by receiving social support from other AA members	4	15%	"I'm able to help them (i.e., other newcomers) and I'm able to give them hope." (Amanda, one month)
Commitment and Consistency	Newcomers' engagement in the program that increases their desire to be consistent with their represented-self in AA	3	11%	"I think that's super important responsibility for people to extend their hand out and be like hey we're going lunch, you wana come? And just include them as a part of it." (Megan, eight month)

Chapter 4: Results and Findings

In order to explore the most persuasive forms of communication that attract newcomers to AA, I asked current AA members what they heard in their early meetings that encouraged them to keep coming back to meetings. To answer this question, I used six principles of persuasion from Cialdini's theory including *reciprocity*, *commitment and consistency*, *social proof*, *liking*, *authority*, and *scarcity*, to analyze 27 participants' interviews. In addition to the original six themes, two subtypes of *liking* were prominent: *liking* via *social support* and *liking* via *similarity*. In what follows, I explain how each type of principle worked to attract newcomers (listed in order of most to least frequent).

Liking

Liking via social support. *Liking* was the most likeable aspect that newcomers found in AA. The major persuader contributing to newcomers' liking AA and continuing to come to meetings was *social support* from AA's fellowship. *Liking*, evoked from receiving *social support*, was the most frequent in my study sample and was a key to overcoming the initial discomfort in meetings. *Liking* because of *social support* emerged as the most persuasive message type attracting newcomers, which appeared in 22 out of 27 accounts regarding AA members' initial motivation to keep coming back to meetings. The fear of isolation or lack of *social support* from pre-sobriety social networks seems to explain strength of this theme (VanLesr, 2006).

Social support was feeling cared for or receiving assistance available from a form of support provided by other members of the AA social network in order to cope with sober-life stresses. In AA, *social support* meant that other AA members helping newcomers cope with their various problems, which were typically extensive due to years of drinking.

Three types of *social support* were prominent: *emotional*, *instrumental*, and *informational*. *Emotional support* involved letting another person know that he/she is cared for. *Instrumental support* involved providing material assistance to help new members cope with stress and life changes that occur when drinking cessation begins. *Informational support* was providing facts and advice to help newcomers cope and reduce anxiety. For this sample, the most frequently mentioned type of support was *emotional support*.

Emotional support. *Emotional support* in AA was a form of support that allowed newcomers to feel valued or important. Such support included listening to newcomers' story or simply giving them encouragement (i.e., "keep coming back"). *Emotional support* was much needed form of *social support* for newcomers including those who were in AA for the first time and those who had been in and out of meetings. The brand-new newcomers had anxiety of being a stranger at meetings, not knowing people, and feeling uncertain about the program. Newcomers coming back after the relapse were afraid of others' judgment. Some newcomers also had difficulty in social situation. *Emotional support* reduced such initial discomfort and positively influenced newcomers' liking AA. Newcomers reported that other AA members initially made them feel welcome ("They are very nice to new people. People almost always say 'welcome to the newcomers"; Tracy), cared for ("Even without introducing myself, they came up and talk to me because they recognize me as somebody new"; Josh), and accepted ("They never judged me, and when I came back [from the relapse], they had their arms open to me"; Brice). As a result, *emotional support* helped them come out of their shell and facilitated their desire to come back to more meetings.

Emotional support was also crucial for newly sober persons' transition to the sober life. To alcoholics, drinking was a solution to sober life stresses including struggles with loneliness

and friendship, and not drinking required finding an alternative means to deal with such stresses. *Emotional support*, through frequent communication with other AA members, reduced newcomers' feeling loneliness and provided sober friendship. The feeling of "emptiness," Jamal explained, led him to drinking in the first place. Working and spending time by himself for the most part at home, he expressed the fear of "being alone," which might cause him to drink. When he and his wife divorced, he further drank to isolate from others. In order to avoid "drinking alone," he had been coming back to AA for 83 days. Particularly, he said his motivation to come back stemmed from his desire to "talk to people," whether small talk before or after meetings or during breaks outside while smoking cigarettes.

Social events organized in AA, such as going out for a lunch and dinner or participating in parties, increased the opportunity to communicate with other members and to build relationship with other members that did not involve drinking through *emotional support*. Rachel, seven years sober, recalled her early days in AA and said she needed to be "around people that are sober" because "most of our friends were drinkers, so going to the parties and doing that was something I couldn't do anymore. I needed to start a new life." Being around other sober people, particularly women, to avoid stressful interaction with her husband, she said was her motivation to initially come back to Women's Meeting (i.e., women only meeting).

After years of relapses, Kenny, who now has 13 months of sobriety, recounted how difficult being social was in his early sobriety and said AA provided him with new friendships that are better than his old ones. He shared:

> When you are drinking and your friends are guys in the bar, and as soon as you quit drinking, they are not your friends anymore. But in AA, if you go enough, that's where your friends are. When there's a party, that's the party I go to, and we have some wonderful parties, just no booze. It's great. We have a hell of good times. We have parties and Sunday picnics and stuff all the time going on.

As such, *emotional support* substituted pre-alcoholics' coping mechanism and helped newcomers through sober life stressors in addition to quitting drinking. The evolving and strengthening connection with current members, which comes from *emotional support* led to *liking*, ultimately increased newcomers' motivation to attend meetings.

   Instrumental support. *Social support* was also *instrumental*, usually involving established members providing tangible forms of support that directly helped newcomers with problems that prevented them from devoting to AA. Such support included providing a ride so they could attend meetings and buying a lunch, so they could participate in social occasions. James described how others provided him with *instrumental support*:

> When I came into the room, most of us coming into the room, we have nothing. I seen people going way out putting their families aside to go pick me up, to take me to dinner, to work with me, to see how I was doing today, you know, and they said that we don't do a lot of things in the room of AA that we don't shelter others or we don't do this, but we do, we do coz we all been in the bottom, we all come from the ghetto.

Instrumental support, provided solutions to newcomers' problems, enabled newcomers' involvement in AA, and motivated them to return to meetings.

   Informational support. Another form of *social support* was *informational support*. This form of support provided information or advice to reduce newcomers' anxiety about the program. One example of this was providing AA meeting schedules or the list of AA members' phone numbers to call. Joel noted the benefits of meeting frequently, saying he could go to meetings any time of the day or night, if necessary, because meetings were everywhere in town, in all states, and in most countries. For newly sober people who may be constantly overwhelmed with an urge to drink, having a list of available meetings or people that they could call was the benefit of *informational support* that kept them coming back.

Liking via similarity. *Similarity* also contributed to *liking*, second only to *social support*, and was very persuasive at attracting newcomers to AA; 21 out of 27 participants said feeling similar to other alcoholics was initially what kept them coming back to meetings.

Being an alcoholic was a unique experience that only other alcoholics could understand. In other words, *similarity* separated alcoholics (i.e., newcomers and established members) from non-alcoholics (i.e., friends, family, counselors, etc.). Newcomers described the fellowship as "brotherhood" or "a life family" and clearly differentiated their relationship with other AA members from the connections they had with non-alcoholics.

Similarity allowed newcomers to find the necessary support and understanding in AA's fellowship that may not be replaceable with the kind they received from non-alcoholics. Alcoholism, because of social stigma associated with the term, is not openly discussed in public. The shame and fear forced alcoholics to hide their drinking problems and thus prevented them from early self-diagnosis. Consequently, alcoholics became self-critical and suffered the blame of their drinking problems due to the lack of proper understanding and support from others. AA, however, believed that a member's honestly told story was the key to the solution and encouraged them to share openly their problems. Suzanne felt "vindicated" when she heard others telling the "known stories" in the meeting while she felt criticized and blamed for her drinking at home. What kept her coming back initially, she said, was "acceptance" that she felt "there's no judgment" because people understood exactly what she was going through.

Newcomers expressed the importance of having been "there" and the mutual understanding that came from it: "They really care that they understand what it is to be alcoholic that my own mother, my family, cannot understand, but they do" (James), "There's no way anybody on the outside can truly understand what it's like" (George), and "I think the best

therapists are therapists that are former addicts, or alcoholics" (Kenny). Ben was initially

attracted to AA because of something "special" that he found in AA. That was, he said,

"reinforcement that I have a drinking problem and I need to do something about it" because

"that's (i.e., AA) the only place they talk about that. They won't talk about that in churches. As a

matter of fact in churches, they deny that, the work they deny that. My own family tells me that

I'm not an alcoholic. No place else can I get what I get in that meeting."

The perceived *similarity* also allowed newcomers to know that they were "not alone"

(Zach) and also to "feel belong" (Patrick). AA recognized that the presence of similar others was

crucial for recovery, and the lack thereof would cause alcoholics to develop what AA calls

"terminal uniqueness" (Lutgen-Sandvik, 2005). As a result, they suffered the isolation thinking

that they were just not like others. Cody had always thought that there was something "wrong"

with him until he came to AA and found out that there were others like him. Through identifying

themselves in others' story, newcomers came to realize that they were more alike than different.

Manuel said he "couldn't stop crying" in his first meeting because "I'm listening to everybody

telling my story."

The sense of terminal uniqueness was indeed part of *similarity* rather than difference in

AA, and was disclosed in members' story when members shared their past or "what it was like"

(AAWS, 2001, p. 58). This part of story revealed their physical reaction and mental obsession to

alcohol – what they did to themselves or to others when they were drinking or when they were

not drinking including how much and how they used to drink. Although people came to AA from

all sorts of life paths and each person's drinking pattern or experience may be unique, the

significance of these stories was that they all had the same problem. Tracy who was coming to

AA for 45 days said, "I loved it from day one. I loved it. I felt like these are my people, you

know. All my life, and I'm 49, and I've been feeling like a loser. I don't fit in anywhere and I

feel like I fit in AA."

Seven years sober Rachel used to be afraid that others would judge her. Therefore, she

hid her drinking from others, prior to AA, due to shame and fear. She shared how her perspective

has changed by hearing others' story in the meeting:

> One thing, I know it's not logical and I knew it wasn't true, but my head told me that I was the only person like. Even though I knew it wasn't possible that I was the only person itself like that, it felt like nobody could be this, you know, like hiding, drinking, and such a weird thing like how could other people do that, but when you come here, you hear that all the time. You don't feel so much shamed. Shame keeps people from coming coz they think they are so odd, but when you come around and listen a lot, you realize that this is not just because you are a bad person. It's because you are ill.

As such, identification with AA members' honestly told stories relieved newcomers from the

sense of "terminal uniqueness" and set them free from the fear of judgment.

Social Proof

Social proof was evidence in AA members' verbal and non-verbal messages that showed

the impact of past drinking and the program to members' non-drinking lives. When asked, 20 out

of 27 participants said that they understood alcoholism and how AA could help through AA

members being living proof.

AA, to most newcomers, was the last resort after continuous effort to quit drinking

through different methods. Thus, they were skeptical at the beginning if the program would work

for them. Patrick looked back at his first meeting and said, "I couldn't believe somebody has five

years. I was like impossible." Similarly, George expressed his doubt when he heard "they have

five years, ten years, 15 years, and 25. I didn't believe them. I thought they were lying."

However, they soon started to believe those people with long-term sobriety because AA gave

them a "hope" by repeatedly showing "a living example" that it was possible to do so. Such

examples had a powerful influence on newcomers' motivation to work and stay in the program:

"I believed that they were at where I was at, so they gave me faith; maybe it's the program that helped them to be where they are [now]" (Patrick), "If the guys like that (i.e., who were in a worse situation) can sober up, you know, I can sober up too" (Jamal), "I saw that they got better and they really changed," (Nadia), and "Maybe I'd give this AA one more chance" (Brice).

One form of *social proof* was AA members' recounted story when they shared "what we used to be, what happened, and what we are like now" (AAWS, 2001, p.58). Amanda tried everything (i.e., therapy, recovery center, etc.) to stop drinking, but she said, "Nothing really worked." To Amanda, AA was "an end of the world kind of thing." She explained, "I decided to take a chance and see if I can get sober" because "I knew that it works for others." She believed that "they walk through it, so I can too" when she was able to identify with others' "devastation," "the way they had them (i.e., alcoholism)," and their attempts "to be functional" before their success in AA. Matt was inspired initially by the stories of AA members. He learned that they were once in a hopeless situation but now had a long-term sobriety because they have changed in AA. He was convinced that he had no excuse not to work the program "If this person can overcome the past and have a better life." His belief was reinforced as "this basic idea" (i.e., you can stay sober if you follow the suggestions) was repeated "over and over again" in the meeting.

Adam initially did not believe that he would stay in AA for more than a year, but he ended up celebrating one year of birthday (i.e., sobriety) because he started to believe that AA would work. Adam shared:

> It wasn't what they said but it was what they did, it was more what they did. Um, listening to the stories and said "this is what I used to do and this is in the book, this is the way it was, this is what happened, this is what we are now," you know, it was, you know, they told me "I used to drink just like you. I used to drink every night till I passed out and I was miserable and I've quit drinking and when I quit drinking, I found a better way to live, you know through the 12 steps program." And I thought they were, you know, they were happy and they had friends, they can buy food, haha, I've never got to that point,

but a lot of men, they can't even afford to buy a hamburger. You know, so they were living a fairly good life.

Humor is another factor that made *social proof* convincing. Some humors were about their past: "beer deposit bottles" (i.e., having to have unlimited supply of alcohol 'just in case') or "drink to get drunk" (i.e., getting drunk before going out so they would drink 'less' at the bar). Some were about their failed attempts to quit drinking: "only weekends" (i.e., never drink during business days and drink only during weekends) or "insanity" (i.e., dumping all liquors as a way to quit drinking but checking through broken glasses with a hope that there may be unbroken ones). Other examples included their feeling about the meeting: "no excuse" (i.e., if they used to go out of their way to go to the liquor store just to purchase more alcohol, they should be able to put the same kind of effort for going to the meeting) or "the effect of drinking that they used to enjoy" (i.e., comparing the feeling that they get from drinking with the joyful feeling that they get from coming to the meeting).

Newcomers said they were motivated to come back because these humors were "fun," said 45 days sober Tracy. These humors in members' story, Kevin said, showed him that "they have a lot of liberty," and "they are free." For newcomers who may have tried so hard to hide or quit their drinking to see recovering alcoholics talking about their problem aloud and "laughing" about it seemed convincing. Tracy shared:

> Sometimes people are telling these stories, we should be crying and we are falling off our chairs laughing because it's, it's FUNNY! *laughs* But not like in the bad way. It's more like you understand how they got themselves into that situation, so I go because the meetings are fun!

Additionally, *social proof* non-verbally communicated its influence. Norman recounted his story, when he first got sober 23 years ago, and shared how *social proof* was evident in his sponsor's life. He saw his sponsor, who was already retired, had a wife whom he cooked for and

five educated children. He thought his sponsor was living a "successful" life. Norman explained

how his sponsor inspired him to pursue a sober life:

> And so these guys (i.e., his sponsors) took me into their homes and showed me that sobriety, to have goals, dreams and sobriety is good and you can make them work for you if you live the AA way of life, that these are the consequences of recovery. This is the dream, you can live your dream in AA and be happy and content and peace of mind, more than even having material things. You find peace of mind within yourself, and that's what's kept me and keeps me coming back even to today, you know. It's not so much about having the nice cars and nice homes and all this and all that. It's more about having contentment inside of ourselves.

Similarly, Kevin witnessed *social proof* in how AA members were "very different" from

him: "looking at people, you know, their clothes were clean, new, or you know, good haircut,

you know, talking about their jobs and I was a mess." He found a hope when he "realized that

they have come from the experience very similar to my own." Three months sober Manuel said,

"They are happy and content even though they are not the richest person in the world. It's, they

have something I wanted, be content, be humble, peaceful, happy, and you know, not have to use

alcohol or any drugs." George found "some healing" because "they (i.e., AA members) seemed

to be somewhat happy" even though he was beaten up.

AA members serving the living example had a strong influence on newcomers'

motivation to work the program. However, when in extreme doubt, other AA members' pasts

that seemed "similar" to their own situation or more devastating gave newcomers a hope and

reinforced their motivation to do the same.

Authority

Authority was the symbolic representation of established AA members' expertise in

recovery mainly communicated through two means: *authority* via *experience* and *authority* via

sobriety. Although *authority* was not as persuasive as the above mentioned persuaders (i.e.,

social support, *similarity*, and *social proof*) at attracting newcomers, about a half of the

participants in this study (i.e., 13 out of 27) reported that they decided to come back because they decided to follow *authority*.

Authority via experience. Established members' experience in the program was a form of *authority* and represented their credential in recovery. Newcomers pick up "tools" or "skills" from established members' stories to apply to their own goal to live without alcohol. Established members were the "experts" who could provide reliable information regarding recovery. Having recognized *authority* in established members, Tracy believed that "they already figured it (i.e., how to work the program) out. These people are way ahead of me, and they know what they are doing." As such, newcomers found established members' suggestions credible and believed following their advice was indeed beneficial.

Newcomers decided to follow established members' suggestions also because it was "easy" to follow the instructions that have been proven effective from their experience. Accepting established members' suggestions, when backed up with their experience, Matt believed that "all you have to do is to follow a few suggestions." Consequently, he thought that the program was indeed "simple" and "durable" compared to his own method to quit drinking. George was encouraged to come back and do "a few simple things" in the beginning. He shared what he heard in the beginning that encouraged him to come back:

> I knew the place to work on alcoholism and drug addiction was to meet people who know how to do it and they've done it before, and that's what I've heard in the beginning. We know how to do it, you can try it alone, let us know how it works out and then come on back because you are always welcome, and they keep telling you to keep coming back. I thought was, it's much easier just to stay, that's a lot less work, just to stay, you know and keep an open mind.

As seen in the above example, recognizing established members' experience made their words persuasive. Adam decided early on to "stand on their shoulders" and continuously come back as suggested.

Authority via sobriety. Established members' sobriety days, combined with their experience, also symbolized *authority* and communicated nonverbally established members' credential in recovery. The longer sobriety period meant having a better understanding of how to stay sober and how to work the program, thus teaching newcomers what they need to do in order to maintain sobriety. Particularly the presence of long-term sober members in meetings, seen as "the expert," was persuasive for newcomers to stay in the program. Cody, seven years sober, initially believed that AA would work when he saw established members "who shared that they have been sober for a year or five years or ten years, however many years they've been sober." Having seen members who have years and decades of sobriety but who do "not forget the program," six months sober Nadia noted, "I have a tendency to listen to old-timers (i.e., established members)" because "they are still here obviously so and they feel like they still need the program to keep them from drinking." Sean looked back ten years ago when he was still a newcomer and shared his thoughts about established members:

> These guys that are sober already 20 years, they are still going to the meeting every day, so I thought, "man, I better at least be doing that if this guy and these guys who are sober 20 years are still doing it," you know, coz I'm new, and 20 years, you know.

The long period of sobriety also had a strong impact as *authority* and was persuasive for newcomers so that they decided to follow its action even though not spoken. Continuous attendance was the key to the sobriety, and thus newcomers were encouraged to come back.

Scarcity

A lesser form of persuasion found in this study sample was *scarcity*. Less than a fifth of the participants (i.e., five out of 27) reported that they were encouraged to come back because of *scarcity* when they were a newcomer. Among those five, only one was a newcomer coming back from the relapse, and the other four were brand-new newcomers. The other 19 participants had relapsed once or more prior to their current sobriety. This may indicate that the impact of

scarcity becomes less powerful on those who have relapsed, which explains why *scarcity* was

not the reason to come back for the majority of the participants.

 Scarcity was AA members' relapse story that made sobriety scarce in AA. AA members'

story showed the consequence of continuous drinking and the progressive nature of alcoholism.

Scarcity thus provoked the thought of losing through others' lost sobriety and prevented

newcomers from risking their own sobriety. Manuel explained, "I can live through other people's

experiences. I don't have to go out and do certain things because I've heard that." Taylor

explained how others' stories helped him see what could happen on the road if he had continued

to drink. He believed that "[consequences] could progress to something even worse." The

thought of "losing a lot more than what I already have," he said was what kept him from

drinking.

 Newcomers also realized from others' story that the key to avoid the risk of relapse was

to keep coming back. Nadia, six months sober, explained what she had been hearing that kept her

coming back was relapsed members saying, "I quit coming and I thought I could handle this."

One year sober Adam said what kept him coming back was "hearing every person ever relapsed

said they stopped going to meetings." As another example, Sean's story about his initial reaction

to the relapse story illustrates the influence of *scarcity*:

> I would hear people in the meeting say they went back and drink and I go, "Holy cow,
> you did?!" As soon as the meeting is over, whether there's one, two, three, people, I
> immediately went up to them, "What happened? You went out and drink again? What
> happened?" I did that you know, for two or three months, and after that I didn't need to
> do it anymore because every single time the answer was "I stopped going to the
> meetings." I never heard different, "I stopped going to the meetings."

As such, established members' relapse story provoked newcomers' *scarcity*. Newcomers were

then encouraged to come back in order to avoid risking their own sobriety.

Hitting Bottom

Although "brand-new" newcomers were more likely to be motivated by AA members' story that provoked *scarcity*, other newcomers who had relapsed continued to come back because of the outside factors including their own relapse experience and legal force. Such factors that created *scarcity* were called "*hitting bottom*" in AA. Although *hitting bottom* was not necessarily the prominent form of persuasion (i.e., six among 27 participants) in this study, it provoked *scarcity* the same way AA members' story did.

Hitting bottom was a horrifying event that happened because of alcoholics' drinking and caused them to stop drinking (Young, 2011). The expression, "*hitting bottom*," described such events (*bottom*) that led them to AA. Such examples included car accident from driving while intoxicated, memory loss from blacking out, or the fear of legal consequences. Newcomers felt the desperate need to stop drinking because of the fear that came from these experiences and they came back in order to avoid these events from happening again. Suzanne was initially coming to AA to satisfy her family and had been in and out of AA for years. Although her drinking problem progressed seriously over years, alongside with life changing events, she was never really committed to the program until 18 months ago when she had a near death experience. She found herself in between two cars after she blacked out the night before, not remembering anything that happened. The fear that she could have died, she said, was what finally got her committed to AA and kept her coming back to this date. She noted, "We are one drink away to come back to the time that I was in between those two cars."

Newcomers said that others' story, especially newcomers' story, took them right back to their own bottom experience. They came back to AA so they would not "go back there" and make the same mistake again. Zach's hitting bottom experience was three month ago when he crashed his car while drunk driving. For fear of legal consequences, he left the scene without

reporting to the authorities. He soon turned himself in to avoid consequences that are more serious. Since then, he has decided to come back to AA. Regardless of his fear, he said he was more scared that he might forget about what happened, which might cause him to drink again. He explained, "We forget, and the brain starts telling us, you can drink, you know, it's okay." He shared:

> If I would've gone to a prison for a year or right again a slap on the wrist like I did, and a year would pass. Maybe in another line once I stop going to the meetings, I would drink again, so I got a slap on the wrist, and now is the scariest part. Things are going right, so I stopped going to the meetings, not every day. I skipped a day, and I skipped three days, and finally I'm excused not to go. Oh I'm tired, oh I gotta go do this, and I don't call my sponsor. I stopped reading the book. Two weeks three weeks, and my mind tell me, I can handle one drink. See that's how it is. Now to get me in there, it took that accident to actually get in there.

Newcomers' fear of a *hitting bottom* experience made sobriety scarce, just as members' relapse story did, and encouraged them to keep coming back. Zach noted, "I have to go there (i.e., meetings) so I can hear something to keep me sober the day, through the day."

Reciprocity

For the 27 participants in this study, *reciprocity* was not a very prominent persuader. Only four of these participants mentioned it. However, amongst established members, ten out of the 15 with more than a year of sobriety reported that their primary reason for coming back was *reciprocity*. Thus, it may be inferred that spending a longer period in AA increases the persuasive power of *reciprocity*. Indeed, none of those four newcomers who identified reciprocity to be their reason of return was brand-new newcomers. They all had relapsed once or more and have been in and out of the program longer than their sobriety periods as a whole (all four had less than one year of sobriety ranging from one month to eight months). This may explain the shift in their motivation to come back.

Reciprocity was the felt obligation to "pay back the debt" usually accumulated from receiving *social support* including *emotional*, *instrumental*, and *informational support*, from other AA members. The "debt" was not reciprocated directly back to the help giver, but rather was reciprocated to other newcomers and the program as a whole. Having been in the program, newcomers believed that they had something that they could offer from their experiences and that they were able to help others with less experience in the program. Mike explained the reason why he has been coming back for two months after his relapse was "to help people who are newer than me. I mean, someone who doesn't realize, who doesn't understand why they keep relapsing, I mean, my story might give them insight on why they started." Eight month sober, Megan explained how it helped her share her story with people who were "suffering." She noted, "I can't show you [how AA has changed her life], but I mean I can share my experience, strength, and hope, and you can do it for yourself and have your own experience in it."

Coming back to AA for a month from the relapse, Amanda shared how the idea of being able to help others encouraged her to keep coming back:

> I think that's the thing about keep coming, like the whole keep coming back is that I was able, I assure there, be able to be you know, no matter where I was in the program or no matter where I was in sobriety, there's always something that I can offer to somebody else (i.e., newcomers) so...

Newcomers found it empowering that they were able to help others who might be in the same situation as they once had been. Amanda noted, "I'm able to help them and I'm able to give them hope." Thus, newcomers were encouraged to come back as they engaged in AA's help-others dynamic, *reciprocity*.

Commitment and Consistency

Commitment and consistency was least persuasive at attracting newcomers in this study. Among 27 participants, three identified their early engagement in AA was due to *commitment and consistency.*

Commitment and consistency was newcomers' engagement in continuous commitment, including helping others through providing *social support* or taking part in AA through service commitment, that made them accountable for their own involvement in AA. Such commitment helped newcomers find ways to be important to others, which in turn made them feel important in AA. Helping others was one way to feel important to others. Newcomers developed the sense of responsibility through such engagement. Megan, eight months sober, said it was "super important responsibility" to extend her hand to other members and ensure that they felt part of a group by inviting them to a lunch. Gradually through increasing responsibility, newcomers became more bound to perform their responsibility, thus motivating their desire to be consistent with their action.

Service commitments, such as making the coffee before a meeting, setting up chairs, taking down chairs, mopping the floor, or being a greeter at the door, were also ways to be important to others and increased newcomers' sense of obligation in AA. Newcomers developed positive self-esteem and felt a strong sense of community as they engaged in tasks that are more important. This amounted to their desire to be consistent with the publicly represented image of self. Norman, 23 years sober, described his initial service commitment in AA as a newcomer:

> When I was really sober, I would open the Thursday noon meeting and I would go and I'd set up the chairs and that was within my first six months of sobriety, so they'd even let me be the secretary, so when we'd pass the basket, I'd have to count it, write it down in the book, and drop it into the safe or pay for our rent and keep the rest and at the end of the month, then I'd turn in my money, so I participated in my recovery right away. And then I would share, you know, at some of the meetings, I'd like to share.

As such, the more important newcomers felt they were in AA through engaging in commitment, the more motivated they were to be consistent with others' expectation of self-image. Such desire that came from *commitment and consistency* led to newcomers' desire to come back.

Chapter 5: Discussion and Conclusion

In this section, I first review the study's important findings and then discuss practical and theoretical implications of these findings. Finally, I end with limitations of the current study and suggestions for future research.

Guided by the research question "what do AA members report being the most persuasive types of messages regarding their decision to begin working the program that they heard when first attending AA meetings?," this study explored newcomers' perception of AA members' communication that attracted them to pursue the membership in AA. To answer this question, I have conducted thematic analysis based on six principles of persuasion from Cialdini's (2007) theory (i.e., *reciprocity*, *commitment and consistency*, *social proof*, *liking*, *authority*, and *scarcity*). As a result, *social proof* and *similarity* have emerged immensely as sub types of *liking*. I found that two types *liking* and *social proof* were the most frequent forms of persuaders at attracting newcomers in this sample. In what follows, findings for those three types of principles are summarized.

Liking via Social Support

Liking, particularly, *liking* via *social support* appeared most frequently in newcomers' accounts regarding their initial motivation to come back to meetings. Among 27 participants, 22 attributed their liking AA to *social proof* from AA's fellowship. As reported in the existing research (VanLear, 2006), lack of *social support* from pre-sober social networks, or lack of such a network completely, increased newly sober person's desire to seek such support from AA's fellowship. The current study added to the previous study by identifying exactly how AA members' providing *social support* helped newcomers with their adjustment to AA and to the sober life, which motivated their desire to return to AA. Although newcomers were aware that

AA members were willing to help, some felt that it was not easy to actively reach out and ask for help because they were afraid of being rejected or simply did not know how to do so. Regardless of their desire to be around other sober persons, it might just be an easier option for them to stay in their own shell and shy away from the help. Suzanne, 18 months sober, explained how difficult calling someone was when she was first coming to AA. "That telephone is weighed 100 POUNDS," said Suzanne. The present study showed how AA members approached and interacted with newcomers that helped them through such initial discomfort in meetings and that influenced newcomers' liking AA via *social support*, particularly *emotional support*.

Liking via Similarity

Liking via *similarity* was by one person the second to the most frequent emergence in this sample (i.e., 21 participants said *liking* via *similarity* was persuasive). Social stigma and lack of public understanding about alcoholism appeared to push alcoholics to "denial" rather than detection of the problem, which created the sense of "terminal uniqueness:" many came to AA feeling that they were "different" or "odd." Consequently, the fear of judgment from others forced them to hide their drinking and suppressed their recognition of the problem. For this reason, many suffered criticism from others and devastatingly lacked support and care that stemmed from mutual understanding. Josh said, "People would say things like 'you are okay.' I didn't feel like I was. I need people to tell me I was okay." AA, on the other hand, encouraged members' self-disclosure and their focus on similarities instead of differences. This helped newcomers with self-affirmation and surrender that they had the problem and there was the solution in AA. As a result, they developed the desire to be around similar others and became more willing to seek AA's help.

Social Proof

Social proof was also prominent in this study; 20 participants believed that AA would work for them because of *social proof*. Due to a number of failed attempts to quit drinking, it was hard for some newcomers to believe that they could get sober. As such, newcomers initially did not believe that AA would work. Although the story of recovering alcoholics living the sober life in the program may be persuasive and provoke some newcomers' desire to pursue such change in their own life, it was too good to be true for some newcomers in the beginning. In order for *social proof* to be persuasive, it was important that AA members focus in their story on how their life used to look before coming to AA. These stories showed how their lives have changed through AA and gave newcomers hope in the program that they too could get sober if they would work the program. Having recognized the impact of the program (i.e., *social proof*) in the living examples, newcomers were motivated to come back and work the program.

Other persuaders' (i.e., *authority*, *scarcity*, *hitting bottom*, *reciprocity*, and *commitment and consistency*) influence on newcomers' initial motivation to come back were relatively low in this study; less than half of the participants reported these factors were the reason of their return in the beginning. One notable finding was that *reciprocity* was indeed the primary reason for established members' motivation to return. Therefore, *reciprocity* may become more persuasive as AA members spend more time in the program.

These findings have theoretical implications to Cialdini's theory (2007) of influence and suggest practical implication at organizational and professional levels. These implications are discussed in the following section.

Theoretical Implications

This study offers theoretical implications to Cialdini's theory of influence (2007). *Liking*, according to Cialdini (2007), is the principle of persuasion that explains five factors (i.e.,

physical attractiveness, contact (familiarity) and cooperation, positive association, similarity, and compliment) that increases liking. As this study illustrates, *liking*, particularly via *social proof*, though not included in the original theory, and via *similarity*, was the most frequently mentioned forms of persuasive features. Cialadini (2007) notes that *similarity* increases individuals' liking others when perceived in a variety of areas ranging from more to less personal aspects. In AA, newcomers felt similar to other members who are close to their age, educational level, socio-economic status, or drinking pattern.

However, *similarity* at times reinforced individual differences among members and consequently pushed newcomers to denial. Sean, ten years sober, initially decided to come to AA because he was concerned with the amount of alcohol he consumed per week and shared such concern in his first meeting. After the meeting was over, one established member came up to him and said, "Oh man, when I came in the program, I was drinking two cases a day, hahaha." As a result, Sean, thinking that "I got a plenty of time left" because "I'm not that bad yet," did not return to AA until his drinking had gotten progressively worse. The findings in this study showed that *liking* was more persuasive when focused on the exclusive commonality shared only among alcoholics – first-hand experience of being an alcoholic. Therefore, theory should consider *similarity* in terms of sole factor, instead of many other factors, for growing influence of *liking* in this population.

This study also suggests that Cialdini's theory should be extended to include *social support* as another form of *liking*. *Liking* in Cialdini's theory focuses on the above mentioned factors (i.e., physical attraction, contact and corporate, positive association, similarity, and compliment) and does not explore other factors. *Social support*, however, also triggers *liking* and is crucial particularly for new members' adoption to an organization. In AA, *social proof*

including *emotional*, *instrumental*, and *information support* helped newcomers' adjustment to AA and transition to the sober life. As a result, such support increased newcomers' liking AA and their desire to come back. As such, *social support* explains voluntary members' willingness to be part of a group. Therefore, the theory should include *social support* in *liking*.

Lastly, the study's findings suggest that Cialdini's theory should consider outside factors as the principle of persuasion in this sample. According to ELM (Cacioppo, & Schumann, 1983), persuasion through a direct route indicates elaboration of the content of messages, and persuasion through an indirect route means persuasion through peripheral cues of messages. Six principles of persuasion focus on automated responses triggered through indirect routes of messages. Such principles in AA members' messages had a strong influence on newcomers' desire to come back. However, newcomers' hitting bottom experience, though external to the influence of messages itself, worked similarly as a means of indirect persuasion and encouraged them to attend meetings. Thus, Cialdini's theory should also consider outside factors such as *hitting bottom* for its strong influence in this population.

Practical Implications

This study also offers practical implications for how AA members might reach out to newcomers and how counselors may advise their alcoholic patients. First, some of the participants felt that established members are not doing enough reaching out though helping newcomers is the primary purpose of AA (i.e., twelfth step; to carry the message of AA to others who are suffering). Also, one of the chapters in AA's Big Book (i.e., Ch. 7 *Working with Others*) suggests how to communicate with newcomers. The findings in this study illustrate the powerful influence of established members' communication, both verbally and non-verbally, on a newcomers' decision to join and stay in the program. Especially in the beginning, newcomers'

desire to come back was greatly impacted by how established members approached them. Considering this study's findings, established members should focus particularly on assisting newcomers' adjustment to the sober life through providing *social support*, articulating *similarity* over difference in their story, and giving hope in the program through *social proof*. Specifically, established members should actively take a lead in reaching out. For example, they may take a newcomers' phone number and call them instead of simply giving out theirs (and waiting for newcomers to call them). Also, established members may sit down with newcomers after meetings and help them find what they have in common together by sharing each other's stories. Ultimately, established members may emphasize how their life has changed before and after AA in their story.

As for counselor's approach to alcoholic patients, they should prepare their patients, before they send them to AA, to be open to what AA members have to say and their willingness to help them. They may advise the patients to participate in social events organized in AA as much as possible, in addition to attending meetings, and to get to know other AA members. In meetings, they may advise them to focus on similarity and to keep notes of what they identify with in story of AA members. They may also suggest them to pay particular attention in AA members' story to how their lives have changed after they came to AA. As discussed in the beginning, it may take a little while for alcoholic patients to begin elaborating the message, which may result in long-term commitment to stay in the program. Thus, they may advise the patients to take one of AA's suggestions and to attend 90meetings within 90 days. This 90-day timeframe would give newcomers the opportunity to be free from chemical influence of alcohol and cognitively focus on the content of the message in AA.

Limitations and Future Research

This study contains several limitations. First, the majority of the participants including newcomers in this study either had relapsed or had been in and out of the program for longer than one year. Thus, the study sample does not fully represent brand-new newcomers' (i.e., newcomers who were in AA for the first time) perspective. Newcomers represented in this sample included those who once were committed to AA for a long time but relapsed or those who had been in the program for extensive period but never stayed sober. Those participants were speaking from the perspective of newcomers who came back from relapse, which may slightly differ from first time newcomers' perspective. As this study illustrates, AA members' motivation to return may change over time in the program. Secondly, established members, especially those with longer sobriety, may have forgotten some of the stories in their early recovery so that their recounting of what was persuasive as a newcomer may not be as accurate as newcomers' accounts. The interviewees in this study included more established members than newcomers (i.e., 17 established members and 15 newcomers). Among 15 newcomers, only four participants were the first time newcomers. Thirdly, the participants in this study were all recruited in the United States. Thus, the findings in this study do not consider intercultural differences. With other culture's norms and expectations, newcomers' perception of what is attractive may be different, which might interfere with the results.

Limitations in this study also suggest directions for future research. First, future research may focus on recruiting exclusively the first time newcomers with less sobriety period in order to gain more vivid description of newcomers' experience in their early attendance. As discussed in introduction, it is crucial to attract newcomers the first time around so they would not have to continue to drink and follow consequences of their drinking that could be deadly. Second, it would be helpful to explore what newcomers wished they had heard or how they wished

established members had interacted with them in the beginning. In addition to what they actually had heard that encouraged them to come back, their explicit address of such need might point directly to exactly what AA members can do to improve their communication with newcomers. Third, future research may also ask established members what they say to newcomers when they encourage them to keep coming back. Combined with newcomers' perspective of what is attractive, understanding established members' communication style would add to improving how to communicate effectively with newcomers. Fourth, this study explored newcomers' initial motivation to come back, but future research may explore to what extent these messages influence newcomers' long-term commitment to the program as well as what persuades them to commit to the program for a long-term. Lastly, Cialdini's typologies, particularly *social support*, *similarity*, and *social proof*, may be used in a different context to examine whether these persuaders will attract new members to pursue a membership in an organizations or groups. For example, theory may be also effective for examining ways to encourage youth to join an anti-smoking campaign or to motivate college students to volunteer at a homeless shelter.

Conclusion

This study explored newcomers' initial motivation to come back to AA and examined what increased such motivation. Newcomers were motivated to come back mainly because of peripheral rather than central means of persuasion. The effect of these messages may not directly lead to a long-term commitment to the program; however, greatly influenced newcomers' decision to come back especially in the beginning. Newcomers may not immediately devote their effort to start working the program in their early sober days, and their reason to be in AA may not be strictly for recovery in the beginning: some came back because they wanted someone to talk to, because they felt accepted, or because they liked being cared for. Although frequent

attendance does not predict the likelihood to work the steps or long-term benefit in the recovery (VanLear, 2006), it was important that newcomers found the motivation to come back earlier in their recovery so they would stay sober until they begin to elaborate the message they hear in meetings. Using six principles of persuasion from Cialdini's theory of influence (2007), this study examined what newcomers perceived to be attractive in the way AA members communicated with them and particularly which messages influenced most on newcomers' decision to pursue the membership in AA.

This study added to the existing literatures by specifically focusing on newcomers' perception of AA and what persuasive features they see in their early engagement. Direct attempt to convince newcomers to join the program may appear "preachy" or "intruding" and may be a turn off for newcomers. Rather, it was AA members' talk and interaction with newcomers that communicated genuine care and support that attracted newcomers and motivated them to stay in AA. As a researcher and an outsider of this community, I was also welcomed warmly and kindly by AA members in meetings. Although they knew that I was not an alcoholic myself and my purpose in meetings was for research, they made me feel as if I was part of the group. They greeted me at the door, invited me to a lunch after meetings, and encouraged me to "keep coming back." Gradually through my fieldwork, I found myself enjoy going to meetings and attracted to AA, and most importantly, I witnessed from eyes of newcomers their struggles with drinking and how their lives have changed through AA. I conclude this study with AA's closing recitation:

"Keep coming back, it works if you work it, and you are worth it."

(Alcoholics Anonymous)

References

Albrecht, K. (1979). *Stress and the Manager*. Englewood Cliffs, NJ: Prentice-Hall.

Alcoholics Anonymous. (1984). *This is A.A. An introduction to the A.A. Recovery Program*
[Pamphlet]. New York: The A.A. Grapevine, Inc.

AAWS. (1980). *Dr. Bob and the Good Old Timers*. New York: Alcoholics Anonymous.

AAWS. (1953, 1984). *Twelve Steps and Twelve Traditions*. New York: Author.

AAWS. (2001). *Alcoholic Anonymous* (4th ed.). New York: Author.

AAWS. (2002). Alcoholics Anonymous: The story of how many thousands of men and women
have recovered from alcoholism (4th ed.). New York: Author.

AAWS. (2012). A.A.'s Big Book, Alcoholics Anonymous, and Twelve Steps and Twelve
Traditions Now Available in eBook Format.   Retrieved 6/5/2012, from
http://www.aa.org/press.cfm

Alcoholics Anonymous World Services, Inc. (2013). *A.A. Literature Catalog*. Retrieved from
http://www.aa.org/lang/en/subpage.cfm?page=343

Antze, P. (1987). *Symbolic action in Alcoholics Anonymous*. In M. Douglas (Ed.), Constructive
drinking: Perspectives on drink from anthropology (pp. 149–181). New York, NY:
Cambridge.

Arminen, I. (2001). Closing of Turns in the Meetings of Alcoholics Anonymous: Members'
Methods for Closing "Sharing Experiences". *Research on Language & Social
Interaction*, *34*(2), 211-251.

Arminen, I. (2004). Second stories: The salience of interpersonal communication for mutual help
in Alcoholic Anonymous. *Journal of Pragmatics*, *36*, 319-339.

Bator, R. J. & Cialdini, R. B. (2000). The Application of Persuasion Theory to the Development of Effective Pro-environmental Public Service Announcements. *Journal of Social Issues*, *56*, 527–541.

Bell, S. (2007, Nov). *Narrative Ethnography: The Bridge between Rhetoric and Social Science as Revealed in a Case Study of Persuasion in Alcoholics Anonymous.* Paper presented at the National Communication Association annual conference. Retrieved from https://www.zotero.org/ryanguy/items/8QQF33Q3

Bond, J., Kaskutas, L. A., & Weisner, C. (2003). The persistent influence of social networks and Alcoholics Anonymous on abstinence. J. Stud. *Alcohol*, *64*(4), 579-88.

Braun1, V., & Clarke, V. (2006). Using Thematic Analysis in Pshychology. *Qualitative Research in Psychology*. 3(2). 77-101. doi:10.1191/1478088706qp063oa

Cain, G. (1991). Personal stories, identity acquisition and self-understanding in Alcoholics Anonymous. *Ethos*, *19*, 210-253.

Centers for Disease Control and Prevention. (2010). *Alcohol Screening*. Retrieved from http://www.cdc.gov/injuryresponse/alcohol-screening/index.html

Cialdini, R.B. (1993). *Influence: The psychology of persuasion*. (2nd ed). New York: William Morrow & Company.

Cialdini, R.B. (2001, Oct). Harnessing the science of persuasion. *Harvard Business Review*, 72-79.

Cialdini, R. B. (2006). *Influence: The psychology of persuasion* (3rd ed.). New York: Harper Collins Publishers Inc.

Cialdini, R. B. (2007). *Influence: The Psychology of Persuasion.* New York: HarperCollins

  Publishers Inc. [Adobe Acrobat Electronic Edition version]. ISBN 978-0-06-189990-4

Charmaz, K. (2001). *An invitation to grounded theory in ethnography*. In P. Atkinson, A. Coffey,

  S. Delamonte, J. Lofland, & L. H. Lofland (Eds). Handbook of Ethnography (pp. 160-

  174). London: Sage.

Dainton, M, & Zelley, E. D. (2005). *Applying Communication Theory for Professional Life: A

  Practical Introduction*. Oakland, CA: Sage Publications, Inc.

Dill, P. L., & Wells-Parker, E. (2006). Court-Mandated Treatment for Convicted Drinking

  Drivers. *Alcohol Research & Health*, *29*(1), 41-48.

Ford, L. A. (1989). Fetching good out of evil in AA: A bormeannean fantasy theme analysis of

  "The Big Book" of Alcoholics Anonymous. *Communication Quarterly*, *37*(1), 1-15.

Galanter, M, Dermatis, H, & Santucci, C. (2012). Young People in Alcoholics Anonymous: The

  Role of Spiritual Orientation and AA Member Affiliation. *Journal of Addictive Diseases*.

  31(2), 173-182.

Grapevine, Inc. (2000). The drover. *The AA Grapevine*, June, 2-6.

Greil, A. L., & Rudy, D. A. (1983). Conversation to the world view of Alcoholics Anonymous:

  A Refinement of conversation theory. *Qualitative Sociology*, *6* (1), 5-28.

Hedges, J. (2007). The Role of Identity in Organizational Storytelling. *Conference Papers --

  National Communication Association*, 1.

Humphreys, K. (2000). Community narratives and personal stories in Alcoholics Anonymous.

  Journal of Community Psychology, *28*, 495-506.

Jenkins, C. O. E., & Tonigan, J. S. (2011). Attachment avoidance and anxiety as predictors of 12-step engagement. *Journal of Studies on Alcohol and Drugs*, *72*(5), 854-863.

Kelly, J., Magill M., & Stout, R. (2009). How do people recover from alcohol dependence? A systematic review of the research on mechanisms of behavior change in Alcoholics Anonymous. *Addiction Research & Theory*, *17*(3), 236-259. doi:10.1080/16066350902770458

Kelly, J.F., Stout, R.L., Magill, M.J., Tonigan, S., & Pagano, M.E. (2011). Spirituality in Recovery: A lagged meditational analysis of Alcoholics Anonymous' principal theoretical mechanism of behavior change. *Alcoholism: Clinical and Experimental Research*, *35*(3), 454-463. PMC3117904

Krentzman, A. R., Robinson, E.A., Perron, B. E., & Cranford. J. A. (2011). Predictors of membership in Alcoholics Anonymous in a sample of successfully remitted alcoholics. *Journal of Psychoactive Drugs*, *43*(1), 20-6. MI 48109-5740.

Lankoff, G, & Johnson, M. (1980). *Metaphors we live by*. Chicago, IL: University of Chicago Press.

Li, S., VanLear, C. A., & Rangarajan, S. (2007, May 23). *Communication, Social Support, and Emotional Quality of Life in Alcoholism Recovery*. Paper presented at the Annual Meeting of the International Communication Association, San Francisco, CA. Retrieved from http://www.allacademic.com/meta/p173322_index.html.

Lindlof, T. R., & Taylor, B. C. (2011). *Qualitative Communication Research Methods*. (3rd ed.). California: SAGE Publications, Inc.

Lofland, J., & Lejeune, R.A. (1960). Initial interaction of newcomers in Alcoholics Anonymous:

A field experiment in class symbols and socialization, *Soc. Probl. 8*, 102-111.

Lutgen-Sandvik, P. (2005, November 17-20). *A "Terminally Unique" Speech Community:*

Specialized Linguistic Shorthand in Alcoholics Anonymous. Paper presented at the

National Communication Association annual conference, Boston.

Miller, W. R. (1985). Motivation for treatment: A review with special emphasis on alcoholism.

Psychological Bulletin, *98*, 84-107.

Moos, R. H., & Moos, B. S. (2006). Participation in treatment and Alcoholics Anonymous: A

16-year follow-up of initially untreated individuals. *Journal of Clinical Psychology*,

62(6), 735-750. doi:10.1002/jclp.20259

O'Halloran, S. (2005). Symmetry in interaction in meetings of Alcoholics Anonymous: the

management of conflict. *Discourse & Society*, *16*(4), 535-560.

doi:10.1177/0957926505053056

Petty, R. E., & Cacioppo, J. T. (1986). *Communication and persuasion: Central and peripheral*

routes to attitude change. New York: Springer-Verlag.

Petty, R. E., Cacioppo, J. T., & Schumann, D. (1983). Central and peripheral routes to

advertising effectiveness: The moderating role of involvement. *Journal of Consumer*

Research, *10*, 135-146.

Rasmussen, K, & Capaldi, C. (2006). The narratives of Alcoholics Anonymous: Dialectical

"good reasons". In R. Trapp & J. Schuetz (Eds.), Perspectives on argumentation: Essays

in honor of Wayne Brockreide (pp. 243-257). New York: International Debate
Association (IDEA).

Right, K. (1997). Shared Ideology in Alcoholics Anonymous: A Grounded Theory Approach.
Journal of Health Communication, *2*(2), 83-99. doi:10.1080/108107397127806

Roloff, M. E., & Miller, G. R. (1987). *Interpersonal processes: New directions in
communication research. Sage annual reviews of communication research*. *14*, 11-38.
Thousand Oaks: Sage Publications, Inc.

Sagarin, B. J., Cialdini, R. B., William E.R., & Serna, S. B. (2002). Dispelling the illusion of
invulnerability: The motivations and mechanisms of resistance to persuasion. *Journal of
Personality and Social Psychology*, *83*(3), 526-541. doi: 10.1037/0022-3514.83.3.526

Swora, M. (2001). Personhood and disease in Alcoholics Anonymous: a perspective from the
anthropology of religious healing. *Mental Health, Religion & Culture*, *4*(1), 1-21.
doi:10.1080/13674670010011634

Swora, M. G. (2011). Narrating community: The creation of social structure in Alcoholics
Anonymous Through the performance of autobiography. *Narrative Inquiry*, *11*(2), 363–
384. http://www.clarku.edu/faculty/mbamberg/narrativeINQ/index.htm

Tamkin, A. S., & Dolenz, J. J. (1990). Cognitive impairment in alcoholics. *Perceptual and
Motor Skills*. *70*, 816-818.

Terra M. B., Barros H. M., Stein A. T., Figueira, I., Athayde, L.D., Palermo, L.H., Tergolina, L.
P., Rovani, J. S., & Silveria, D. X. (2007). Predictors of engagement in the Alcoholics

Anonymous group or to psychotherapy among Brazilian alcoholics: a six-month follow-up study. *European Archives of Psychiatry and Clinical Neuroscience 257*(4):237-44. doi: 10.1007/s00406-007-0719-1

Thatcher, M. S. (2006).Bakhtin Applied: Employing Dialogism to Analyze the Interplay of the Ideologies of Individualism and Community within the Discourse of Alcoholics Anonymous. *Journal of Applied Communication Research*, *34*(4), 349-367. doi:10.1080/00909880600908617

Tivis, R., Beatty, W. W., Nixon, S. J., & Parsons, O. A. (2006). Patterns of Cognitive Impairment among Alcoholics: Are There Subtypes? *Alcoholism: Clinical and Experimental Research*, *19*(2), 496-500. doi: 10.1111/j.1530-0277.1995.tb01537.x

Tonigan, J. (2007). Spirituality and Alcoholics Anonymous. *Southern Medical Journal*, *100*(4), 437-440. doi: 10.1097/SMJ.0b013e31803171ef

VanLear, C. (2006). Chapter 5: A Life of Sobriety: Communication and Taking Steps on a Pathway toward Emotional Quality of Life. *Applied Interpersonal Communication Matters* (pp. 119-149). Peter Lang Publishing, Inc. ISBN 9780820476278

VanLear, C.A., & Brown, M., & Anderson, E. (2003, May 22-26). *Communication, social support, and emotional quality of life in the twelve-step sobriety maintenance process: Three studies*. Paper presented at the International Communication Association annual convention, San Diego, CA.

VanLear, C. A., Sheehan, M., Withers, L., & Walker, R. (2005). AA online: The enactment of

      Supportive computer-mediated communication. *Western Journal of Communication*,

      69(1), 5-26.

Vederhus, J., &Kristensen, Ø. (2006). High effectiveness of self-help programs after drug

      addiction therapy. *BMC Psychiatry*, 635-6.doi:10.1186/1471-244X-6-35

Walitzer, K. S., Dermen, K. H., & Barrick, C. (2009). Facilitating involvement in Alcoholics

      Anonymous during outpatient treatment: A randomized clinical trial. *Addiction*, *104*, 391-

      401.

Witbrodt, J., Kaskutas, L. A., Bond, J. & Delucchi, K. (2012). Does sponsorship improve

      outcomes above Alcoholics Anonymous attendance? A latent class growth curve

      analyses. *Addiction*, *107*(2), 301-311.

Witmer, D. F. (1997). Communication and Recovery: Structuration as an Ontological Approach

      to Organizational Culture. *Communication Monograph*, *64*(4), 324-349.

Young, L. (2011). Hitting Bottom: Help Seeking Among Alcoholics Anonymous Members.

      Journal of Social Work Practice in the Addictions, *11*(4), 321-335.

      doi:10.1080/1533256X.2011.618067

Appendices

Appendix A: Research Handout
Encouraging Newcomers to "Keep Coming Back"
Student Research Project Description

Hello. My name is Miwa Kimura and I am doing a research project to find out how AA members' communicative behaviors, particularly their story sharing, help newcomers to realize their own alcoholic symptoms and to make their own decision as to whether they are alcoholics or not. To accomplish this goal, I will attend different AA meetings as a visitor and observe how AA members talk to newcomers in meetings and encourage them to keep coming back. I also participate in conversations before and meetings, if this feels appropriate. I would like to interview AA members to find out how the program reaches out to the newcomer.

For the sake of sincerity and openness, I will disclose my role as a researcher as well as my research objective at the beginning of all meetings I attend; I am willing to leave if there is anyone who feels uncomfortable with my presence. I will protect members' anonymity throughout my research, referring only to members by their first names (or even first-name pseudonyms if they wish), collecting no identifying information about members, and using no identifying information when writing or publishing my study.

This study can benefit persons who might need AA but don't understand what AA members are trying to communicate to them in their first meetings. The study will also carry the message of AA to those who might need it by informing general public about how AA teach the program to the newly sober (or not quite sober) person. If anyone involved would like to see the finished project, I will provide them with my name and contact information if they wish to request the outcome of the study or its publication.

Contact information for me and the supervising faculty for my project is below. If you have any questions or concerns regarding the research project, please feel free to contact me or Dr. Lutgen-Sandvik.

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Appendix B: Interview Guide

Thank you for taking your time and participating in my study today. To briefly introduce my research objective, I am working on a research project to find out what new people in AA hear that keeps them coming back to meetings. I will protect your anonymity by referring to your first name or first-name pseudonymous. I have some basic questions, but your experience will guide the interview as much as those questions. Also, please know that this interview is completely voluntary. If you don't feel comfortable answering at any point, you can withdraw or refuse to answer any of the questions. Lastly, I will record this interview with an audio recorder so I can go back and listen again for the research purpose, but I will be the only one who will be listening and what's discussed today will be completely confidential. Is there any question before we begin?

For Established AA Members

1. What motivated you initially to come to the meetings?
   a. Basically, did you come to AA on your own accord or was it because of the outside force?
2. What was it that you heard in the beginning that encouraged you to keep coming back?
   a. Is there anything you heard at the meeting that seemed convincing, that made you think this program would work for you?
   b. Can you remember specific things you heard or saw that made you believe AA could help you?
   c. How did members interact with you?
   d. Was there anything else that made you want to come back again?
3. What keeps you going back to meetings now?
4. Is there anything else you think is important for me to better understand what new people hear in meetings that keep them coming back?
5. Do you have any questions for me?
6. Thank you so much again.

For Newcomers

1. What motivated you initially to come to the meetings?
   a. Basically, did you come to AA on your own accord or was it because of the outside force?
2. What was your first impression of the meetings?
3. Did anyone say anything to you during meetings that made you want to come back again?
   a. What did they say?
   b. Is there anything you heard at the meeting that seemed convincing, that made you think this program would work for you?
   c. How did they interact with you?
   d. Is there anything else that makes you want to come back to more meetings?
   e. What made you think that you need AA?
4. How do you think of the stories of the other members?

        a.   Do these stories help you understand what AA might do for you?
        b.   Do they help you better understand your own situation?
        c.   Do you tend to listen more to old-timers than newcomers?

5.   What makes you keep going back to more meetings?
6.   Do you have any questions for me?
7.   Thank you so much again.