



Psycho-social factors behind attaining and maintaining sobriety within participants of Alcoholics Anonymous (AA) mutual-help groups in Romania. A qualitative study

Adriana-Lavinia Bulumac¹

Abstract

Addiction is a significant social problem in Romania. Despite the growing number of Alcoholics Anonymous (AA) mutual-help groups, there has been little research into mutual-help groups as an intervention in Romania. Although AA has been found to be effective in other countries, unfortunately in Romania it is little known, even among physicians. The purpose of this exploratory study, which is the first known study of 12-Step Programs in Romania, is to explore the motivation and motives of AA's participants to become sober and maintain their sobriety. The study specifically explores both the intrinsic and extrinsic motivation of AA attendees, as well as other factors, such as social relationships, professional and economic status. This exploratory study uses qualitative methods. Data are analyzed using thematic analysis. Themes related to intrinsic motivations to become sober emerged as a much stronger theme among alcoholics who desired and maintained their sobriety than extrinsic factors. The most common intrinsic motivations are low self-esteem, dissatisfaction with alcohol consumption, and an internal desire to change. Extrinsic motivations, while not as preponderant as intrinsic motivations, included family pressure on the individual to change and the recommendations of physicians. The extrinsic motivation turned into intrinsic motivation as alcoholics sobriety grew. The commitment theory (Rudy & Greil, 1987) could explain this shift in participants' motivation since AA participants get involved in AA, invest time and energy in AA activities, and sacrifice their old identities in favor of new ones. As a result, they become committed to AA and to recovery. Their perspective on life and sobriety changes as they get involved in AA. The findings suggest that those working in the area of alcohol abuse should pay more attention

¹ Faculty of Sociology and Social Work, University of Bucharest, Romania, lavinia.bulumac@sas.unibuc.ro.

to the intrinsic motivations to change for alcoholics, as these appear to play an important role in attaining and maintaining sobriety. In addition, while intrinsic motivation seems to be mandatory in maintaining sobriety, it is not imperative in attaining sobriety since it can turn into intrinsic motivation as a result of commitment to sobriety and AA.

Keywords

Alcoholics Anonymous (AA); Motivation and motives to attain and maintain sobriety; Intrinsic Motivation; Family Pressure; Commitment to AA; Commitment to sobriety;

Introduction

While still little known in Romania, Alcoholics Anonymous (AA) is one of the most popular, or even the most popular available solution for individuals who deal with alcohol dependence (Tonigan et al., 2000). AA is a mutual-help organization founded in 1935 in Akron, Ohio, whose purpose is to help individuals who struggle with alcohol addiction to attain and maintain sobriety (Alcoholics Anonymous, 2001). Presently, there are around 2 million AA members worldwide and AA meetings can be found in 181 countries (Alcoholics Anonymous, 2001). However, in Romania the first AA mutual-help group was founded only in 1991 in Timisoara city, while the first specialized AA mutual-help group, a women-only AA group, was founded only 27 years later, in 2018 in Bucharest city. According to the official Romanian AA website it seems that presently there are 66 AA groups in 35 cities from Romania. In this context, Romania is characterized as a country where alcohol consumption has been present from the earliest times and where alcohol consumption is a cultural tradition (Salanță et al., 2016). Since the mid-nineteen century, as a result of the industrialization process, alcohol production and alcohol consumption have increased significantly. Therefore, alcohol consumption and abuse were only some of the negative effects of process (Andreescu et al., 2014).

Thus, alcohol consumption is highly spread in Romania, with a mean of 12.6 liters per capita per year (in 2016) (WHO, 2018). Alcohol use is higher in males, reaching 26.6 liters per year while for females 9 liters per year (reported to the population over 15 years old). When it comes to alcohol consumption over the last 12 months, we can notice a high percentage of the population identifying as drinkers with a slight difference between gender groups (80% males and 54.4% females). In 2016, about three million people died as a consequence of harmful alcohol use, which represents 5.13% of all deaths (WHO, 2018).

Despite the negative effects of alcohol consumption on health, alcohol use is a common habit socially accepted in the Romanian society and it is even considered to be a leisure activity mostly when it is used with friends or on festive occasions. Overall, 1.3% of the Romanian population aged 15 years old and over is addicted to alcohol and, among these, 2% are men and 0.6% are women (WHO, 2018). Yet, Romanian AA' representatives state that the number of active and sober AA members is around 1000. This number,

although not official, raises questions on what motivates individuals with alcohol addiction to attain and maintain sobriety within AA.

The effectiveness and benefits of AA in treating alcoholism have been widely documented (Project MATCH Research Group, 1997; Krentzman, 2008; Sharma & Branscum, 2010), and in this regard the most cited is a recent Cochrane Review which has proved that AA and other 12-Step facilitations are at least as effective and in some cases even more effective than other addiction treatment options and also more cost-effective, as AA does not require any duties (Kelly et al., 2020a; Kelly et al., 2020b). In this context, individuals who attend AA meetings are more likely to decrease alcohol consumption and to experience less alcohol related-problems (Emrick et al., 1993).

In addition, AA attendance and affiliation are associated with positive drinking outcomes (Kelly et al., 2011; Krentzman et al., 2013), sobriety (Zemore, 2007), continuous abstinence and lower risk of relapse (Sheeren, 1988), increased self-efficacy and motivation (Morgenstern et al., 1997), lower impulsivity (Blonigen et al., 2011) and reduced depression and anxiety (Kelly et al., 2010; Galanter et al., 2012). Moreover, it seems that AA involvement is a predictor of growth of certain spirituality dimensions such as private religious practices, daily spiritual experiences and forgiveness of others (Krentzman et al., 2013), as well as of subjective, emotional, and existential well-being (Wnuk, 2022; Gomes & Hart, 2009). While AA states that the only requirement for becoming an AA member is the desire to cease alcohol consumption (Alcoholics Anonymous, 2011), it seems that individuals with worse alcohol-related problems are more likely to attend AA, and that those with 'low bottoms' are more likely to affiliate to AA (Project Match., 1997) and to engage in a process of change of alcohol behavior (Kirouac et al., 2015; Kirouac & Witkiewitz, 2017).

In this context, motivation seems to play an important role in attaining and maintaining sobriety since it is considered to be a determinant factor in taking action in changing alcohol consumption behavior, including both the importance and readiness to change, as well as the action itself (Kelly & Green, 2014; Rollnick et al., 1999). Nonetheless, motivation to change alcohol consumption behaviors is not a strong predictor for maintaining abstinence since it is vulnerable to change. In this context, maintaining sobriety may be sustained by different motives and explained by different concepts. With this in mind, the main research question in the present study was 'What are the psycho-social factors behind attaining and maintaining sobriety among participants who attend AA meetings?'

Method

The present study used qualitative methods. This method was found to be appropriate because it allowed us to explore different aspects related to both motives and motivation behind attaining and maintaining sobriety within the AA mutual-help groups.

The study included 11 participants in the AA mutual-help groups from Romania, 2 women and 9 men aged between 44 and 73 years old. All participants had at least 3 years of continuous abstinence. Some of them have experienced relapse, and have managed to

become sober after attending the first AA meeting. All participants in the current study were selected by the AA representative from Bucharest based on the number of years of sobriety. Individuals with less than 3 years of sobriety were excluded. They have different ages, gender, sobriety, civil status, professional status, and educational level as listed in Table 1.

Table 1. Data on the identification of AA members participating in the study (Bucharest, 2018)

Name	Age (years)	Gender	Sobriety (years)	Civil status	Professional status	Educational level
S.	63	Male	18	Divorced	Employed	Bachelor's degree
G.	56	Female	8	Single	Employed	Bachelor's degree
R.	70	Female	10	Married	Retired	Master's degree
A.	44	Male	7	Divorced	Employed	High school degree
L.	55	Male	30	Single	Employed	Master's degree
V.	63	Male	13	Married	Retired	Master's degree
T.	73	Male	15	Married	Employed	High school degree
C.	49	Male	8	In a relationship	Employed	Master's degree
D.	57	Male	28	Divorced	Employed	Bachelor's degree
N.	45	Male	9	Married	Employed	Bachelor's degree
F.	60	Male	16	Married	Employed	High school degree

The study was conducted in Bucharest, the capital city of Romania between April and May 2018. In-depth interviews were used in gathering the data. A semi-structured interview guide consisting of 20 open questions was used. The interview guide consisted of 4 sections: the first one explored participants' motivation to become sober, the second one explored the motivation to maintain sobriety, the third section explored the psycho-social factors which led to relapse, and the last one explored the influence of family, professional status, and educational level in attaining and maintaining sobriety among AA members who participated in the study. Each interview lasted between 45 and 60 minutes.

All interviews were recorded, transcribed and thematically analysed (Creswell & Creswell, 2018) following the research objectives, thus seeking to explore the motives and motivation behind attaining and maintaining sobriety within the AA community. The first step in doing so was to analyse the entire dataset repeatedly with the aim of developing an overall perspective, and to find repeated patterns of meaning which were finally coded (Clarke et al., 2015). After an initial list of themes, coding schemes and meaning units emerged, further analysis and amendments resulted in five main themes (Braun & Clarke, 2019).

All the data presented in the current study derives from recorded and transcribed interviews. No informal conversations which took place before and after the interviews were recorded. Prior conducting the interviews, all participants gave their informed consent to participate in the study. All data were kept anonymous in order to ensure confidentiality and supplementary measures were taken in order to protect the identities of all participants. In this regard, instead of names, only surnames' initials were used, and

data related to sociodemographic information was restricted to age, gender, sobriety, civil status, professional status, and educational level.

Results

Five main themes resulted after analysing the data: (1) AA participants' motivation to attain sobriety; (2) AA participants' motivation to maintain sobriety; (3) Psycho-social factors supporting the maintenance of continuous sobriety among AA participants; (4) Psycho-social factors that lead to relapse; (5) Factors, other than motivation, that influence the process of attaining and maintaining sobriety among participants in the study. Table 2 provides a summary of final themes and theoretical codes.

Table 2. Final themes and theoretical codes

Themes	Quotes (Examples)
AA participants' motivation to attain sobriety	<i>'I just couldn't live like that anymore. Always changing jobs, not being able to take care of my daughter, and feeling so miserable every day. My wife had divorced me because of my constant promises regarding alcohol cessation. My life had become unmanageable.'</i> (A., 44 years old, 7 years sober)
AA participants' motivation to maintain sobriety	<i>'After many attempts of attaining sobriety, when I finally became sober, my life has completely changed. I felt I discovered something that I didn't think it could be real. In my case, the 9th Step promises have become a daily reality. I really enjoy my sober life and don't want to live that nightmare anymore!'</i> (C, 49 years old, 8 years sober)
Psycho-social factors supporting the maintenance of continuous sobriety among AA participants	<i>'Sobriety came with many benefits. My family relationships have considerably improved, my health has never been better, and my financial problems are gone. I now feel capable to find solutions to every problem, instead of finding a problem to every solution.'</i> (D., 57 years old, 28 years sober)
Psycho-social factors that lead to relapse	<i>'In my case, I thought that after a period of continuous abstinence I would be able to drink as social drinkers do. Basically, I didn't understand the nature of my disease. If I became an alcoholic, I will always be one.'</i> (F., 60 years old, 16 years sober)
Factors, other than motivation, that influence the process of attaining and maintaining sobriety among participants in the study	<i>'I didn't want to lose my family or not being able to support them.'</i> (T, 75 years old, 17 years sober)

AA participants' motivation to attain sobriety

Themes related to intrinsic motivations, and both intrinsic and extrinsic motivations emerged as main themes among participants who attained sobriety within AA. Most participants shared during the interviews that intrinsic motivation was the main factor that led them to attain sobriety. The most common intrinsic motivations were: dissatisfaction with alcohol consumption, an internal desire to change, and low self-esteem. Dissatisfaction with alcohol consumption was related to the negative effects of alcohol on oneself and others, while low self-esteem was the main theme among those who had lost almost everything and didn't want to lose anything else. These individuals were the ones who had a strong desire to change and were willing to practice the 12-Step Program, while Alcoholics with high self-esteem were the ones who relapsed. In this regard, S. shares:

'I would have done anything to keep my fresh abstinence, the one in the hospital. I was so desperate when I met the Anonymous Alcoholics that I clung to them with my claws and teeth. Self-esteem was low. I could not stand it anymore. I was drinking day and night. The motivation was personal. I did it for myself, not for someone else or something else. As long as I tried that, I did not succeed.' (S.)

Intrinsic and extrinsic motivations included: dissatisfaction with alcohol consumption, an internal desire to change, low self-esteem, family pressure, recommendations of physicians, and professional and economic problems.

'I felt miserable and disgusted with myself. I had no dignity anymore. I knew I wanted to live, but I couldn't live like this anymore. I had to change. My addiction almost cost me my job and my family, while my health was declining. I was hospitalized and my doctor told me that I really have to find a way to cease alcohol consumption until it isn't too late. I had no options other than attending the AA meetings, and working the 12 steps in order to become sober and to find peace.' (G.)

Only one participant stated that extrinsic motivation led him to sobriety. In this regard, he argued that family pressure to change and fear of abandonment were the main reasons to attend AA. In addition, he felt he had to treat his alcohol addiction due to physicians' recommendations and because of the professional and economic problems that alcohol consumption had caused him.

'I knew my now-wife will leave me, and that my family will abandon me as well. I felt really scared. Further, I started to have health, financial, and professional problems, which I have never had before. I found myself at a turning point.' (R.)

AA participants' motivation to maintain sobriety

This theme revealed relevant results since all participants disclosed during the interviews that intrinsic motivation is now the only motivation which determines them to maintain sobriety. It seems that, at some point after attaining sobriety, participants who reported extrinsic or both intrinsic and extrinsic motivation as the main source of change, have sifted to intrinsic motivation to maintain sobriety. Among the main intrinsic motivations to

maintain sobriety participants in the study mentioned the following motives: participants now enjoy sobriety and their new way of life, they gained a state of well-being that they have not experienced before working the 12 AA Steps, they changed their way of perceiving life, people, and circumstances, and they learned to manage their emotions and change their way of thinking and their behaviour. Moreover, it seems that extrinsic motivation to maintain sobriety is now perceived as a bonus. Although only 4 participants mentioned extrinsic motivation as an extra motivation in addition to intrinsic motivation, they unveiled that their sobriety doesn't depend on their extrinsic motivations at all, but they do feel encouraged by appreciation, achievement and improvement of family relationships.

'I don't want to feel sick anymore. I don't want to self-destruct myself. I don't want to go back to the hell I was in. My life is much better now.' (G.)

Psycho-social factors supporting the maintenance of continuous sobriety among AA participants

The theme revealed the most important psycho-social factors which help the AA participants in avoiding alcohol relapse, thus in maintaining a continuous sobriety. In this context, the most important factor seems to be working 12-Step Program and applying its principles in all contexts. Participants shared during the interviews that working the 12 steps had led them to experience a spiritual awakening, which resulted in a change in character, therefore in change of the way they think, feel and act. As a result, they started to experience serenity and happiness. Intrinsic motivation was also mentioned since they perceived it as the force that sets them in motion in doing everything they can in order to maintain sobriety. Moreover, social support, discipline, and spiritual practices seem to play an important role. Having a sponsor, attending AA meetings, reading the AA literature, praying and meditating, and getting involving in AA service were among main themes related to maintaining sobriety and avoiding relapse.

'I think I really wanted to stop coming back from where I came from. There's a saying in AA: don't forget the last drunkenness. When you do not forget the inferno that you've been through, I do not think you need any more drinks. The bad part for many of us, alcoholics, is that the mind has this ability to forget. Alcoholism is a disease that whispers in your ear that you have recovered. I realized that abstinence is not the same as recovery. It is mandatory, but not enough. When I understood that, I started to put recovery first in my life. In doing so I did everything the 12 Steps suggest, as well as all the other AA members did in order to maintain their sobriety.' (A.)

Psycho-social factors that lead to relapse

Although most participants didn't experience relapse, the experience of those who did, revealed the most important factors that led to relapse. Among these the most common themes were related to not working the 12-Step Program, nor applying the AA principles in all affairs, the existence of extrinsic motivation alone, instead of intrinsic motivation for

sobriety, lack of honesty, and non-acceptance of the disease of alcoholism. During the interview, R. allows a glimpse of his experience regarding his relapses:

‘Yes, I had relapses. The reason was the same every time. I didn’t understand the exact nature of the problem I had. Because I didn’t understand that alcoholism is not a problem related only to alcohol. If you just stop drinking, it will not change much. When you’re an alcoholic, stopping alcohol consumption does not solve the problem. At some point, problems gather and you will drink. Fears, resentments, emotions that you are not able to manage on your own without alcohol. For those who suffer from alcoholism like me, it seems difficult to maintain sobriety if you don’t work the 12-Step Program, don’t change your behaviour, and don’t apply the AA principles in all areas of your life.’ (R.)

The following share allows a glimpse of the importance of intrinsic motivation in attaining and maintaining sobriety, avoiding relapse:

‘In my case it didn’t work to give up alcohol consumption for my family, my partner, my children. Until the motivation became a personal one, to become sober for myself, I did not succeed. The alcohol obsession and craving, the acceptance of the inability to drink, the choice or lack of choice whether to drink or not, in the face of the fact that if I started drinking I did not stop, I do not think it could be influenced by any human being. But I admit that it is good to have your family by your side. They supported my efforts to maintain abstinence.’ (S.)

In addition, the interviews underlined the importance of AA meeting attendance on a regular basis as it seems these meetings allow participants to understand the nature of alcoholism, the solution, and encourage them on working the 12-Step Program.

Factors, other than motivation, that influence the process of attaining and maintaining sobriety among participants in the study

This last theme included factors related to family’s influence, friends’ influence, the influence of professional status, the influence of the economic status in attaining and maintaining sobriety, as well as the influence of educational level, the influence of family and physicians in participants’ decision to attain and maintain sobriety. In this regard, most participants stated that the family and doctors were the bridge between them and Alcoholics Anonymous.

‘My doctor told me about the AA meetings and I decided to give it a try.’ (L.)

‘My daughter read the Big Book, understood what was happening to me, and attended some meetings. My wife also attended the meetings, but I don’t know how much she understood.’ (N.)

At work I was much appreciated, relations with friends have improved, I paid all my debts and I attended a master's degree in telecommunication.’ (V.)

Discussion

The purpose of this study was to explore the psycho-social factors of AA participants for attaining and maintaining sobriety. In this regard, results showed that intrinsic motivation was preponderant in attaining sobriety, and became the only type of motivation in maintaining sobriety. Moreover, it seems that intrinsic motivation seems to be associated with long-term sobriety within participants in the present study. These findings support those of Deci and Ryan (1985) who demonstrated that extrinsic motivation to change an addictive behaviour was less effective than intrinsic motivation on both short and long term. Participants who at the beginning of recovery reported only extrinsic motivation, were the ones who experienced relapses. Extrinsic motivation alone, however, was found to be associated with worst drinking outcomes by other authors as well (Ryan et al., 1995).

Furthermore, our results showed that low self-esteem, discontent with self, and desire for change are characteristics of participants who were able to attain and maintain sobriety within AA. In the context of the current study, desire to change means ‘honest desire to stop drinking’, which is the first and most important condition to join AA (Alcoholics Anonymous, 2001). Moreover, individuals who experience low self-esteem and discontent with self as a result of alcohol dependence are more likely to experience ‘low bottoms’. This concept describes perceived negative consequences of alcohol consumption and seems to become the motivation to change alcohol consumption behaviours (Alcoholics Anonymous, 2001; Cunningham et al., 2005). Thus, as Chen (2018) demonstrated, ‘hitting the bottom’ works as initial motivation for change, and determines the individual to build personal resources which will further support him in maintaining sobriety. These individuals are also more likely to affiliate with AA and have positive drinking outcomes (Caldwell & Cutter, 1997; Matzger et al., 2005). However, other studies found that low self-esteem was not associated with positive drinking outcomes (Trucco et al., 2007).

Family pressure and doctors’ recommendations were also found to play an important role in the decision of attaining sobriety. These results are supported by other studies which found that family and social pressure may determine alcohol dependent individuals to seek and initiate treatment (Kaskutas, 1996; Weisner et al., 2001), but have no or little influence in treatment completion or long-term positive drinking outcomes (Zemore & Ajzen, 2014).

However, all participants in the study have a personal motivation to maintain sobriety. In some cases, internal motivation is reinforced by extrinsic motivation, which takes the form of appreciation, achievements and improvement of family relations. These participants also had positive results. In this context, the existence of both intrinsic and extrinsic motivation seems to be beneficial in maintaining long-term sobriety, as previous research has also demonstrated (Ryan et al., 1995). Bottom line, these individuals seem to have discovered a new better way of living as a result of practising the AA 12-Step Program. Presently, all participants report a strong desire to recover, and a personal motivation for recovery.

Factors such as family and friendship, professional status, and economic situation have had a low influence, a non-significant one, in maintaining sobriety, although they determined some of the participants to attend AA meetings at the beginning of their recovery journey.

Among psychosocial factors that can lead to relapse, the data revealed that lack of an internal motivation to maintain sobriety, lack of practicing the AA 12-Step Program, and not attending AA meetings for a long time or on a regular basis, were the main factors which led participants to relapse. In this context, commitment to sobriety seems to play an important role in attaining and maintaining sobriety since it implies a long-term commitment for sobriety which was proven to be much stronger than motivation (Kelly & Green, 2014). Moreover, Miller and Rollnick (2013) argue that motivation is a volatile and multidimensional concept, while commitment to change is considered to be a more powerful concept and a stronger predictor of committed alcohol use cessation and continuous abstinence (Kelly & Green, 2014).

Overall, the novelty of the present study resides in the shift of motivation which takes place in AA participants after attaining sobriety. Although extrinsic motivation to maintain sobriety is not enough, it seems that initial extrinsic motivation can turn into intrinsic motivation to maintain sobriety as a result of AA involvement. Results in the present study could be explained by the commitment theory which states that AA involvement requires both time investment in AA activities (working the 12 steps, attending AA meetings, having and being a sponsor, AA service, reading the AA literature) and sacrifice of old identities in favour of new ones (changing the perspective on past and present using the lens of AA on recovery) (Rudy & Greil, 1987). Thus, joining AA and attending AA meetings on a regular basis can result in a change of perspective towards sobriety and turn extrinsic motivation and motives in intrinsic ones.

Conclusions

The study reveals the importance of intrinsic motivation in attaining and maintaining continuous sobriety. It also unveils the experiences of AA participants who initially joined AA not by choice, but because of family pressure or physicians' recommendations. In their case, it seems that a shift in motivation took place as a result of attending AA meetings. These individuals became aware of the nature of their disease and were able to embrace the AA solution, the 12-Step Program. As a result of commitment to AA, extrinsic motivation turned into intrinsic motivation to maintain sobriety. Despite the limited number of participants in the study, in-depth interviews allowed a profound analysis to be made with respect to the motives and motivations behind participants' choice to attain and maintain sobriety within AA.

However, more qualitative and quantitative studies are needed in order to better understand what determines individuals with alcohol addiction to attain and maintain sobriety. The findings suggest that those working in the area of substance abuse should pay more attention to the intrinsic motivations to change of individuals who struggle with alcohol addiction, as these appear to play an important role in becoming and maintaining

sobriety. In addition, there is a need for further exploration of the role of AA and other mutual-help groups in working with those with alcohol abuse in Romania. Finally, there is a need to inform doctors, regardless of specialization, addiction specialists, therapists and social workers about the existence of the AA and its mutual-help groups in Romania, as it seems AA attendance and involvement are associated with positive drinking outcomes and long-term sobriety. The results of the present study may have both theoretical and practical implications.

REFERENCES

- Andreescu, O., Leășu, F., & Rogozea, L. 2014. Alcoholism in Romania in the Late Nineteenth Century and at the Beginning of the Twentieth Century. *Clujul Medical*. 87. 10.15386/cjmed-369.
- Alcoholics Anonymous. 2001. *Alcoholics Anonymous: The Story of How Thousands of Men and Women Have Recovered from Alcoholism*. New York, NY Alcoholics Anonymous World.
- Blonigen, D.M., Timko, C., Finney, J.W., Moos, B.S., & Moos, R.H. 2011. Alcoholics Anonymous attendance, decreases in impulsivity and drinking and psychosocial outcomes over 16 years: moderated-mediation from a developmental perspective. *Addiction*. 106:2167– 2177
- Braun V., Clarke V. 2019. Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597.
- Caldwell, P.E. and Cutter, H.S., 1997. Impact of work on early-recovery Alcoholics Anonymous affiliation. *Employee Assistance Quarterly*, 13(1), pp.1-16.
- Chen, G., 2018. Building recovery capital: The role of “hitting bottom” in desistance and recovery from substance abuse and crime. *Journal of psychoactive drugs*, 50(5), pp.420-429.
- Clarke V., Braun V., & Hayfield N. 2015. Qualitative psychology: A practical guide to research methods. In Smith J. A. (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 223–248). Sage Publications Ltd.
- Cunningham, J. A., J. Blomqvist, A. Koski-Jännes, & J. Cordingley. 2005. Maturing out of drinking problems: Perceptions of natural history as a function of severity. *Addiction Research and Theory* 13:79–84.
- Deci EL, Ryan RM. 1985. *Intrinsic Motivation and Self-Determination in Human Behavior*. New York: Plenum Press.
- Emrick, C. D., Tonigan, J. S., Montgomery, H., & Little, L. (1993). Alcoholics Anonymous: what is currently known? *Research on Alcoholics Anonymous: Opportunities and Alternatives*, B. S. McCrady, W. R. Miller. Rutgers Center of Alcohol Studies. New Brunswick. 41-78.
- 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: 173–82.

- Gomes, K., & Hart, K. E. 2009. Adherence to recovery practices prescribed by Alcoholics Anonymous: Benefits to sustained abstinence and subjective quality of life. *Alcoholism Treatment Quarterly*, 27(2), 223-235.
- Humphreys, K., Phibbs, C.S., & Moos, R.H. 1996. Addressing self-selection effects in evaluations of mutual help groups and professional mental health services: an introduction to two-stage sample selection models. *Eval Program Plann* 19:301–308.
- Kaskutas, L.A. 1996. Pathways to self-help among Women for Sobriety. *The American journal of drug and alcohol abuse*, 22(2), pp.259-280.
- Kelly, J.F., Stout, R.L., Magill, M., Tonigan, J.S., & Pagano, M.E. 2010. Mechanisms of behavior change in alcoholics anonymous: does Alcoholics Anonymous lead to better alcohol use outcomes by reducing depression symptoms?. *Addiction*. 105:626–636.
- Kelly, J.F., Stout, R.L., Magill, M., Tonigan, J.S., & Pagano, M.E. 2011. Spirituality in recovery: A lagged mediational analysis of Alcoholics Anonymous' principal theoretical mechanism of behavior change. *Alcoholism: Clinical and Experimental Research*, 35(3), 454-463.
- Kelly, J.F. & Greene, M.C. 2014. Beyond motivation: Initial validation of the commitment to sobriety scale. *Journal of Substance Abuse Treatment*, 46(2), pp.257-263.
- Kelly, J.F., Abry, A., Ferri, M. et al. 2020a. Alcoholics Anonymous and 12-Step Facilitation Treatments for Alcohol Use Disorder: A Distillation of a 2020 Cochrane Review for Clinicians and Policy Makers. *Alcohol*. 55:641–51.
- Kelly, J.F., Humphreys, K., & Ferri, M. 2020b. *Alcoholics anonymous and other 12-step programs for alcohol use disorder*. Cochrane Database Syst Rev. 1–117.
- Kirouac, M., Frohe, T., & Witkiewitz, K. 2015. Toward the operationalization and examination of “hitting bottom” for problematic alcohol use: A literature review. *Alcoholism Treatment Quarterly*, 33(2).
- Kirouac, M., & Witkiewitz, K. 2017. Identifying “Hitting Bottom” among individuals with alcohol problems: development and evaluation of the noteworthy aspects of drinking important to recovery (NADIR). *Substance use & misuse*, 52(12), pp.1602-1615.
- Krentzman, A. R. 2008. The evidence base for the effectiveness of Alcoholics Anonymous: Implications for social work practice. *Journal of Social Work Practice in the Addictions*, 7(4), 27-48.
- Krentzman, A. R., Cranford, J. A., & Robinson, E. A. 2013. Multiple dimensions of spirituality in recovery: A lagged mediational analysis of Alcoholics Anonymous' principal theoretical mechanism of behavior change. *Substance Abuse*, 34(1), 20-32.
- Matzger, H., Kaskutas, L.A., & Weisner, C., 2005. Reasons for drinking less and their relationship to sustained remission from problem drinking. *Addiction*, 100(11), pp.1637-1646.
- Miller, W.R., Rollnick, S. 2013. *Motivational Interviewing (3rd Ed.)*. The Guilford Press, New York, NY.
- Morgenstern, J., Labouvie, E., McCrady, B. S., Kahler, C. W., & Frey, R. M. 1997. Affiliation with Alcoholics Anonymous after treatment: a study of its therapeutic effects and mechanisms of action. *Journal of consulting and clinical psychology*, 65(5), 768.

- Project MATCH Research Group. 1997. Matching alcoholism treatments to client heterogeneity: Project MATCH posttreatment drinking outcomes. *J. Stud. Alcohol* 58: 7-29.
- Ryan RM, Plant RW, O'Malley S. 1995. Initial motivations for alcohol treatment: Relations with patient characteristics, treatment involvement, and dropout. *Addictive Behaviors*. 20(3):279–297.
- Rollnick, S., Mason, P., Butler, C.. 1999. *Health behavior change: A guide for practitioners: Edinburgh and New York*.
- Rudy, D.R., & Greil, A.L. 1987. Taking the pledge: The commitment process in Alcoholics Anonymous. *Sociological Focus*, 20(1), pp.45-59.
- Salanță, L.C., Tofană, M., Mudura, E., Pop, C., Pop, A., & Coldea, T. 2016. The alcoholic beverage consumption preference of university students: A preliminary Romanian case study. *Bulletin of University of Agricultural Sciences and Veterinary Medicine Cluj-Napoca. Food Science and Technology*, 73(1), pp.33-39.
- Sharma, M., & Branscum, P. 2010. Is Alcoholics Anonymous Effective?. *Journal of Alcohol and Drug Education*, 54(3), 3-6.
- Sheeren, M. 1988. The relationship between relapse and involvement in alcoholics anonymous. *Journal of Studies on Alcohol* 49: 104–6.
- Tonigan, J.S., Miller, W.R., & Connors, G.J. 2000. Project MATCH client impressions about Alcoholics Anonymous: Measurement issues and relationship to treatment outcome. *Alcoholism Treatment Quarterly*, 18(1), pp.25-41.
- Trucco, E.M., Connery, H.S., Griffin, M.L. and Greenfield, S.F. 2007. The relationship of self-esteem and self-efficacy to treatment outcomes of alcohol-dependent men and women. *American Journal on Addictions*, 16(2), pp.85-92.
- Weisner, C., Mertens, J., Tam, T. and Moore, C., 2001. Factors affecting the initiation of substance abuse treatment in managed care. *Addiction*, 96(5), pp.705-716.
- World Health Organization. Global Status Report on Alcohol and Health. 2018. Available online:
https://www.who.int/substance_abuse/publications/global_alcohol_report/en
(accessed on 20 June 2021).
- World Health Organization. 2018. Global status report on alcohol and health. Available online:
http://www.who.int/substance_abuse/publications/global_alcohol_report/gsr_2018/en/
(accessed on Mar 27, 2022).
- Wnuk, M. 2022. The Beneficial Role of Involvement in Alcoholics Anonymous for Existential and Subjective Well-Being of Alcohol-Dependent Individuals? The Model Verification. *International Journal of Environmental Research and Public Health*, 19(9), 5173.
- Zemore SE. 2007. A role for spiritual change in the benefits of 12-step involvement. *Alcoholism: Clinical and Experimental Research*. 31(3):76–79.
- Zemore, S.E. and Ajzen, I., 2014. Predicting substance abuse treatment completion using a new scale based on the theory of planned behavior. *Journal of Substance Abuse Treatment*, 46(2), pp.174-182.

Adriana-Lavinia Bulumac is a Teaching Assistant at the University of Bucharest, Faculty of Sociology and Social Work. She currently studies the process of recovery from alcohol addiction, with a focus on Alcoholics Anonymous, 12-Step Programs, and affiliation to Alcoholics Anonymous. Her research interests also include spiritual, emotional, and mental aspects related to sobriety, and the study of Alcoholics Anonymous related concepts such as hitting the bottom, spiritual awakening, and emotional sobriety.