African-American Alcoholics

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African-American Alcoholics: An Interpretive/Constructivist Model of Affiliation with Alcoholics (AA)

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ABSTRACT. It is estimated that two million African-Americans suffer directly and indirectly from alcoholism and its related problems. Yet, because of their cultural background, African-American alcoholics do not readily accept that alcoholism is a disease. This study explores how African-American alcoholics modify the steps and traditions of AA to affiliate with the organization. Data was collected from intensive and semi-structured interviews and participant observation. Procedures and analysis generic to grounded theory were used in the context of an interpretive/constructivist paradigm. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2005 by The Haworth Press, Inc. All rights reserved.]

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This study takes into account culture and race in the development of a model of affiliation with Alcoholics Anonymous (AA) by African-American alcoholics. To derive the model, an interpretive/constructivist paradigm is used in which the participant’s reality and worldview are explored; and grounded theory is used to generate the themes or observations. The main premise of this study is that African-American alcoholics integrate some cultural factors and a unique language during the affiliation process to meet their recovery needs. The resulting path-in model of affiliation does not pretend to speak about all African-American alcoholics, especially since it is recognized in the literature that there is diversity among African-Americans in general and among African-American alcoholics (Caetano et al., 1998). A summary conclusion is presented that sheds light on the implications of the derived model.

Studies related to affiliation with AA essentially focused on AA as a generic change process model with heterogeneous outcomes (Boscarino, 1980; Ogborne and Glaser, 1981; Hurlburt, Gade, and Fuqua, 1984; McLatchie and Lomp, 1988; Tonigan, Toscova, and Miller, 1995; Robinson, 1996; Sommer, 1997). Several other studies describe the impact of the process and factors of affiliation with AA among new members (Greil and Rudy, 1983; Rudy, 1986; Denzin, 1987; Khantzian and Mack, 1989; Maracle, 1989; Durant, 1993; Snow, Prochaska, and Rossi, 1994; Morgenstern, Labouvie, McCrady, Kahler, and Frey, 1997). Griel and Rudy (1983) emphasize a conversion process and use a six-phase model to explain the newcomer’s affiliation with AA: “AA provides prospective ‘alcoholics’ with both a solution to drinking problems and an overarching worldview with which to reinterpret their past experience” (p. 5). This study suggests that another path to affiliation with AA exists and it is the ability of African-American alcoholics to convert and modify the ideology and slogans of AA to better fit their racial and cultural background. Dixon (1991) focused on cultural, social, and psychological factors of alcoholism in African-Americans and found that treatment programs are diametrically opposed to the experience of African-Americans. Recently, studies have recognized the importance of culture and ethnicity in the affiliation process (Wright, 2001; Hillhouse and Fiorentine, 2001; Sanders, 2002).

In spite of the prevailing success of AA, this study is motivated by the lack of studies that address race, culture and interaction in AA and the observation that recovery processes in the affiliation with AA as por-
trayed in the literature, do not seem to match the experiences of African-American alcoholics. Harper (1976) and Bourne (1973) suggest that AA is not necessarily a viable program for African-American alcoholics as a whole. Further, Denzin (1987) writes: “AA is a white Anglo-Saxon movement . . .” and “. . . that it has few if any deep roots in the minority experience” (p. 165). Franklin (1989) agrees: “It is difficult to engage patients in AA because of the socioeconomic and cultural factors that need to be addressed” (p. 1122). Humphreys and Woods (1993) and Sanders (2002) show that organizations like AA are influenced by context and argue that when studies are conducted with African-Americans, race and culture should be included in the calculus.

AA is a fascinating non-professional organization that helps men and women who have alcohol and related problems. Success has fostered tremendous regard for this organization throughout the Western Hemisphere, Africa and the former USSR. The origins of AA predate its 1935 birth-date. Bill Wilson and Dr. Bob Smith, founders of AA, were influenced by members of a turn-of-the-century informal evangelistic movement known as the Oxford Group. The philosophy of AA is based on Twelve Traditions and Twelve Steps that are included in the principal publication, Alcoholics Anonymous, and which is referred to by members as the “Big Book” (Alcoholics Anonymous, 1976; Alcoholics Anonymous, Twelve and Twelve, 1975). The Twelve Steps of AA may be summarized as: “Faith, abdication of personal responsibility, passivity in the hands of God, confession of wrong doing, and finally response to spiritual awakening by sharing with others” (Bean, 1975, p. 7). The ideology of AA is replete with aphorisms, which are intended to replace the drinking ideas of the alcoholic with new non-drinking ideas that are consistent with recovery. AA meetings adhere to a belief that by “working” the Twelve Steps, one can begin to abstain and then recover from alcoholism. Although the Steps are devoted to moral concerns, members of AA strongly subscribe to the “disease concept” or medical model of alcoholism in their personal recovery programs. The process of AA is set in motion through “open” and “closed” meetings. Open meetings are for alcoholics, their families or anyone who is interested, while the closed meetings are for alcoholics only.

The devastating effects that alcoholism has among African-Americans emphasize the significance of this study. There is overwhelming evidence that African-Americans suffer a disproportionately higher incidence of alcohol-related health problems, crime and homicide than other racial and ethnic groups (Harper, 1989; Herd, 1986 and Brisbane and Womble, 1985). For instance, the National Household Survey on
Drug Abuse for individuals age 18 or older (data for both genders) are 6.6% for Whites, 4.5% for African Americans and 4.7% for Hispanics. These percentages must be taken in the context that African Americans comprise 13% of the population while Whites make up more than 85% (Substance Abuse and Mental Health Services Administration, 2001). Studies have reported that alcoholism deaths among African-Americans occur three times the rate of whites. In a study of seven major cities, Herd (1985) cited data that cirrhosis rates for African-American men between 25 and 34-years-old was 10 times the rate for same-aged white men and, overall, that cirrhosis death for African-Americans was twice the rate for Whites. Cognitive impairment was found to be a direct result of drinking in half of American Indian, White, African-American and Puerto Rican patients who showed up for detoxification (McShane and Willenbring, 1984; Castanada and Galanter, 1988; and Penk, Brown, Roberts, Dolan, Atkins, and Robinowitz, 1981). Although alcoholism has a disastrous impact on African-Americans and their families and is among the leading causes of death, poverty, family disruption, separation, and divorce, it is not usually perceived as a disease in the African-American community (Dixon, 1991). This perception is responsible for African-American alcoholics and other ethnic and racial groups being less likely than other groups to seek substance abuse treatment (Rebach, 1992; Szapocznik, Scopetta, and King, 1978; Sue and Sue, 1990).

METHODS

Sample Characteristics

In the context of an interpretive and constructionist framework, data in this study were collected over a 12-month period. Data collection was carried out through intensive and semi-structured interviews with 48 African-American alcoholics (27 men and 21 women) with an age range from 23 to 65 years; and participant observation in 20 African-American only AA meetings and 16 predominantly white AA meetings attended by 1-5 African-American alcoholics.

Procedures

Theoretical sampling, combined data collection and analysis procedure generic to grounded theory were used (Glaser and Strauss, 1967; Charmaz, 1990; Strauss and Corbin, 1990) to generate themes from the
interviews and participant observation of people and events. This method was selected because the goal of the study was to elicit information, interpret and construct themes from the private issues related by the 48 participants as to how they modify and structure “talk” in the context of AA. Initially, 8 participants (4 males and 4 females) were interviewed using a standard interview guideline. The emerging ideas, issues and themes were appended to the interview guideline as this iterative process was used until the additional 40 participants were interviewed. Throughout, information and feedback from the participant observation was used to enhance and verify the themes that emanated from the interviews.

The actual procedures consisted of 9 distinct procedural steps: (1) An initial interview guide was developed by the investigator and was geared to facilitate open discussion about bicultural and racial variables; (2) Intensive interviews with eight participants, lasting from 1 to 3 hours were conducted and tape-recorded while the investigator took notes; (3) Simultaneously, participant observation of meeting was carried out to further develop, identify and reinforce themes that were derived from the preliminary and ongoing analysis of the interview material; copious notes were made during and after the meetings; (4) The tape-recorded interviews were transmitted to a computer program, namely an ethnograph, which facilitated consecutive numbering of the lines of each document for the coding of thematic categories; (5) Preliminary data analysis was conducted as the investigator listened to and transmitted information from each participant’s interview tape to the computer; (6) Further, semi-structured interviews for 1-2 hours and analyses were conducted with the remaining forty participants, using the interview guideline, the impressions and emerging themes from the initial eight participants; (7) Steps 5 and 6 were repeated until all the participants were interviewed and analyzed; (8) Additional data analyses were done to reinforce, verify and refine a set of final themes; and (9) Theoretical sampling was applied to the final themes to endure theoretical saturation and integration. Examples of questions posed included: Under what conditions did variations in the data occur? How did the context affect the processes? Are there any themes/categories that should be eliminated or developed?

**PHASES OF AFFILIATION WITH AA FOR AFRICAN-AMERICAN ALCOHOLICS**

This section describes the emerging six phases as a “path-in” model of affiliation with AA for African-American alcoholics. African-Amer-
icans are capable of a bifurcated mind-set, that is, they learn to get along in the white, “Eurocentric” worldview, while informally subscribing to an “Afrocentric” perspective that recognized a majority culture and a minority culture (Chestang, 1972; Patterson, 1992). Assumption of a bifurcated mind-set affords discussion of the dual perspective in the treatment of alcoholism among African-Americans. The dual perspective is the deliberate and systematic process of understanding and comparing simultaneously the values, attitudes, and behavior of those in the “culture universal” (sustaining system) with those in the “culture specific” (nurturing system). The concept of dual perspective stems from the idea that every person is a part of two systems. From this position, the dual perspective can be used as a mechanism to inform practitioners about institutionalized disadvantages, in the larger system of society, erected against individuals who belong to minority groups. And, that often these obstacles can be subtle and not easily recognized unless the dual perspective is assimilated into the clinical reasoning of practitioners who work with African-Americans. Norton et al. (1978) writes: “The frames of references of the minority group, though embedded in the larger society, often can be quite different from those of the dominant society. Failure to use the dual perspective in working with minority groups or to evaluate the meaning of these differences can be costly in terms of understanding and intervention” (p. 11). Inattentition to the dual perspective in AA makes an enormous difference, which results in an unspecified number of African-American alcoholics never completing the affiliation process (Denzin, 1987; Franklin, 1989; and Durant, 1993). The suggestion is that culture specific treatment of alcoholism in African Americans is more effective when the alcoholic’s status in life, society’s inconsistencies, experiences and feelings of powerlessness are taken into account.

African-American alcoholics construct recovery programs in the subculture of AA by converting and modifying the process to meet their affiliation needs. In this vein, affiliation is similar to secondary socialization (Berger and Luckmann, 1968) and is reflected in the six phases derived from the data in this study. The phases include: (1) Pain (2) Learning about AA and accepting drinking problem (3) “Speaking in opposites” (4) Chairing meetings-sponsoring (5) Commitment to AA or the church and (6) Affiliation with AA. These phases will be discussed in the next section followed by a summary discussion of the implications for recovery and treatment.
FINDINGS AND DISCUSSION

Pain

Rasmussen (2000) asserts: “responses to pain are highly individual and are influenced by age, emotional state, situational factors, and ethnocultural variables” (p. 309). African-American alcoholics make contact with emergency rooms, churches, a variety of treatment programs and eventually AA as a result of pain which they invariably describe as “hurting.” This cohort of alcoholics connect this pain to fear and abandonment, oppression, lack of employment, poor education, hopelessness, and perceive that these are caused by the effects of racism. Pain to African-American alcoholics represents a concrete ordeal, quite different from the pain that White alcoholics experience in their journey to AA. In fact, race and its effects seems to prompt African-American alcoholics to articulate pain as an overarching metaphor that has specific racial and cultural meanings to them in the context of their life experiences. Following is an array of responses to specific questions about race and talk during interviews with old-timers.

Q: What motivated you to seek help for your problem?

A: I came in here because I was hurting. In the white meetings they like to talk about hitting bottom. But I live at the bottom all of my life because I am black.

Q: How much have the Steps helped you?

A: I do not believe in these Steps. I believe that they take power from the individual in AA. But as a black man, I do not have any power. I am here because I am hurting.

Q: Do you have a preference for black or white AA meetings?

A: I like all-black meetings in the city because I understand what the brothers and sisters are talking about. I can relate to their way of talking, they hurt like me.

A thirty-one year-old woman with five years sobriety reported how she deliberately restricted her talk in predominantly white meetings:

- In White meetings, I try not to talk about my emotions.
Pain affords a unique picture of the initial step toward AA by African-American alcoholics, especially in view of their repeated disassociation of drinking with pain and drinking problems. Probing questions did not reveal that they were in denial because the disassociation was not a perceptual incapacity to deal with reality or an excuse to continue drinking. The explanation of pain appears to take on a “euphoric meaning” to African-American alcoholics in the context of the minority culture, while it has a “dysphoric meaning” in the context of the majority culture (Pfuhl and Henry, 1993, p. 4). Dixon (1991) concluded that: “though alcohol is associated with maladaptive and marginal functioning, it is not considered alcoholism because African-Americans may not generally believe that is the case” (p. 134). An old-timer with more than 8 years in AA illustrates this disassociation between drinking and pain:

- I never knew what was hurting me so bad. I felt terrible pain every day toward the end. I never connected it to my drinking.

When describing the impact of pain, African-American alcoholics draw from their experiences and use language that is replete with cultural influences and nuances. The following examples are taken from notes made during participant observation in a predominantly African-American meeting:

- I was in bondage and God brought me through. I suffer no more like a slave. No more pain.
- I was human wreckage. But sometimes I want to take the wheel back.

Later in AA, African-American alcoholics learn that pain may stem primarily from problem drinking. But, even after African-American alcoholics are affiliated with AA, they do not accept that drinking is solely responsible for the pain. In fact, most in this cohort attributed pain to the effects of racism even after they had become old-timers in AA. African-American alcoholics seem more comfortable when speaking in the predominantly African-American AA meeting about pain that stems from the effects of race. These expressions are less stated in the predominantly white AA meetings.

This study proposes the first phase as motivated by pain, a life issue taken as objective reality. It is derived from the stories and interviews of the informants as they were presented. Unlike Griel and Rudy (1983), the emerging model does not impose a subjective view like “hitting bot-
tom” (p. 9) on the cohort being studied, but instead embraces a social construction approach. It is recognized that the meaning of pain varies from individual to individual.

Learning About AA and Accepting Drinking Problem

The second phase of affiliation with AA includes new-comers being exposed to the language of AA, ideology of AA and identification with AA and its members. The data show that African-American alcoholics knew very little about AA before they went there and that they approached the organization with anxiety especially since most of them viewed it as a “white cult.” African-American alcoholics usually begin to recognize the AA language that includes slogans like: “came to believe,” “live and let live,” and “easy does it.” However, the traditional AA language is often replaced by culturally influenced talk that is self-deprecating, bantering and replete with slang. The following are examples noted in open meetings:

- I remember the day I rented a car and I was driving around and leaning to the side. I was going to a basketball game and I drank a pint of Jack D. I p–d on my long tailed zoot suit and never got to the game.
- I did not parachute into AA. I came from the streets. I was a human wreck.

Transition from culturally influenced talk to the AA language at this phase affords a racial fit as the new-comer moves toward affiliation. The alcoholic learns the AA language and is able to talk in meeting, depending on the context, in a way that has a dual perspective. That is, African-American alcoholics are able to function within the context of their own culture and at the same time, interact within the context of the dominant culture. Participant observations show that African-American alcoholics derive maximum benefits from AA by converting the traditional communication patterns of the fellowship. The language variations are especially noted at this phase and the new-comer oscillates between culturally influenced talk when he or she is in a predominantly African-American AA meeting and the AA language when she or he is in a predominantly white AA meeting to fit into the particular context. At the same time new-comers become aware of one of the most important ideological tenets of AA, the disease concept, and begin to convert this view to make cultural sense that has meaning to them. African-Amer-
ican alcoholics find it more difficult than white alcoholics to accept the disease concept, which AA espouses. A conversation with a 42-year-old member of 5 years indicates this view:

- Since I was young, my mother told me that I was a drunk because I drink too much. I cannot buy this business of my drinking being a disease. I did it to myself and I just had to learn to stop.

African-American alcoholics are also exposed to several non-specified principles at this phase and these include the attendance of meetings, openness, sponsorship, willingness to examine ("taking inventory") character defects and taking one day at a time. In both the predominantly African-American and White AA meetings, old-timers seem to establish a connection with new-comers in that they advise them to continue making meetings and to get a sponsor, that is, someone whom they can confide in, and that they should keep an open mind and listen carefully. Following are comments made by old-timers to new-comers:

- If you want to stop drinking, then you are in the right place.
- If I can make it in AA, you can too. I was a human wreckage and I am now restored to life.
- Get a sponsor, two drunks started AA and you too need somebody to talk to.

The non-specified principles that make up the AA ideology are embraced and adopted by newcomers with very little modification, necessarily because this aspect of the ideology is strong and leaves miniscule room for ambiguity and refashioning as is the case with AA language, the Twelve Steps and the disease concept.

Significant for African-American alcoholics at this phase is acceptance of the deviant status: "I am an alcoholic" which is a pejorative appellation in the early steps toward recovery. A moderate change is indicated by this cohort in the interviews and supported by storytelling during open and closed meetings. "I am an alcoholic/addict" and "I am powerless over alcohol and drugs." It seems that the deviant status change stems from a different cultural experience. Immediately after the deviant status is embraced, completion of an inventory affords recall of negative events in the past for African-American alcoholics, thereby, allowing the alcoholic to speak about incidents in meetings and to their sponsors. As African-Americans address issues about the past and what it is like now, they are able to increasingly make the transition from
“practicing alcoholics” to “non-practicing alcoholics.” The latter corre-
sponds to African-American alcoholics’ abilities to move from negative
talk (“bads” as a result of drinking) in the past to positive talk (“goods”
of abstaining) in the here and now during their story telling in meetings.
This study suggests that African-American alcoholics learn about and
accept drinking problems at this phase long before they begin to make a
commitment to AA.

“Speaking in Opposites”

Speaking in opposites is critical for the African-American alcohol-
ics’ recovery in the third phase. It connotes an increased awareness of
self, self-esteem and the assimilation of the deviant status introduced in
phase two. When they remain and continue to talk about the “bads” of
their drinking careers throughout their storytelling in meetings and end
without shifting to the “goods” (the new benefits) of their non-drinking,
this provides a clue that they are struggling with residual pain and the
acceptance of the emerging “self” at this stage of the affiliation process.
AA group interaction allows the observer to hear the oscillation by Afri-
can-American alcoholics in alternating sentences. This is illustrated by
a young woman in her late twenties, with about a year of AA member-
ship:

- When I arrived here I could not see how a group of people sitting
  around could help me to stop drinking. I was convinced that this
  was going to be a waste of my time. My sponsor told me keep
  coming and after about three months, I started to hear about myself
  by listening to others talk about themselves. I am glad that I stayed
  around and kept coming to meetings.

Following is an array of sentences illustrating speaking in opposites
from members who successfully moved through this phase:

- I am an alcoholic/addict. I was a sick child and now I can say that I
  am getting better. AA has been good to me.
- I did not have a job, money, nor a family when I came to AA, today
  I have all three since I have been attending AA meetings.
- When I came here I thought that they would teach me how to drink,
  but as I kept coming back I learned how to stop by identifying with
  others in the program.
Storytelling and comments that do not end with positive comments were noted and analyses showed that negative comments frequently came from those who were struggling in the program, namely “drop-outs” and “first-timers.” Specific comments that illustrate this are:

- I just don’t like what is happening to me. I have tried and I feel that I am no good. I can’t see how this program will help me.
- Maybe, I have to die a drunk. My father was drunk, two of my brothers died from drinking. I did not see how I can make it.

The interviews and observations suggest that African-American alcoholics take from 1 to 6 months to begin speaking in opposites. However, this stage, like the other stages, is characterized by intervening conditions. These conditions have the potential to move the affiliation process forward or to restrict it. For example, progress is achieved by instances of motivation or a relapse can occur to interrupt the process. The major implication related to speaking in opposites is the difference in interaction among African-American alcoholics when they are in an African-American only group. The study suggests that in these group meetings, African-American alcoholics seem more disposed to speak in opposites in a style derived from their cultural heritage. African-American pastors frequently use a style that is quite similar to speaking in opposites when they preach to their parishioners. Speaking in opposites affords avowing and disavowing drinking behaviors during storytelling in AA meetings. It reminds African-American alcoholics where they came from and at the same time provides them with a map as to where they are in the transformation of their identities.

**Chairing Meetings-Sponsoring**

At this phase, African-American alcoholics begin to consider making a commitment to AA. They are asked to chair meetings, share their stories or to serve as a sponsor for new members; these interactions are important in the ongoing affiliation process. Observations and the interviews indicate that African-American alcoholics may modify the meaning of sponsorship to meet their specific affiliation needs. The relationship (through sponsors/sponsorship) between old-timers and new-comers seems to grow stronger. This link between old-timers and new-comers is articulated through advice and confrontation to test the emerging commitment of new-comers. Here is an example of advice and confrontation from an old-timer to a new-comer:
• You have to be patient, you did not get like you are in one day. You can continue coming to these meetings or return to the streets where your miseries will be refunded to you. Give the program a chance, take the “cotton wool” out of your ears and put it in your mouth.

The data suggest that African-American alcoholics (new-comers) do not espouse the AA ideology, but seem to maintain and continue their affiliation with AA as a result of modeling by and support from old-timers whom they identify with and have developed relationships. At this stage, African-American alcoholics do not embrace a drinking self-definition, but present a self-definition which reflects that of the old-timers. New-comers report that they are in search of a fit in AA and/or give consideration to returning to prior religious affiliation (church), or involve themselves in various AA discussion groups to find an AA home group. Most of the discussion take place before and after meetings, on the telephones and “coffee meetings” between sponsor and new-comer. It is noted that African-American alcoholics will pay lip service to specific AA traditions such as sponsorship and inventory writing when they are in white AA meetings.

**Commitment to AA or the Church**

At this phase, African-American alcoholics begin to think in terms of their personal growth and to make comments in meetings about their “spiritual renewal.” New-comers would recall their teachings derived from earlier church affiliations. If there is going to be a lasting commitment to AA on the part of the new-comers, it is made at this phase. But, in several cases, decisions were made to return to a church affiliation. A new-comer with 4 months as a member said in an interview:

• Alcoholics Anonymous allows me an opportunity to believe in a God of my understanding and for me that’s love, truth, peace, justice and all of those positive spiritual happenings. I have a choice to stay or to go somewhere else.

This phase is distinguished by the strong influence of the African-American church in the lives of African-American alcoholics. They frequently modify the moral aspects of AA to meet their “spiritual” needs. The latter, coupled with the quasi-religious structure of AA and their own religious backgrounds, give an appearance of “spirituality” on
the part of African-American alcoholics. It must be emphasized that the affiliation process described in all of the phases to this point is informal and has no pattern.

Affiliation with AA

When affiliation with AA is achieved by African-American alcoholics after going through the previous phases, it is noted that individuals have either succeeded by marginally adapting to the “worldview” of AA or have essentially “converted” that worldview to better fit their racial and cultural background. At this phase, African-American alcoholics usually begin to do Twelfth Step work (i.e., helping others who are suffering from alcoholism); to arrange AA meetings in their homes and most importantly to establish and conduct AA meetings that give the appearance of a quality recovery because of the racial homogeneity of the groups. It is noted that a cultural space for African-American alcoholics is created in AA. This space affords them the opportunity to continue their recovery programs with the fellowship or to attend a regular church where they are comfortable.

CONCLUSION

By focusing on the interactions and the accounts of African-American alcoholics in AA meetings, this paper has described a path-in affiliation with AA for a racially homogeneous cohort in a concrete social situation. The effects of culture and race (like class, gender or nationality) in these contexts can never be given in advance as they will be different in every instance. But, this study affords and contributes a fuller ethnographic picture of how a particular cohort of African-American alcoholics affiliate with AA.

The study posits that there can be more than one path-in to “successful” affiliation with AA. Individuals can either convert to the “worldview” of AA or convert and modify that “worldview” to better fit their cultural view and background. African-American alcoholics convert the AA ideology, which includes a re-definition of the disease concept, modification of the AA language and re-interpretation of the Steps and Traditions in order to fulfill their affiliation and recovery needs. In this vein, this study asserts that differences exist in language use among African-American alcoholics when they are in African-American-only meetings as opposed to “mixed” or predominantly white AA meetings. For
example, it shows that due to the effects of culture, the language that African-American alcoholics use to describe their drinking careers is at odds with AA’s disease philosophy. Indeed, they seem to relate more to the concept of pain as a motivator for getting into AA and they often ascribe this pain to the effects of racism or other disadvantages. This study supports the view that African-American alcoholics who attend African-American-only AA meetings are more comfortable when they speak given the history of racism and psycho-cultural differences in the United States. This finding is consistent with a study by Humphreys and Woods (1993) who concluded that Black and White participation in self-help groups is motivated by the need for a racial fit. Similarly, Durant (1993) found that African-American alcoholics derive their maximum benefits from AA by modifying the organizational structure and communication patterns of the fellowship.

Finally, the present study is one step toward the explanation of how racial, gender and cultural groups may convert the ideology of AA to meet their specific affiliation needs. A good case is built that AA is primarily Euro-American in origin and if applicable to African-Americans or other culturally different groups, it must be modified by either the proponents or internally by participants. In view of the importance of this topic, further study is suggested that would discuss the implications of “culture specific” vs. “culture universal” meetings/treatments and/or the controversy surrounding these issues.

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