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Applying the Nursing Theory of Human Relatedness to Alcoholism and Recovery in Alcoholics Anonymous

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Abstract

Alcohol misuse is a global health risk, and Alcoholics Anonymous (AA) is the largest and most popular mutual-help program for individuals with alcohol-related problems. In recent years, researchers and clinicians have become increasingly interested in specific mechanisms of action that may contribute to positive outcomes through involvement with this 12-step program for recovery, yet few have applied a theoretical framework to these efforts. We examined the phenomena of alcoholism and recovery in AA, using the nursing Theory of Human Relatedness (THR). THR addresses a pervasive human concern: ''establishing and maintaining relatedness to others, objects, environments, society and self.'' The theory describes four states of relatedness (connectedness, disconnectedness, parallelism, and enmeshment) and four relatedness competencies (sense of belonging, reciprocity, mutuality, and synchrony). Both alcoholism and recovery in AA can be viewed primarily in terms of relatedness. In active alcoholism, an individual's involvement with alcohol (enmeshment) can limit, impair, or preclude healthy or adaptive relatedness toward virtually all other referents, including self. As a program of recovery, each of the 12 Steps of Alcoholics Anonymous addresses an individual's relatedness to one or more identified referents while simultaneously enhancing and expanding each of the four relatedness competencies.

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THR provides a theoretical framework to help direct patient care, research, and education and has the potential to serve as a unifying theory in the study of alcoholism and recovery in AA.

Keywords: Alcoholics Anonymous (AA), alcoholism, human relatedness, nursing, recovery, theory

INTRODUCTION

Regardless of clinical setting or level of practice, nurses all over the world will likely find themselves caring for patients and families affected by alcohol misuse. Alcohol consumption has been listed among the 10 leading risk factors for disease burden globally and carries serious health and social consequences associated with intoxication, dependence, and other toxic, biochemical effects. To compound matters, global alcohol consumption has increased in recent decades, with most or all of this increase occurring in developing countries (World Health Organization, 2002). Because of changing patterns of consumption, certain vulnerable populations have become increasingly exposed to the direct, deleterious effects of alcohol, including women and young people (World Health Organization, 2007).

Founded in 1935, Alcoholics Anonymous (AA) describes itself as ''a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism'' (Alcoholics Anonymous World Services [AAWS], 2010, p. 6). Over the past several decades, AA has developed and sustained a growing international presence. Total membership in 2011 was estimated at more than 2 million people, with approximately 108,000 groups in over 180 countries (AAWS, 2011). Resnick (1986) suggested that nurses were in an ideal position to assist patients who may be able to benefit from mutual-help groups, including AA, and that it was important for nurses to have a good working knowledge of active groups that were available and to make appropriate referrals.

In a past meta-analysis of research related to AA, an observation was made regarding the paucity of theory-driven research and a call was put forth to remedy the situation (Emrick, Tonigan, Montgomery, & Little, 1993), although relatively little has been forthcoming in this regard. In this article,

the nursing Theory of Human Relatedness (THR; Hagerty, Lynch-Sauer, Patusky & Bouwsema, 1993) was applied to the phenomena of alcoholism and recovery in AA. The process included (a) reviewing THR, (b) describing the methods used for this proposal, (c) presenting an exemplar from AA literature, (d) employing THR in the analysis, and (e) discussing findings and conclusions, including implications for clinical care, and opportunities for future research.

THEORY OF HUMAN RELATEDNESS

Definition and Dimensions

THR addresses relatedness as a primary, persistent, and pervasive aspect of human existence. Serving as the organizing construct for the theory, relatedness is defined here as an individual's level of involvement with persons (self, others, groups, or society), objects, environments (natural or cultural), or spiritual entities—all categorized as referents—and the concurrent level of comfort or discomfort associated with that involvement. Rooted in early attachment behaviors and patterns, relatedness is viewed as a functional behavioral system. Disruptions in relatedness can be caused by and/or contribute to biological, psychological, social, and spiritual disturbances. The two dimensions of relatedness are involvement–noninvolvement and comfort–discomfort, each of which exists on a continuum. When these two dimensions are fixed as intersecting axes on a grid, four states of relatedness emerge: connectedness, disconnectedness, enmeshment, and parallelism (Figure 1; Hagerty et al., 1993).

States of Relatedness

The four states of relatedness—or the manner in which an individual interacts with a specific referent—arise under the following circumstances. *Connectedness* occurs when a person is actively involved with a referent (i.e., a person, place, or thing), and that involvement promotes a sense of comfort, well-being, and anxiety reduction. *Disconnectedness* is experienced when a person is not actively involved with a referent, and this lack of involvement results in discomfort, anxiety, and a reduced sense of well-being. *Parallelism* occurs when an individual's lack of involvement with a referent generates a sense of comfort and well-being. Although a lack of involvement is often interpreted as isolative, lonely, and detrimental to health, the authors noted that there was support for the idea that parallelism also plays an adaptive role in energy conservation, psychological renewal, and creativity. *Enmeshment* refers to involvement with a referent that is coupled with discomfort, anxiety, and a lack of well-being, indicative of fusion, or a lack of differentiation (Hagerty et al., 1993).

In the context of the theory, the following characteristics apply to these states of relatedness (i.e., connectedness, disconnectedness, parallelism, and enmeshment). First, at any given time, each state is experienced in relation to a specific referent. Second, an individual may experience varying states in relation to different referents. Third, people do not inherently exist in any one state but move between states in response to specific referents over time. "What appears to be important is the pattern of movement throughout these states, including patterns of duration, intensity and frequency" (p. 294). In this respect, it appears that the capacity for movement within and between states may be indicative of greater health than residing consistently within one state.

Relatedness Competencies

In addition to the states of relatedness, there are four major processes or social competencies that are involved in establishing and promoting these states; these are (a) sense of belonging, (b) reciprocity, (c) mutuality, and (d) synchrony. If states of relatedness are viewed as a map (Figure 1), then relatedness competencies might correspond to vehicles that facilitate or hinder movement within or across these states in relation to specific referents. It is also worth noting that competencies—like other skills and abilities—can improve or deteriorate over time, based on individual temperament, circumstances, learning, and practice.

Sense of belonging refers to "personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment" (Hagerty, Lynch-Sauer, Patusky, Bouwsema, & Collier, 1992, p. 173). In the context of THR, sense of belonging is the most well-developed concept to date. Published works include a concept analysis (Hagerty et al., 1992), a description of sense of belonging as one of the states of relatedness (Hagerty et al., 1993), and the development of a reliable and valid tool, called the Sense of Belong Instrument (Hagerty, Williams, Coyne, & Early, 1996). *Reciprocity* pertains to an individual's perception that he or she is engaged in an "equitable, alternating, interchange" (Hagerty et al., 1993, p. 294) with a referent, accompanied by a sense of complementarity. A common theme in descriptions of reciprocity is the quality and intensity of exchange. *Mutuality* is defined as "the experience of real or symbolic shared commonalities of visions, goals, sentiments, or characteristics, including shared acceptance of differences, that validate the person's world-view" (p. 294). *Synchrony* speaks to issues of rhythm—biological, psychological, social, and spiritual—and is defined as "a person's experience of

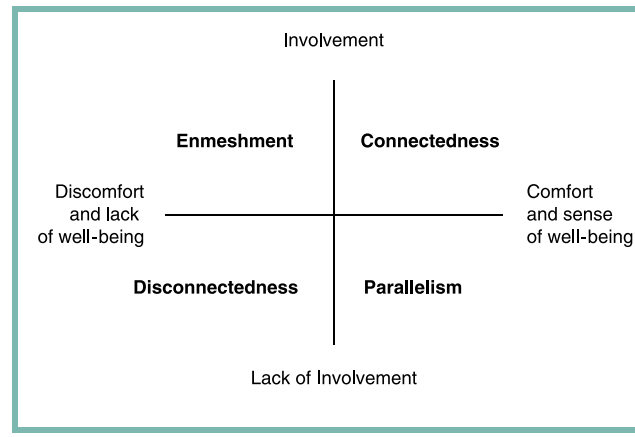

Figure 1. States of relatedness.

congruence with his or her internal rhythms and external interaction with persons, objects, groups or environments… [conveying] a sense of shared movement through time and space'' (p. 294).

Finally, the authors of THR proposed that a relationship existed between an individual's competencies and his or her state of relatedness toward a specific referent, such that (a) higher levels of sense of belonging, reciprocity, mutuality, and synchrony result in a greater sense of connectedness with that referent, whereas (b) lower levels of relatedness competencies result in a sense of disconnectedness with respect to that referent.

METHODS

The prospective application of THR to alcoholism and recovery in AA was determined through a reflective, iterative process, employing deductive and inductive strategies, repeatedly moving back and forth between the theory and AA literature. These efforts were further informed and directed by clinical experience in the field of alcoholism and other addictions and familiarity with 12-step culture.

A reading of the theory sparked immediate interest in terms of its potential applicability to AA. First, it was readily apparent to a student of nursing and AA that these two entities shared a strong, holistic perspective, viewing people as biological, psychological, social, and spiritual beings. Second, it will be argued that the entire program and fellowship of AA—including the conceptualizations of alcoholism and recovery—were predicated on the basis of relationships: to self, others, alcohol, environments, and spiritual entities. Third, because alcoholism and recovery are themselves dynamic processes, they require a similarly equipped theory to describe and explain their characteristics. To demonstrate the utility of THR, an exemplar will be presented, followed by a focused analysis and discussion.

Student of Life: An Exemplar

Alcoholics Anonymous (AAWS, 2001), more commonly referred to as the ''Big Book,'' is the basic text for the society of AA. Since the first edition was published, in 1935, more than half the book has been composed of ''personal stories,'' written narratives about alcoholism and recovery in AA. With the publication of subsequent editions (in 1955, 1976, and 2001), some stories were retained, others dropped, and new ones added to better reflect the changing membership of AA. This exemplar was derived from a subset of 24 new personal studies as they appeared in the fourth edition of the Big Book (AAWS, 2001). The larger data set was notable for its diversity in terms of age, race and ethnicity, gender, sexual orientation, and religion. Because these stories were highly personal—but anonymous—accounts, many are devoid of certain demographic and historical information that clinicians and researchers might otherwise normally expect to find.

''Student of Life'' (pp. 319–327) tells the story of a former high school honor student whose life stalled, then careened dangerously downhill, because of alcoholism. It was only after ''hitting bottom,'' and a chance encounter with a struggling member of AA, that her own life was put back on track. To help personalize an otherwise anonymous account, she will be given the name of ''Kate.''

Kate came from a loving and supportive family but grew up feeling extremely insecure, unable to handle and understand her emotions, and terrified of the world around her. ''I always felt as if everyone else knew what was going on… and my life was the only one that was delivered without an instruction book'' (pp. 319, 320). In college, she discovered alcohol, and everything changed. ''When I was drinking, I was okay. I understood. Everything made sense. I could dance, talk, and enjoy being in my own skin'' (p. 320). She blacked out nearly every time she drank, and in less than 6 months, she was almost a daily drinker. She wound up on academic probation in the first semester of her sophomore year. She managed to graduate and tried to change her drinking patterns but was unable to do so. She took a low-paying sales job and continued to live with her parents, drinking and watching television by herself every night until she passed out. This went on for almost 2 years.

Her parents were at a total loss. Kate knew that she drank too much and that her life was miserable, but she never put the two together. Her parents offered to help her financially if she wanted to go back to graduate school. She jumped at the chance, and the ''geographical cure'' helped for a while, but within months she had slipped back into her old patterns. Once again she managed to graduate, this time with a master's degree, but was unable to secure employment and returned home. ''I had no job, no friends; I saw no one but my parents'' (p. 323). She took a job with a local entrepreneur and struggled to beat her obsession with alcohol.

Not long after taking this position, Kate was confronted by the stark reality of her situation. Sick from drinking the night before, she returned home from work, knowing that she did not want to drink. Nonetheless, ''I watched myself get up off the couch and pour myself a drink. When I sat back down on the sofa, I started to cry. My denial had cracked; I believe I hit bottom that night, but I didn't know it then'' (p. 324).

A few months later, Kate traveled to a trade show as part of her job. Having struggled to put together a month of abstinence, she was terrified that she would give in to temptation. She found herself talking to Mike—a sales representative for the same company from another part of the country. In response to an innocent question from Kate, Mike indicated that he was in AA but was struggling and had recently ''slipped.'' She was amazed to hear herself say that she thought she was an alcoholic, too. Mike carried the message of AA by taking Kate to her first few meetings.

It was only her second meeting but, perhaps because she was a visitor from out of town, Kate was invited to be a speaker. She recalled finding her Higher Power at that meeting in the faces of the people in the room. ''I saw it…the understanding, the empathy, the love…. This is what I had been looking for all my life'' (p. 326). What she experienced could be described as a

sense of belonging. She threw herself into AA, attending 90 meetings in 90 days, obtaining a sponsor (an AA mentor), joining a home group (a regularly attended meeting), fulfilling commitments (e.g., making coffee), and engaging in service work (helping others or AA as a whole). Several years later, Kate still maintained a high level of affiliation with AA, including continued meeting attendance, studying AA literature, working the steps, having a sponsor, and being a sponsor.

Other areas of Kate's life bloomed as well. Gainfully employed, she was supporting herself financially, with plans to buy a house. She had friends because, as she described it, she had learned how to be a friend. There was a special man in her life with whom she had been involved for almost 5 years. Kate summarized her progress by saying, "most importantly, I know who I am. I know my goals, dreams, values…. Those are the true rewards of sobriety…I am so grateful that my Higher Power stepped in to show me the way to truth…. I came to A.A. in order to stop drinking; what I received in return was my life" (p. 327).

ANALYSIS

Every clinical case is unique. At the same time, close and thoughtful examination of a well-chosen exemplar can also help to identify areas in which patterns may emerge across various cohorts or populations. It appears that THR has value and utility in both domains: the specific and the general, individuals and groups. With this in mind, focus will be placed on the story of "Kate," paying particular attention to states of relatedness and competencies for a few primary referents. This is not meant to be an exhaustive treatment; instead, it will be shown, in the context of alcoholism and recovery in AA, that (1) with relative ease and a reasonable amount of information, a state of relatedness can be identified (a) for an individual, (b) in relation to a specific referent, (c) at any given time; (2) these states can and do change in response to alterations in health, illness, and circumstances over time; and (3) certain combinations or patterns of states and competencies across referents may help to plot and track an individual's progress or lack of progress, in terms of his or her alcoholism and recovery.

Object: Alcohol

Kate described herself as being "extremely insecure" and unable to handle and understand her emotions prior to her experiences with alcohol. She also complained of feeling different from her peers and lacking close friends, suggesting deficits in the relatedness competency of sense of belonging. This, coupled with an apparently exaggerated subjective response to the psychoactive effects of alcohol, left her especially vulnerable to repeated and protracted bouts of abusive and dependent drinking.

In childhood, Kate's state of relatedness to alcohol was probably that of parallelism, i.e., a lack of involvement and relative comfort, because there was no known family history of alcoholism. In any case, Kate drank excessively from the very start, describing her experience as transformational, despite a terrific hangover. "Life was great; I had finally found the answer—alcohol!" (p. 320). Clearly, her state of relatedness to alcohol during this initial phase of drinking was connectedness, marked by involvement and a perceived sense of well-being. This portion of Kate's experience corresponds to a stage in the normative model for personal stories in AA, called "first or early drinking," during which the neophyte drinker attaches a strong and positive subjective evaluation to alcohol and its effects (Strobbe & Kurtz, 2012).

In an alarmingly short time, however, with loss of control and deteriorating personal circumstances, Kate's state of relatedness changed to enmeshment, that is, continued involvement, accompanied by discomfort and a lack of well-being. Prior to her introduction to and affiliation with AA, Kate reported repeated failed attempts to curb her alcohol use, changing her state of relatedness to disconnectedness; although she was not directly involved in drinking, she still lacked any sense of well-being.

At the end of her personal story, Kate appears to have achieved a state of parallelism in relation to alcohol, with lack of involvement and a sense of well-being. This coincides with certain "promises" that follow Step 10 in AA (Table 1), stating, "…we have ceased fighting anything or anyone—even alcohol…. We feel as if we had been placed in a position of neutrality—safe and protected" (pp. 84, 85). This series of different states of Kate's relatedness to alcohol over time—from parallelism to connectedness, enmeshment, disconnectedness, and back to parallelism—is depicted in Figure 2.

Others: Mike

"Others" is an exceptionally broad category that can include any number of individuals as separate and distinct referents. Throughout most of her drinking career, Kate's story was notable for the sheer poverty of relationships with others, leading one to assume that most or all of them were relegated to a state of disconnectedness.

Although he was only part of her story for a very short time, Mike's role helps to illustrate a few key points as they pertain to THR and AA. First, Kate described having "hit bottom" only months prior to their paths having crossed at the trade show, without which their encounter might have proved inconsequential. Instead, their meeting showed one of the assumptions of THR, that "Persons experience sensitive periods during which interventions can influence the nature of their relatedness experiences" (Hagerty et al., 1993, p. 292). The result was an instance of synchrony, one of the relatedness competencies, reflected in the congruence of internal rhythms and external interaction. Specifically, these included Kate's impulse to inquire about Mike's well-being, his reply regarding personal struggles with alcohol, and Kate's disclosure regarding her own difficulties. AA was founded on the idea that "one alcoholic could affect another as no nonalcoholic could" (AAWS, 2001, pp. xvi, xvii). Kurtz (1991) described this kind of identification as "*the shared honesty of mutual vulnerability openly acknowledged*" (p. 61;

TABLE 1 The 12 Steps of Alcoholics Anonymous
1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him.*
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

Note. The 12 Steps are reprinted with permission of Alcoholics Anonymous World Services, Inc. (AAWS, 2001). Permission to reprint the 12 Steps does not mean that AAWS has reviewed or approved the contents of this publication or that AAWS necessarily agrees with the views expressed herein. AA is a program of recovery from alcoholism only—use of the 12 Steps in connection with programs and activities that are patterned after AA, but which address other problems, or in any other non-AA context, does not imply otherwise.

original italics), one that contributes to surrender, healing, and growth.

Spiritual Entities: God or a Higher Power

AA is a spiritual program, but one that encourages its members to seek their "own conception of God" (AAWS, 2001, p. 47). For many like Kate, "*a Power greater than ourselves*" (p. 45; original italics) was first discovered in the collective strength, wisdom, love, and caring of the people in AA. In her personal story, Kate made no mention of spiritual entities or beliefs until finding her Higher Power at her all-important second meeting, at which point she appears to have established an immediate state of connectedness, both to AA and a Higher Power. Many people in AA have reported far more complex histories and ideas related to God, religion, and spirituality, in which case one might expect their states of relatedness, and perhaps even the referents themselves, to change over time.

AA as a Group, Society, and Environment

In relation to referents as listed in THR, AA can be viewed in terms of groups, environments, and a society, thereby creating complex, interconnected communities at local, national, and international levels. Rather than try to isolate and parcel out the effects of each of these referents individually, some of these attributes will be considered collectively.

What AA offered and provided to Kate was a safe and supportive environment (social and cultural), in which relationships were initiated, cultivated, and then generalized into ever-widening concentric circles, reaching beyond AA itself to help create a larger life. Her personal story showed the benefits of connectedness, which were reinforced through the four competencies. Sense of belonging and synchrony were mentioned earlier.

The competency of mutuality is based on shared visions and values. Founded on the 12 Steps and related spiritual principles, AA set forth an unequivocal mission in its preamble by stating, "Our primary purpose is to stay sober and help alcoholics to achieve sobriety" (AAWS, 2010, p. 5). This principle is propelled into action through sponsorship and service work, both of which were evident in Kate's story. In addition, the 12 Traditions "apply to the life of the Fellowship itself. They outline the means by which A.A. maintains its unity and relates itself to the world about it, the way it lives and grows" (AAWS, 1952, p. 15). According to THR, mutuality also includes a "shared acceptance of differences" (Hagerty et al., 1993, p. 294). The Big Book acknowledges that the membership of AA is represented by diverse "occupations…as well as many political, economic, social, and religious backgrounds." In brief, "We are people who normally would not mix. But there exists among us a fellowship, a friendliness, and an understanding that is indescribably wonderful." (AAWS, 2001, p. 17). This ideal is further reflected in the AA motto, "*Live and Let Live*" (p. 135; original italics), as well as reminders to practice "patience, tolerance…and love" (pp. 83, 118).

The relatedness competency of reciprocity is firmly embedded in the culture of AA and visible at the end of Kate's

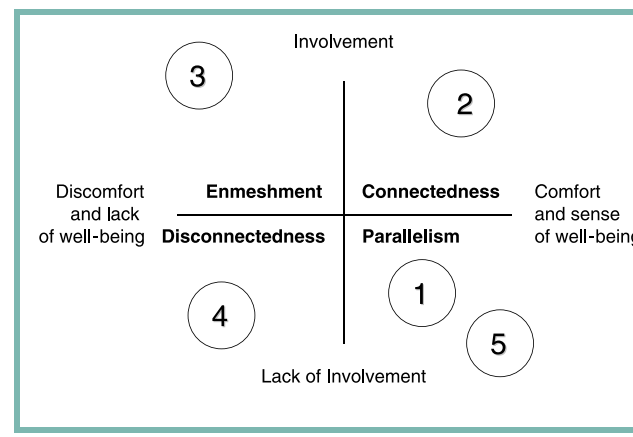

Figure 2. "Kate's" states of relatedness to alcohol.

story when she stated that she was sponsoring two women herself. Heard often around AA, this sentiment is captured in the saying, "You have to give it away to keep it." Its historical roots go all the way back to the first story in the first edition of the Big Book when Bill W., one of the cofounders of AA, discovered, "When all other measures failed, work with another alcoholic would save the day…I would be amazingly lifted up and set on my feet. It is a design for living that works in tough going" (p. 15).

Discovery of Self

Kate began her story uncertain of herself and those around her. For people who are anxious, self-conscious, and preoccupied, the relationship to self may be described as one of enmeshment, with a high degree of involvement, accompanied by discomfort. During her first or early drinking, alcohol induced a feeling of connectedness for Kate, but this false sense of confidence and comfort were short-lived. Drinking every night until she passed out, she exemplified a state of disconnectedness—not only with others, but with herself—characterized by a lack of involvement and a lack of well-being. Kate had become little more than a passive, anguished spectator in her own life. Only when she finally hit bottom and her denial cracked was she able to consider different possibilities for her life. By taking risks, getting out of herself, and connecting with other people and a Higher Power, Kate established a state of connectedness with herself.

DISCUSSION

The nursing THR (Hagerty et al., 1993) showed a strong affinity for and high applicability to the study of alcoholism and recovery in AA. Evidence included the detailed analysis of an exemplar taken from the 24 new personal stories in the fourth edition of the Big Book of AA (AAWS, 2001). Initial observations were validated and strengthened by surveying the remaining narratives from the broader cohort, a collection that offered considerable demographic and clinical diversity.

Taken together, these accounts led to the formation of the following assumptions: (a) alcoholism and recovery in AA can be described in terms of an individual's relatedness to alcohol, self, others, environments, society, and spiritual entities; (b) in active alcoholism, an individual's involvement with the drug alcohol, described by THR as enmeshment, will impair, limit, or preclude healthy or adaptive relatedness to all other referents, including self; (c) the 12 Steps of Alcoholics Anonymous specifically address an individual's relationship to self, alcohol, God or a Higher Power, and others (Table 2), reinforcing the use of THR to better understand these phenomena; (4) the process of recovery in AA involves a radical reordering in the nature and quality of relatedness with each of these referents, resulting in increased connectedness; (5) the goal of recovery is to improve relatedness to referents in each of the identified domains, resulting in a healthy, whole, and integrated life.

Strengths of this study included the application of a theoretical framework to alcoholism, recovery, and AA. A review of the literature suggested that this was the first time that THR has been used to examine these areas of interest, either individually or collectively. On the basis of the detailed analysis of an exemplar, and a review of the broader cohort from which it was drawn, a set of assumptions was generated pertaining to relatedness in the context of AA. Finally, the topic of spiritually was actively included, consistent with perspectives from nursing, AA, and THR.

TABLE 2 Relatedness to Referents in the 12 Steps of Alcoholics Anonymous

Step	We/Self	Alcohol	God/Higher Power	Others
1.	X	X		
2.	X		X	
3.	X		X	
4.	X			X
5.	X		X	X
6.	X		X	
7.	X		X	
8.	X			X
9.	X			X
10.	X			X
11.	X		X	
12.	X		X	X

Note. Each of the 12 Steps of Alcoholics Anonymous addresses self (in the first person plural form of "we") in relation to one or more other referents, including alcohol, God or a Higher Power, and others.

Several limitations also warrant discussion. The stories selected for publication in the Big Book may have been subject to significant sample selection bias as archetypes for this type of narrative. Because these accounts were anonymous, some demographic, clinical, and historical data were lacking. Despite the worldwide presence of AA, this collection of stories was limited to individuals in the United States.

Nonetheless, it is appears that THR has the potential to serve as a unifying theory in the study of alcoholism and recovery, helping to better inform and direct patient care, education, and research. In terms of clinical relevance, THR may help to locate and orient patients in respect to illness and recovery from alcoholism, and enhance the use of nursing process in the assessment, treatment, and evaluation of these important patient populations.

To date, sense of belonging is the most fully developed concept associated with relatedness. Future research could evaluate the Sense of Belonging Instrument as a potential predictor, process variable, and outcome measure for alcoholism treatment and recovery. Other opportunities for future research include the application of this theory to different data

sets, including oral narratives, interviews, and individuals who have recovered from alcoholism, whether inside or outside the context of AA.

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