

**CROSS-CULTURAL GATEWAY TO RECOVERY:
A QUALITATIVE STUDY OF RECOVERY EXPERIENCES
IN INTERNATIONAL AA ONLINE GROUPS**

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ABSTRACT

This ethnographic case-study explored people's use of online Alcoholics Anonymous (AA) groups with a global membership. The main objective was to explore AA members' preferences for using online AA groups, or not. Main queries were: Do participants use only online AA groups or both face-to-face and online groups? If they use only online groups, how do they explain their preference? If they use both, how do they view the online alternative? Finally, how do the AA members experience the global membership in the online groups? Can they identify with each other? The empirical basis for the discussion comprises data from participant observation in two international online AA groups for 1 year, involving content analysis of discussion threads, and a limited number of e-mail interviews. The result of the analysis is presented as a summary of what is gained from participation in online vs. F2F AA groups. The discussion of emerging themes suggests that online AA members can easily identify with each other despite their cultural differences. The majority of AA members in this study seem to prefer a combination of face-to-face and online AA groups. The plethora of AA resources on the Internet also seems to have provided AA members the opportunity to "customise" their recovery program and support network in a way that suits their particular needs and life situations, and in ways that transcend their native culture.

Use of the Internet to communicate about various health concerns is growing rapidly (Burrows, Nettleton, Pleace, Loader, & Muncer, 2000), and one of the most common manifestations of online health communication is participation in online self-help/support groups (Johnsen, 2008). On the Internet there are thousands of self-help groups addressing different health concerns (Eysenbach, Powell, Englesakis, Rizo, & Stern, 2004). Participants include people who have experienced drug addiction and alcohol abuse (King, 1994; Lieberman & Humphreys, 2002) as well as Adult Children of Alcoholics (Phillips, 1996) and people concerned about social anxiety (McKenna & Bargh, 2000), depression (Houston, Cooper, & Ford, 2002; Salem, Bogat, & Reid, 1997), and mental illnesses (Kummervold, Gammon, Bergvik, Johnsen, Hasvold, & Rosenvinge, 2002). In these online self-help groups, people gather to discuss common problems and to exchange experiences. Advantages, but also the possible drawbacks of online self-help groups have been demonstrated in several studies. One frequently reported benefit is the freedom to participate when it is most convenient for the users (King & Moreggi, 1998; Weinberg, Schmale, Uken & Wessel, 1996; White & Dorman, 2001). The modality of delivery is independent of time and space in that the information can be delivered synchronously (real-time chat) or asynchronously (e.g., newsgroups or e-mail groups; Winzelberg, Classen, Alpers, Roberts, Koopman, Adams, et al., 2003). Online participation offers the opportunity to experience a form of social contact, or a “virtual shoulder” (Miller, 1997) with no real social presence. It provides a virtual venue for discussing topics otherwise thought too private or shameful in a face-to-face (F2F) context (Johnsen, 2008; King & Moreggi, 1998; Kummervold et al., 2002; McKenna & Bargh, 2000). Compared with F2F groups, there is greater convenience and increased access to care for individuals who otherwise could not participate in such groups due to their health status, residence in remote areas, or social anxiety (Madara, 1998; White & Dorman, 2001; Winzelberg et al., 2003). In a descriptive study of electronic support groups (ESGs) for recovery of addicts, King (1994) examined to what extent the addicts felt that ESG helped them in remaining drug free. The study indicated that a large number of addicts improved their ability to remain sober through frequent contact with members with widely varying backgrounds and experiences. It was also found that almost all the members reported that they used ESGs to supplement regular attendance at Alcoholics Anonymous (AA) or Narcotics Anonymous (NA; King, 1994). Phillips (1996) studied Adult Children of Alcoholics groups F2F and online with respect to their similarities, differences, advantages, and disadvantages, and concluded that the online group evolved in a positive direction, as did the F2F groups.

The overall impressions from the studies above are positive. People seem to participate in online self-help or support groups with high levels of support, acceptance, and positive feelings (Lieberman & Russo, 2001). However, online groups have disadvantages too (White & Dorman, 2001). Individuals who wish to join an online group must have Internet access. This excludes much of the

world's population (Madara, 1998). Participation in online groups may also lead to more social isolation (Kraut, Patterson, Lundmark, Kiesler, Mukopadhyay, & Scherlis, 1998). It has also been reported that missing visual, aural, and contextual cues can be a problem, contributing to a relatively impersonal meeting venue in online communities (Parks & Floyd, 1996).

Despite the many contributions, research on online self-help groups is still considered to be in its infancy (Burrows et al., 2000; Eysenbach et al., 2004; Lieberman & Russo, 2001; Madara, 1999). It is not clear whether virtual communities can replace or complement F2F groups (Eysenbach et al., 2004). There is also little understanding of how and when people turn to the Internet for information and support and the relative weight they give to the sources of help they access in that medium. We need to know how participants experience the Internet: what do they gain from it? (Burrows et al., 2000). To address these issues we need more qualitative research with users themselves (Hardey, 1999).

This study addresses these issues in the context of two international online Alcoholics Anonymous (AA) groups with a global membership. The main questions are: Do participants use only online AA groups or both F2F and online AA groups? If they use only online groups, how do they explain their preferences? If they use both, how do they view the online AA alternative? Finally, how do the members experience the global membership in the online AA groups, and in what ways does the global membership influence their recovery process?

The study is an ethnographic case study, in effect of two online AA groups. The empirical basis for the discussion comprises data from participant observation in two online AA groups for 1 year, involving content analysis of discussion threads and a limited number of e-mail interviews. The objective is to explore online AA member's preferences for using online, or F2F groups, or not, in order to provide a basis for proposing relevant questions and topics for further research.

Alcoholics Anonymous

Some background information about AA and previous research findings is provided to aid the reader. AA is the largest addiction-related self-help/mutual-aid organization in the world (Humphreys, 2004) and one of the great success stories of the last century (Mäkelä, Arminen, Bloomfield, Eisenbach-Stangl, Bergmark, Kurube, et al., 1996). Established in 1935 in Akron, Ohio, AA now has an estimated two million members from approximately 150 countries, participating in 100 800 different AA groups (AA, 2001). AA was established by two men (Bill and Bob) who had experienced severe drinking problems. They realized that they could manage to stay sober by continuously sharing their personal drinking-related experiences with each other. Their actions and experiences in self-help/mutual-aid remain the backbone of today's AA ideology.

All over the world, people who experience drinking as a problem and wish to stop gather at AA meetings. Here they “. . . share their experience, strength and hope with each other so that they may solve their common problem and help others

to recover from alcoholism” (AA, 1984, p. 2). Extensive research on AA has been conducted, much of which focuses on the correlation between member affiliation and treatment effectiveness for drinking and related problems (see Humphreys, 2004, for an overview). Humphreys’ review of studies on AA effectiveness reveals that the average effect of AA, as a stand-alone intervention, is no greater than that of other ambulatory interventions, “but it is of meaningful size” (p. 119). Several researchers argue, however, that the “effectiveness” or “treatment” perspective, which usually relates to positivistic methods, somehow fails to fully grasp the complex, multidimensional, and diverse nature of self-help/mutual-aid groups (Ben-Ari & Azaiza, 1996; Borkman, 1991; Humphreys & Rappaport, 1994; Kennedy, Humphreys, & Borkman, 1994; Powell, 1994). This specifically appears to correspond to the efforts of trying to understand 12-step groups like AA, which provide a rather sophisticated, ideological, and conceptual framework relating to the illness, including an explanation of the illness (alcoholism) and a detailed recipe to deal with it.

The AA program is based on a combination of written and oral traditions (Mäkelä et al., 1996). The oral tradition is the “speech event” in the F2F meetings, which means that members share their personal stories, usually in round-the-table fashion, of how life was, how they came to AA, and how life’s changed after sobriety. This “meeting technology” provides the new members with a special kind of learning environment (Borkman, 1999). Through participation in meetings and the social network of AA, new members learn to become “storytellers” themselves, thus incorporating the AA program into their own lives (Denzin, 1987). Over time, AA members change their stories or “drunk-a-logs” so that they become more like the paradigmatic account given by the organization (Cain, 1991; Humphreys, 2000; Rappaport, 1994).

The paradigmatic account or written tradition of AA is conceptualized in their 12 steps and 12 traditions (Kennedy & Humphreys, 1994). The 12 steps present the core formulation of the AA program and the 12 traditions the organizational principles. An important precedent set in the developmental stages of the AA movement—later implemented in the 12 traditions—gave each local AA group extensive autonomy, apart from matters concerning other AA groups and AA as a whole (AA, 1981; Borkman, 1999). When this local group autonomy was practiced worldwide by thousands of groups, with members having different demographics and viewpoints, it encouraged diversity in members (Borkman, 1999; Mäkelä et al., 1996). When Mäkelä and his colleagues studied AA groups in eight different societies, they found significant diversity in how meetings were conducted and how AA members interpreted and practiced the AA program. However, despite the size, longevity, and diversity in meetings and membership, they found that the core beliefs and behaviors remained the same. Examining AA as an unusual, non-hierarchical, fluid, and open form of organization, Borkman (1999) discusses how the organization of AA can adapt, learn, and change and still preserve its core mission and identity over generations.

Despite the diversity and autonomy of the local group, AA has some primary rules for speaking in the F2F meetings (Borkman, 1999; Mäkelä et al., 1996). One of the most important rules is to speak about one's own experiences, regardless of whether the topics are related to one of the 12 steps, 12 traditions, or personal stories (Mäkelä et al., 1996). Another important rule is that members should not openly confront or challenge previous turns of talk. These two rules support the distinctive non-conversational turn-taking system and the restriction to self-stories (Borkman, 1999). There is no "conversation" in the conventional sense, but the overt connections to previous turns of talk vary from meeting to meeting and from culture to culture (Mäkelä et al., 1996). Another important rule in the F2F meetings restricts members from professing religious doctrines or lecturing about scientific theories.

Early in the 1990s, AA members "expanded beyond church and community center basements and emerged on the Internet" (VanLear, Sheehan, Withers, & Walker, 2005). Members with computers could now participate in online meetings with fellow alcoholics across the country or anywhere in the world (AA, 2001). VanLear and his colleagues investigated whether self-presentation, behaviors, and interaction patterns of online AA groups differed from those of online non-AA support groups (VanLear et al., 2005). They found that the distinction between synchronous and asynchronous groups appeared to be the largest factor in the distribution of the levels of self-presentation. Asynchronous meetings are conducted over a period ranging from hours to several days, while synchronous meetings are conducted in real-time (Jones, 1999). The asynchronous AA groups in VanLear's study showed significantly higher use of positive communication content and personal acceptance of others than the synchronous non-AA support groups. The present study supports this reported positive feature of asynchronous communication.

METHODS

This article describes an ethnographic case-study that aimed to explore people's use of online AA groups. Data were obtained over the course of 1 year by means of participant observation in two online AA groups, and a limited number of asynchronous e-mail interviews. Data-analysis involved content analysis of discussion threads in both groups (see Table 1 for participants and setting). By virtue of the limited sample, this study is very explorative and preliminary in nature. The study is distinctive, however, in that the researcher is an AA member and has experiential knowledge of AA. My personal experience was also a major reason for choosing to study online AA groups, rather than other online self-help/mutual-aid groups. The objective of this approach was to conduct an in-depth investigation of the members' experiences in two online groups, rather than attempting to draw conclusions about online AA groups in general. The author therefore opted to explore the contents and breadth of variations in the

| Table 1. Research Context and Data Collection | |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Online AA groups | Cyber Recovery Group (CRG) |
| International Recovery Friends (IRF) | Offers closed e-mail meetings, a chat forum and open discussion forum. Same meeting norms as the traditional F2F AA meeting. |
| Participant observation in the groups | Approximately 1,5h pr day/12 months. Reading and posting answers to the weekly topic in the 12 step e-mail meeting, and archival research (browsing) and participation in the discussion forum. |
| Interviewees | Blue |
| Country | U.S. |
| Sobriety | 30 years |
| Use of online AA | Every day |
| Use of F2F AA groups in 1 week | 2 |
| Estimated use of PC in 1 week (except oAA) | 20h |
| Occupation | Art teacher |
| | Dede |
| | U.S. |
| | 8 years |
| | Every day |
| | 0 |
| | 12h |
| | Artist/hypno therapist |
| | Tom |
| | Aus. |
| | 8 years |
| | Every day |
| | 4-5 |
| | 5h |
| | Removalist |
| | Eve |
| | U.S. |
| | 23 years |
| | Every day |
| | 4 |
| | 15h |
| | Secretarial service |
| | Lorna |
| | U.S. |
| | 20 years |
| | Every day |
| | 1 |
| | 30h |
| | Online business owner |
| | Gary |
| | Aus. |
| | 1 year |
| | Every day |
| | 7 |
| | 40h |
| | Recruiter/headhunter |
| | Lisa |
| | U.S. |
| | 19 years |
| | Every day |
| | 0 |
| | 100h |
| | Disabled |
| | Mark |
| | U.S. |
| | 20 years |
| | Every day |
| | 1 |
| | 40h |
| | Editor/web developer |
| | John |
| | U.K. |
| | 8 years |
| | Every day |
| | 1 |
| | 7-100h |
| | IT consultant |
| | Pierce |
| | Aus. |
| | 3 years |
| | Every day |
| | 2-3 |
| | 55h |
| | IT professional |
| | Hans |
| | Middle East |
| | 25 years |
| | Every day |
| | 0 |
| | 35h |
| | Member of the Christian clergy |

members' experiences by observer immersion into the online groups for 1 year (from November 2007 to November 2008). This time frame was chosen to allow a full range of empirical situations to be observed and analyzed. It also allowed the researcher, at least to some extent, to locate and recruit informants who were known to have an overview of the activities of the groups (e.g., moderators), and to identify typical or extreme cases. The depth of the study will hopefully enable the reader to connect to, or identify with, these experiences, and thus deepen our understanding of the issues they reflect.

The presence of a researcher affects the participants and vice versa. A researcher's experiences participating in online AA groups therefore needs some description of the author's own interests, values, and characteristics (Kennedy et al., 1994). The author has been a member of AA for about 15 years. He has thus spent a long time in AA's learning environment and has experiential knowledge of AA's ideological and conceptual framework. Experiential knowledge is different from professional or scientific knowledge. The latter is usually university based, analytical, grounded in theory or scientific principles, and abstract. Experiential knowledge, in contrast, is grounded in lived experience, concrete, pragmatic, and holistic (Borkman, 1990). In conventional positivistic research, studying a group where one is a member is regarded as problematic because it might lead to biased data. However, the age of putative value-free social science appears to be over (Denzin, 1998). In much of qualitative research today, the researcher's personal experience is viewed as being inexorably bound with data generation activities (Tenni, Smyth, & Boucher, 2003). From this perspective, a researcher's experiential knowledge may provide an even better outlet for the co-production of knowledge because he needs no translation of the lived experiences reported by the participants. He is a local interpreter and can thus use "experience-near concepts" (Geertz, 1983, p. 57). These concepts are words and meanings that actually operate in the worlds being studied. An outsider may need translations of the experience-near concepts from a person with experiential knowledge, or use experience-distant terms—employed by the researcher to "forward their scientific, philosophical, or practical aims" (Geertz, 1983). It is not the author's intention to dispute the relevance of knowledge generated from outsider positions, rather to emphasize that the two research positions produce different and equally valuable knowledge of the same phenomenon.

The personal experiences of the researcher may also have an important impact on the access to and relationship with the participants which were illustrated in the early stages of this research project when the author approached the two online AA groups. In the initial stages of participation, the author sometimes felt like an outsider because some members seemed to avoid him, and ignore his posts. This situation, however, changed fairly quickly as the author shared his personal experiences as an alcoholic and demonstrated his knowledge of the AA language. This process appears to be an example of a gradual establishment of

“subcultural capital” or insider status (Hodkinson, 1999, in Mann & Stewart, 2000, pp. 89-90) only made possible by the author’s personal long-term AA membership. If the author had been unsuccessful in establishing insider status, he might not have gained access to the data produced and presented in this study.

The following sections discuss how the author obtained access to online groups, and other methodological issues related to ethics, participant observation, e-mail interviews, and data analysis.

Obtaining Access to Online Groups

A Google search for AA online groups revealed a plethora of groups, especially through the website of Online Intergroup of Alcoholic Anonymous¹ (OIAA). Two groups were selected for study from OIAA’s online list. The criteria for selection were that the groups had a long history, global membership, and a large number of participants with long-term sobriety. Both the groups were English speaking and the only requirement for membership, as in any F2F or online AA group, was the desire to stop drinking.

The first group approached by the author was a Bulletin Board meeting for AA members in recovery, hereafter called “International Recovery Friends” (IRF). The author got himself registered in the group and an e-mail with all the relevant information about the study and a request for permission to do participant observation and interviews was posted on the bulletin board. The author received an answer from the moderator, who was also the person who started the group, and was given access to participate both as an AA member and a researcher. The moderator and the author agreed upon some rules for the kind of participation and inquiries the author could do online. First, newcomers should not be asked to participate in the study. Second, if the author were to ask members to participate in an e-mail interview, he could do so by posting a request in the bulletin board. Third, if anything in the bulletin board (quotes, statements, etc.) was to be used in a written report, the author had to obtain consent from the persons concerned in advance. The group had 494 members from the United States, Australia, Sweden, Italy, France, Norway, Ukraine, Spain, Brazil, Cuba, and Canada. The majority, however, came from within the United States. The Bulletin Board archive consisted of about 20,500 threads/articles posted since the beginning of 2000. In IRF, new topics were posted on a bulletin board that was accessible to all registered members. One of the group norms of IRF was that there is no such thing as “off topic.” Thus, every topic was allowed in interaction between the members. This is different from many F2F AA groups where, for instance, religious affiliation is not to be discussed in the meetings (Mäkelä et al., 1996). Not all topics, however, generated responses. Some topics resulted in no responses while others evoked major discussions.

¹ Available at: <http://aa-intergroup.org/>

The second group, hereafter called “Cyber Recovery Group” (CRG), was an online group that offered asynchronous e-mail meetings, real-time chat, and a discussion forum. The approach for obtaining access to this group was different from that of the IRF group because this group had no bulletin board where the author’s request for access would be visible to the majority of members. An e-mail with all the relevant information about the research project and the author’s background was therefore sent to the secretary of the group requesting permission to do participant observation and interview some members. Sending only an e-mail request would be inadequate to gain access, however, as a single person (the secretary) could not answer on behalf of all the members because of the non-hierarchical and democratic nature of AA’s organization. Instead, the purpose was to inform the group moderators of the author’s request, and have them come up with a solution on how to present this information to the other members. Initially some concerns were raised about the author’s inquiry, but after a thorough discussion through e-mail, the author was given access. The result was that the author could participate online as did any other AA member, but if he was to request anybody to participate in an interview, he had to do so through a personal e-mail and outside the level of the online meetings. In addition to this, two other restrictions were made. First, if anything in the meetings or forums (quotes, statements, etc.) was to be used in a written report, the author had to obtain consent from the persons concerned in advance. Second, the author should not participate in the real-time chat meetings, because that was the occasion when most newcomers attend. The rationale behind this restriction was that the presence of a researcher might scare the newcomers. All the limiting clauses were accepted.

The e-mail meetings in CRG were private lists, and not available to non-members. Every Monday one of the members would voluntarily present his or her personal experiences and views with regards to a topic of choice (for example, the 12 steps and 12 traditions). Thereafter, the members would discuss the presented issue for 1 week. All the written contributions were sent to all the members registered on the e-mail list. The e-mail meeting followed the primary rules for sharing, which are also found in F2F meetings as mentioned earlier: members should talk about their own experiences only and not openly confront or challenge previous turns of talk. They should not lecture about religious doctrines or scientific theories that tend to undermine the AA program.

The discussion forum in CRG was an open forum accessible to every member who had registered. In many ways it represented the informal small talk or discussions that usually take place outside the F2F AA meetings. Different topics and aspects of AA were discussed. A total of 1,414 registered members posted 19,719 articles covering a wide range of topics. All these were available in the archives. The majority of members in CRG come from different places within North America, although there are representatives from 28 other countries such as Andorra, Crete, Cyprus, Puerto Rico, Estonia, Malta, Israel, China, Taiwan, India, Ivory Coast, Egypt, Morocco, Honduras, Guatemala, and Virgin Islands.

Ethical Issues

A researcher's presence in the field of research inevitably changes the nature of the research subject (Lincoln & Guba, 1985) if the participants are aware of the researcher's presence. In this study, however, the author was not sure whether every member had read his announcement about his presence as a researcher (November, 2007), and therefore whether his participant observation was indeed overt. Also, some new members were subsequently recruited to these two groups, and were not informed of the author's presence. As mentioned earlier, however, there was an agreement at the outset that the author should neither invite the newcomers to participate in the research project, nor ask them if he could use their quotes regardless of whether they were posted. After a thorough discussion with the group moderator and originator of the two groups, it was decided not to make any visible presentation of the research project on the group's homepages, and thus risk scaring away newcomers from joining the group.

Informed consent was obtained in advance from both the interviewees and the authors of quotes and statements used in this report. All the potential participants were given a document describing the objectives and purpose of the research project as well as how data and personal anonymity were to be handled. They were asked to read the document before deciding whether or not to participate. Those who decided to participate were asked to send an e-mail to the author stating that they had read the document and that they consented to participate in the research project. Those who decided against participating were asked to ignore the e-mail.

Sensitive information revealed in the interviews, such as the participant's former drug experiences and psychological health, could be potentially harmful to the participant. As all the participants had more than 1 year of sobriety and membership in AA, the author expected them to be familiar with the method of sharing their experiences without experiencing considerable fear. The fact that the author himself is a member of AA also seemed to have mitigated the fear of the interviewees.

Another important ethical issue was confidential storage of the interview data. This was handled by storing the e-mails in one password-protected file on the author's hard drive.

To protect human subjects and maintain confidentiality, pseudonyms are used to identify participants and study groups.

A final but equally important ethical issue has to do with the principle of anonymity expressed in the 12 traditions of AA. AA's principle of anonymity, which is built up from decades of experience and is the spiritual foundation of all the traditions of AA, require that AA members should maintain personal anonymity at the level of press, TV, film, and when they write articles or autobiographies (AA, 1981). This is to ensure that the traditions of AA come before personal preferences or gains, and that AA's public relations "is based on

attraction rather than promotion” (AA, 1981). The author is aware that he is breaking this principle by revealing his full name and AA membership. I discussed this issue with four old timers in AA; they thought that since the author was not motivated by personal gain, nor was he claiming to be speaking as a representative of AA, breaking his anonymity was allowable.

The Norwegian Committee for Research Ethics in the Social Sciences and Humanities is a nationwide committee and has approved the study.

Participant Observation

The participant observation in both groups started in November 2007 and closed on November 30, 2008. The author participated by posting personal experiences and responding to the topics in the e-mail meeting, bulletin board, and discussion forum. Most of the time, however, the author was “lurking” at the bulletin board, discussion forum, archives, and e-mail meeting, which means that he spent most time reading messages without contributing much himself (Sharf, 1999). During the first 2 months of the participant observation in CRG, the author tried to locate members with different experiences and to recruit them for an e-mail interview. After that, he spent most time trying to locate discussion threads or articles that were relevant for this study’s objectives. The topics that caught the author’s attention during this archive research, and were subjected to further content analysis, were the ones that reflected the diversity of recovery experiences, different experiences of online AA vs. F2F AA, member’s cultural differences and interpretations, and experiences related to how the members identified with cross-cultural peers.

Interviews

The recruitment of participants for the interviews was different in the two groups. In IRF, an e-mail was posted to the bulletin board inviting members to participate in an e-mail interview. Seven members responded positively. In CRG, the author had to approach members outside the meetings by personal e-mail, as suggested by the CRG moderators. The recruitment criteria for the members from CRG were that the members were from different parts of the world, and had different personal experiences and preferences regarding use of online AA. The author sent six personal e-mails to members of CRG, and four of them answered positively. All the 11 e-mail interviews were semi-structured and asynchronous; that is, they were not conducted in real-time but over a period ranging from 5 weeks to 3 months. Besides the demographics, the semi-structured interview protocol contained 14 questions that covered the main topics of investigation: Do members use only online AA groups or F2F groups as well? If they use only online groups, how do they explain their preferences? If they use both, how do they view the online alternative? How do they experience the global membership? Are they able to identify with cross-cultural peers? These topics served as the basis for

further discussion on these issues. The author conducted all the interviews. In conducting the e-mail interviews, the first question from the interview guide was sent and the participants responded within a time frame ranging from half an hour to several days. The author responded to the answer by sending either the next question from the interview guide or a follow-up question based on the participant's answer, and the interview would then progress in this manner until completed. The participants were told to take the time they needed to respond, not exceeding 3 days, in which case a reminder would be sent. One advantage of using asynchronous e-mail interview is that it allows for great flexibility in terms of the frequency and length of the responses from the researcher and interviewees (James & Busher, 2006; Mann & Steward, 2004; Seymour, 2001). Another obvious advantage was freedom from geographical boundaries (Mann & Steward, 2004; Smith & Leigh, 1997). Thus, the author could interview people located in the United States, Australia, United Kingdom, and Israel from of a single computer in Norway.

However, conducting an e-mail interview is a relatively new qualitative method, and early research on online research methodologies suggested that CMC could not achieve the highly interactive, rich, and spontaneous communication that can be achieved F2F. It is therefore potentially impersonal and distancing (Kiesler, Siegel, & McGuire, 1984). Later research, however, has emphasized that the absence of the body does not necessarily make online interaction less real or prevent "knowing of the other," although it forces an adjustment of perspective. Among other things, the researcher must be keenly aware of his/her preconceptions (Markham, 2006). The author has tried to take this into account by revealing some of his personal experiences and by discussing his interpretations with the participants and his colleagues.

Analysis

The overall data collection consists of 11 e-mail interviews, notes from participant observation, discussion threads from the discussion forum/bulletin board and e-mail meetings, and informal e-mail conversations with members. The analysis was not linear or straightforward, but was an interactive process of collection and analysis (Lincoln & Guba, 1985), taking into account any reorganization of data units and categories. As the research project progressed with participant observation, interviews, content analysis of the threads in the discussion forum, and literature studies, the data were "consumed" in a variety of ways culminating in different interpretations and themes.

In a late stage of this process an "emergent category designation" was conducted (Erlandson, Harris, Skipper, & Allen, 1993, p. 118). The data units collected so far and initially analyzed were read through carefully and grouped into categories with tentative titles. All the units were then read once more and placed into these categories, simultaneously allowing new categories to emerge.

As a result of this process, new categories emerged and some were rejected. There was some difficulty in categorizing the units, because some units could fit into more than one category. This was solved by checking the meaning of the content with the persons concerned and determining whether the proposed interpretation was correct. This was done to assure that facts and interpretations were accurate and to provide evidence of credibility (Lincoln & Guba, 1985). Specifically, this type of “member check” (p. 314) was done in four cases and in all four cases the participants agreed with the author’s interpretation. Four main themes were identified as a result of this process: identifying with alcoholics across cultures; using online AA only; using both F2F and online AA groups; and utilizing the cross-cultural gateway to recovery. These will be presented and discussed in the next section.

The study has some limitations that warrant mentioning. First of all, the study is limited by its small sample size, which prevents any generalization. Second, interviewees were largely self-selected (7 of the 11 interviewees). Their willingness to take part in the study may therefore reflect a bias in that they may have had a greater interest in the questions raised by this study. They may, for instance, have been especially interested in reporting the positive features of online AA groups. The remaining four participants were recruited through a purposive sampling procedure, meaning that the author specifically recruited members from different countries and with different experiences of online AA which may have helped to counter the problem of interviewee self-selection, and to ensure the representation of a wider range of user experiences. There is probably an overall limitation connected to the fact that people who use online AA groups are probably those who like it and find it useful as a means in their recovery process. Hence, this study knows less about those who did not like online meetings and dropped out. In an effort to counter this imbalance, the author especially looked for members who expressed negative experiences with online AA groups. The author observed some members holding negative views, but their attendance in the groups were irregular and they did not stay for long. It also turned out that they were difficult to recruit for an interview. Some negative experiences have nevertheless been included in the analysis, and with the approval of the involved participants.

Third, there are some limitations associated with the study time frame. Online communities like the ones in this study can be highly transient (Markham, 2008). Consequently, the population of an online group at any given time may not be the same population 1 year later. This also implies that the e-mail meetings and discussion forums of the two groups may have undergone changes during the study. When the author discussed this issue with the moderators of the group, it was recognized that some participants had left the groups during the research period, and some new members had arrived. From the perspective of the author, this change in membership, however, did not seem to result in marked changes in the forums.

DISCUSSION OF THEMES

This section will present and discuss the final themes that emerged from the analysis, and in the following order: identifying with alcoholics across cultures; using just online AA; using both online AA and F2F meetings; and utilizing the cross-cultural gateway.

The data source (interviews or discussion forum) is shown in parentheses, as is group affiliation, age, and length of sobriety of the quoted person.

Identifying with Alcoholics Across Cultures

When the author started to participate in the two international AA online groups, he was curious about the global membership, and how other members viewed and experienced their participation in this global venue. The author's concern was: How do members cope with the differences when participants are physically situated in different countries with varying social and economic structures, religious traditions and drinking cultures? What are the challenges they face when they meet each other on the Internet? The literature provides good descriptions of how AA works outside the United States (e.g., Eisenbach-Stangl & Rosenqvist, 1998; Mäkelä et al., 1996). These authors studied AA in eight countries (United States, Mexico, and Europe) and found that the common denominator seemed to be that AA provided a private, egalitarian mutual aid program for individuals who perceive themselves as having the same chronic disease, which was not a sin, crime, or inherited disability. However, every country has a different care or treatment context as well as a different understanding of the concepts of "alcoholism," the "individual," and private egalitarian mutual aid. While AA has common characteristics in an abstract, formal, and technical sense, at close range the cultural variations contradict the uniform appearance (Eisenbach-Stangl & Rosenqvist, 1998). Mäkelä et al. (1996) and Borkman (1999) emphasize the variations among F2F AA groups in how they interpret and practice the rules for personal sharing. Borkman notes that the diversity of interpretations and practices in F2F AA groups is further strengthened by a cross-fertilization of ideas that results from the AA practice of visitors from other geographical areas attending meetings. Modern society is characterized by changing patterns of people's mobility all over the world. Consequently, more and more places face diversity and mutuality at local and national levels. It seems reasonable to assume that the diversity may become even more evident when AA meetings are conducted on the Internet. With global membership, the online groups may provide a breeding ground for a variety of interpretations of the AA program. A question that arose at the time the author started to participate in the online groups was how the online groups work when people from different countries and cultures come together and try to find a common ground for identification. Do the cultural variations have a stronger influence than the uniform appearance? Is something lost in translation between members because of the cultural variations, or are they able to

find a common ground of identification? Asked about this, a CRG interviewee stated that:

For any recovery from any condition to be possible in a self-help environment, a person has to partially overcome any cultural or language differences in order to find the common ground of “identification.” Until one person suffering from a condition can identify with another person who recovered from that condition, everything being shared is just “information” or “opinion” rather than “experience” and seems of limited benefit. (Interview John, CRG, age 38, sober 8 years)

To reach a common ground for identification is regarded as one of the most important success factors for self-help groups. The members should be able to relate to each others’ experiences so that they feel that they are part of the “we-ness” (Phillips, 1996). The archives for both groups did not reveal any evidence that there was a problem in identifying with other members as a result of different cultures or languages. When this issue was raised in the CRG discussion forum, one member stated that:

. . . the 12 steps translate into different cultures successfully, in my opinion, because they are not beliefs that we have to absorb, but instead simple instructions to follow—and the results of following them are undeniable. And another point to me was the fact that each country—each GROUP I should say—has its own flavor of AA. But if people are getting sober in that country or that group, then by gosh I’d better pay attention and listen to what they have to offer. (Discussion forum Mona from Sweden, CRG, age 47, sober 20 years)

The interviewees from IRF expressed the same view on this issue.

Alcoholism is an international disease—we are alike more than we are different no matter what country we are from. (Interview Blue, IRF, age 55, sober 30 years)

I really like that people from all over the world post at IRF. It sure opens my mind to not only what it is like to practice the AA program in other countries, but how most of us have like feelings and thoughts. Just confirms for me the universality of the disease of alcoholism. Helps me to feel not alone, there are others who have struggled and have found solutions to them. I also feel international participation in IRF also helps me to better understand other cultures/countries. (Interview Lisa, IRF, age 54, sober 19 years)

Another advantage—I get to witness alcoholism as a global disease. Cultures and languages may vary, but the disease symptoms are the same worldwide. Again, I see a wide array of lifestyles online which keeps it fresh. (Interview Dede, IRF, age 46, sober 8 years)

In an international environment on the Internet the members seem to identify with each other fairly easily and reach a common ground because of their view

of alcoholism as a global disease. Their personal experiences of the disease “alcoholism” and the symptoms of this disease are the same, independent of which country they come from.

The ease of identification was also explained as being due to the fact that AA’s 12 steps are not universal and strict beliefs, but instead simple suggestions to follow (Mona). This may have to do with AA’s clearly defined written and practical framework, which has also been translated into French and Spanish. This framework has evolved through decades of trial and error by former members, and it continues to develop as new members bring their stories into the knowledge base of AA. The important parts of this framework are the common language and the incorporation of the pragmatic concept of participation in AA groups into the lives of the members. This shared framework, including members’ perception of suffering from the same disease, seemed to “bridge the gap” between cultural differences.

All this does not mean that global membership is free of problems. Many members may have tried and failed to participate in both IRF and CRG because of difficulties in relating to others. The author has no knowledge of such members, as they would have left the groups early on in their attempts, or refused to participate in this research project. Thus, the members on whom the author reports here are those who were satisfied with the global membership, because they were using online AA every day as a means for their recovery process. One cannot disregard these experiences as they provide examples of how international online AA can be of great help for many people. Future studies to determine how new members experience the global membership would be interesting.

Using Online AA Exclusively

The emergence of online AA groups seems to have provided an alternative to those who for various reasons do not have the opportunity or ability to go to a F2F AA meeting. These findings substantiate the findings of earlier research on the advantages of online self-help groups. Online groups provide an alternative to those who cannot find a local group to attend. It provides access to help—24 hours a day, 7 days a week—to those who have no transportation, who have different types of illness or condition, and who are physically disabled (Lieberman & Russo, 2001; Madara, 1999). Three of the interviewees from CRG and IRF and five other participants in the CRG discussion forum reported that they could not visit a F2F AA meeting because of physical disability or geographical hindrances.

My disability has the symptom of dizziness, so it is hard for me to get to F2F meetings, especially when I have a severe episode and I also sold my car—because I needed the money. (Interview Lisa, IRF, age 54, sober 19 years)

This forum is a vital part of my sobriety, certainly not the only part, but a vital part, all the same. While I don’t avoid face-to-face meetings, I actually

like them, I have to go to another country in order to even find a meeting. That means a \$40 ferry ride and a \$150 hotel room, if I can find one. (Discussion Forum CRG, male from British Virgin Islands, age and years of sobriety unknown)

Lisa explained, however, that sometimes she could get a ride to a F2F meeting, which was her first choice.

Yes, when I can't get a ride to a f2f meeting. That is my first choice but it's not always possible so an online meeting is better than no meeting. (Interview Lisa, IRF, age 54, sober 19 years)

There were other more striking personal reasons and life circumstances that seem to have made the online alternative suitable. One of the members said in the interview that he had been sober in AA for about 19 years when he decided to join the Christian Clergy in the Middle East. Inside the clergy, however, he was forbidden by church authorities to go to F2F AA meetings in person. The reason was, he was told, that the people were not ready for it and that his attendance in F2F AA meetings might cause a "scandal" in the sense that word is used in the Church doctrine.

Because of my special living circumstances I had been unable to attend face to face (F2F) meetings for several years. . . . Finding online AA has allowed me to get back in touch with AA basics, to revitalize my program. I am once again involved in sponsoring and in service work. On another level, I have met some people who have become close friends and are now an important part of my life. (Interview Hans, CRG, age 53, sober 25 years)

His only alternative if he wanted to continue his sobriety with the fellowship of AA was to use online AA. Following the advice of a professional colleague from a non-AA e-mail group, Hans today uses online AA on a daily basis. He discovered the online alternative, however, only after being a priest for 6 years. On being asked whether during those 6 years Hans had ever experienced a need to attend a F2F AA group, he replied that not attending F2F AA groups was a great sacrifice made by him, although he willingly made it in conformity with his vow of religious obedience. He had experienced difficulties, however, when he had no connection with AA, but his long sobriety became an important factor.

I only became a member of the Clergy after 19 years of continuous sobriety (almost 6 years ago); if I were newer in sobriety I think the lack of F2F would have been much more difficult and significant. (Interview Hans, CRG, age 53, sober 25 years)

There were also other special circumstances under which online AA groups could become a lifeline when local F2F groups were unavailable or it was difficult to continue attending. Dede, one of the interviewees from IRF, reported that she was excluded from her local F2F group after telling members she had developed psychic abilities.

As a result of working the 12-steps and principles and especially step 11,² I developed intuitive/psychic ability. Upon my 1 year anniversary, after my addiction induced fog lifted, I noticed I had a heightened awareness psychically. I now have full-blown intuitive ability. I am very happy about this unexpected turn of events but my F2F home group didn't feel the same way. I had to be honest and when I was, I was pushed right out of my home group. They did not embrace me and my "gift." Everyone I have spoken to believes this is the first of its kind in the history of AA. (I have not heard of this happening to anyone else in AA ever.) Needless to say with my sobriety at stake, I was forced to problem solve on my own so I went online. I do not believe I would be celebrating 7+ years of continuous sobriety had I not went online to find an AA group. (Interview Dede, IRF, age 46, sober 8 years)

From her experience of having been excluded, she now perceives her local F2F group as being too . . .

. . . stale, stagnant and cliquy. Because we attend the same home groups for years with the same people, we all know too much about one another, just like a tight-knit family.

Dede has 8 years of sobriety, which may seem a relatively long period, but said that the dramatic situation of being excluded from her local home group really challenged her ability to remain sober. It is worth noting that she could have gone to other F2F groups, but after discovering the online alternative she felt that this was a better alternative for her. When asked why she did not attend other groups, she responded:

I just like the idea that I can express myself here and I will not be ridiculed for my opinions like I was f2f.

Although their stories and life situations are very different, Hans and Dede have one thing in common: they both turned to online AA after experiencing dramatic changes in their lives. In their particular situations, they experienced online AA as a more accessible and suitable means for continued sobriety in AA. Their experiences may go beyond the present understanding of the advantages of online groups. Such groups seem to be very useful for people who live under special circumstances or experience dramatic changes in their surroundings, making it difficult or impossible for them to attend their local F2F AA meetings. Common to both of them, however, was that, if they had had the opportunity, they would have chosen to supplement their online participation with F2F AA meetings:

² AA's 11th step says: "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" (AA, 1981).

Do not get me wrong, I believe F2F groups are generally good, but there are always exceptions, such as my example. (Interview Dede, IRF, 46, 8)

Hans too, said that he would have preferred to continue with his F2F participation, but he was not allowed. These examples and cases are probably rare. This study cannot address their frequency by virtue of the limited sample—yet the author believes that it is important to be aware of them, as online meetings can be a crucial means for those members.

Using Both Online and F2F AA Meetings: Views and Experiences of the Online Alternative

Although the small sample size of this study prevents the author from making any generalizations, it is nevertheless an overall impression from the year of participation in the two groups that members who use online AA as a supplement to F2F AA meetings outnumber those who use only online AA. This needs to be followed up with more research. The participants in this study gave different answers to the question about why they used online AA in addition to F2F meetings, and they reported various views and experiences regarding the online alternative.

Availability, Convenience, and Logistics

First, several members reported that they were comfortable with the instant availability of online AA. The advantage of having access to an online AA group, 24 hours a day, 7 days a week (24/7), was cited repeatedly in the interviews and in the discussion forum of CRG and the bulletin board of IRF.

Advantages are access to give +/- or receive help 24/7 around the clock. (Interview Dede, IRF, age 46, sober 8 years)

Since I started visiting online AA Groups my sobriety has been enhanced. It allows me to have an outlet 24/7 to share and get feedback with other members of The Fellowship from around the block, across town, in another state, across the country, and around the world. (Interview Gary, IRF, age 30, sober 1 year)

I like internet based contact as it can be “fitted” into my life. Also it is there when I need it. Chatroom is 24 hours and there are 27 (I think) regular meetings. Also the group has a very active e-mail and service life, so I can participate when I want to. . . . I can also recall a few times when Online AA perhaps saved me from the temptation to pick up a drink or gave me an outlet to share my experiences at times when I wouldn’t usually be in contact with AA members locally. (Interview Pierce, CRG, age 39, sober 3 years)

Convenience was also mentioned repeatedly in the interviews.

I like the privacy of e-mailing because I can wear whatever I want, write at whatever time I want . . . eat while I'm online—yada yada yada—it's quite convenient compared to going to a real meeting. (Interview Blue, IRF, age 55, sober 30 years)

I enjoyed the relaxed nature of reading the “posts” at night and commenting or just “sharing” how my day went. (Interview Tom, IRF, age 51, sober 8 years)

Can go in my pyjamas, can go in the middle of the night when I can't sleep, enjoy the versatility of the people who are in the chat rooms. (Interview Lisa, IRF, age 54, sober 19 years)

Two interviewees in this study reported another advantage of this convenience: they had jobs that seemed to have made the online alternative more suitable in the context of their everyday lives.

It's a worldwide disease and a worldwide recovery network. Sharing online during the day while at work, when I have a chance, helps keep me balanced and is a great pause from a hectic workday. (Interview Gary, IRF, age 30, sober 1 year)

See, I can list books, CDs, DVDs, etc. while still reading e-mails from the group or in a chatroom on another screen. I can't multi-task in a face-to-face meeting—would not be polite. . . . Sometimes the face-to-face meetings are just the meetings and no real interaction after the meetings. In the online group we talk about lots of stuff other than AA, I know I could do that in the face-to-face meetings, but I do not have the time to socialize. In a face-to-face meeting, you usually do not get too personal. You usually stay on a topic or the “crowd” is just not conducive to revealing too much stuff. (Interview Lorna, IRF, age 57, sober 20 years)

Gary worked as a recruiter/head-hunter and Lorna had her own online business. The online alternative seems to have made it convenient for them to simultaneously work and attend AA meetings on the Internet. Both of them are fairly intensive PC users because of their workload (see Table 1). Although Gary used online AA every day, he also attended F2F meetings 7 days a week. He attributed this rather high meeting frequency to the fact that he had “just” one year of sobriety and felt that F2F contact with other AA members was necessary as part of his daily “medicine.” In comparison, Lorna had 18 years of sobriety and was going to F2F meetings only once a week. This may be because of the way her life is structured, but the length of sobriety may also have influenced how she and Gary combined F2F and online AA attendance. This is also an overall impression from the interviews and the participant observation in both groups. Members with long sobriety seemed to opt for more participation in online AA than in F2F AA meetings, whereas members with shorter sobriety opt to participate more in F2F meetings (see Table 1).

Personal Attributes

Other members explained their combination of online and F2F groups as due to their personal attributes and their view of themselves. One of the participants described her experience thus:

I am compulsive and impulsive and need a way to live that I can accomplish.
(Interview Blue, IRF, age 55, sober 30 years)

Blue was very active in F2F AA meetings in the first years of her sobriety. However, due to her self-image, she found that writing was easier and better than speaking, and preferred the online alternative. Similarly, Pierce, from CRG, reported in the interview that the online format, with its specific communication form, has some advantages that suited his view and experience of himself better.

As an alcoholic it seems that my mind is rarely quiet and peaceful. This practically can translate to inability to easily get to sleep or to recover quickly from adversity. So I find that AA online can fit in by being accessible at all times when it suits me. Also there are a whole lot of issues that might otherwise impact my relationship or cloud my perceptions. Imperceptive mental judgments that I might make about someone's clothes, appearance, background, ability or lack of it, etc. I find that I can accept people on their merits [online]. (Interview Pierce, CRG, age 39, sober 3 years)

Two other members self-diagnosed themselves as having difficulties with social interaction in person, and thus found the online AA features more suitable to their needs.

I am self-diagnosed with Asperger's syndrome, which is a mild form of autism. Basically, I don't communicate well with people in person. The web site "Alien Planet" was made for people of my description, and the name suits our feeling about having landed on a world of all you communicating humans.
(Discussion forum, Mona from Sweden, CRG, age 47, sober 20 years)

Mona's self-labeled condition of mild autism reflects Mona's inability to concentrate on the F2F meetings, especially in the early days of her sobriety. When she discovered online AA, she experienced a breakthrough in her recovery.

But, I wonder if I didn't hear the message of recovery through the steps [F2F] for certain other reasons besides my own personal fog: namely, the f2f concentration on meetings and in the fellowship, along with my own mental quirk of not being able to communicate well with others face-to-face. When I came online, using text for communication, suddenly the message was crystal clear to me. I simply understood, reading instead of listening, that you all had done something systematic to pursue a purposeful and peaceful sobriety, and it was something I had neglected. (Discussion forum, Mona from Sweden, CRG, age 47, sober 20 years)

John, from the CRG group, who self-diagnosed himself with social phobia, experienced similar difficulties with F2F meetings. However, a combination of online and F2F meetings helped him partly overcome his phobia. Using online AA as a base for his recovery, he used the F2F meetings as a resource to deal with his problems in participating in social interaction in person.

I'm a self-diagnosed with "social phobia," which I found particularly acute in early sobriety. The symptoms were an excess of shyness and trepidation in social situations. As such, I find myself far better able to compose my thoughts and express myself via the written word, as I'm able to take a little more time than with verbal communication. Face-to-face AA has been a tremendous resource in learning to overcome this anxiety without the alcohol crutch, to the extent that I find myself quite able to speak publically in an AA meeting and even other situations (e.g., work). (Interview John, CRG, age 38, sober 8 years)

These experiences suggest that online AA meetings have some features that may be helpful for people who, for various reasons, experience difficulties with in-person social interaction. This is in line with the earlier research finding that the "Internet is a positive source of interaction for those who are socially anxious as a means for overcoming anxiety in meeting people" (McKenna & Bargh, 2000, p. 68). The emergence of online AA groups, many of them with global membership, seems to have provided members not only the opportunity to join a meeting whenever they want, but also a qualitatively new meeting venue. It enables members to customize their recovery process in a way that seems better suited to their personal attributes and everyday lives in the context of modern society.

Negative Experience with Online AA

Not all members experienced online AA groups as positive. None of the interviewees reported any negative experiences, but the forum in CRG included discussions of F2F AA versus online AA where some threads described negative experiences of CRG's e-mail meetings. Some members stated that the e-mail meetings were deliberating on too many outside issues not related to recovery from alcoholism, and therefore outside the scope of AA meetings. The participant observation and archival research in IRF revealed no discussions of this topic. It is important to take into account the liberal approach of the IRF group, which freely allows conversations on topics usually not discussed in local F2F meetings. The group also allows members to give advice directly to other members. Members can even oppose or refute the AA program in their discussions and reflections, as long as they argue in a friendly tone. People who subscribed to IRF were made aware of this, and therefore there were no discussions in IRF on what belongs to an AA meeting. Overall, the members of IRF seemed to enjoy the versatility of the online meetings in contrast to what they were used to in F2F meetings.

CRG, however, stated explicitly that e-mail meetings followed the primary rules for sharing mentioned earlier in this article. Members were expected to keep to the topic and content should relate to recovery from alcoholism. Despite these primary rules, however, some members reported that they found the content of the e-mail meetings was somewhat different from that of F2F meetings.

I must say at this point that e-mail “meetings” are often more discussion, reflection and commentary rather than straight sharing without commentary as it would be in face-to-face. (Interview Pierce, CRG, age 39, sober 3 years)

I also feel that wisdom, and . . . crap . . . are online, *and* at face-to-face AA meetings. It just is the nature of the beast. I personally feel there is NOTHING that can replace a face-to-face meeting. However an AA “toolbox” that has a variety of tools in it . . . for me . . . works better when I need to reach in and use something from it. (Discussion forum Sally, CRG, age 45, sober 13 years)

I agree with xxx that online AA can be a valuable asset for those who don’t have access to live AA contact. But I also agree with xxx that actual online AA is a far cry from what it could be. Nuggets of wisdom helpful to recovery are buried inside mountains of trash. (Discussion forum CRG, male from United States, age and years of sobriety unknown)

Anything shared in a meeting can be interpreted, especially by a newcomer, as “this is AA.” The problem is that AA’s own message for recovery from alcoholism is getting lost. (Discussion Forum CRG, male from UK, age and years of sobriety unknown)

Members seemed to hold different views on the value of “Cyber AA” in relation to F2F AA meetings, and hence this issue appeared continuously in the CRG discussion forum. A few CRG members thought that the CRG e-mail meetings contained too many personal stories, discussions, and reflections that were not related to recovery from alcoholism and therefore did not belong to AA meetings. There was also concern that the breadth of topics in the members’ sharing would harm the original framework of AA, and thus scare newcomers away. This view was not restricted to online AA meetings, however, as similar content was noticed in many F2F meetings as well.

Those members who experienced the online meetings as containing too many external issues seemed to evaluate F2F meetings more positively than online meetings. F2F meetings were considered best because the members could meet in person those who had succeeded in their recovery. The members could listen to their stories and watch how they changed when they worked the 12 steps.

There is no substitute for participating face to face with other alcoholics (suffering and recovered), sharing your experience, strength and hope, and seeing the changes with your own eyes that people make as they work the steps. For me, this is kinda just entertaining. I go to meetings (F2F), I participate in service work, I sponsor and am sponsored, and I am accountable to a home group. (Discussion forum Margareth, CRG, age 30, sober 2 years)

It is not surprising that AA members experience online AA in different ways, or that those who have positive experiences of online AA are those who actually use it the most. Nevertheless, online AA provides at least some members a new suitable venue for practicing recovery from alcoholism.

Utilizing the Cross-Cultural Gateway

This last section will present and discuss the members' experiences of global membership and the possible influence this has on their recovery process. The Internet has obviously made it easier for AA members from different countries to participate in international and cross-cultural SHG on the World Wide Web. The barriers for such participation may be language, which is usually English, and access to the Internet (Madara, 1999). For people who can overcome these barriers, there is a plethora of AA resources and AA groups to interact with. The cross-cultural membership appears to be the contributing factor in this new venue for practicing recovery from alcoholism. Earlier we have seen that the members did not seem to have a problem with identifying with each other, but an intriguing question is if this new global meeting venue may influence or have an impact on the recovery process of the members?

There were many expressions of excitement at being part of a global network, often mentioning the opportunity to learn from members of other countries and cultures.

I totally enjoy the new online friendships I have made—I feel like I am a part of a network and find it fascinating to exchange thoughts and recovery with people all over the world. It has certainly expanded my horizon as far as meeting new people who are in recovery and from all over the world. We really are one global family. . . . It certainly shrinks the globe, doesn't it? (Interview Eve, IRF, age 67, sober 23 years)

I find that the online group has more versatility and more wide spread ideas on how to stay sober. I enjoy reading view points from all over. In a face-to-face meeting, you have people from your surrounding area. Here, we have people from all walks of life and from all over so you get more variety of ideas. The advantage being—you get to see how the different people interpret the AA book. You get more ideas on how they stay sober. Face-to-face resources tend to be more anecdotal discussions about day-to-day sober living (interspersed with the occasional drunkalogue). I believe both are viable, and important, for an alcoholic to both recover and stay in the realm of sober living. In essence, I find online recovery resources are an equally viable tool for the toolbox of alcoholic recovery. I don't believe they replace offline meetings, but I am convinced they can bring a deeper understanding of alcoholism, and thus enhance recovery. (Interview John, CRG, age 38, sober 8 years)

As mentioned in the previous section, John was one of those who liked online AA because it provided him with more information than F2F groups

provided. He felt that the access to diverse interpretations and information about recovery from alcoholism was greatly strengthened by global membership. Participation in online AA groups enriches, and in some cases accelerates the recovery process when combined with participation in F2F AA group. This view was supported by Pierce, who found that global membership of CRG hastened his recovery process as it exposed him to different suggestions on how to stay sober.

. . . it has enhanced my sobriety. The simple reflection is that had I not been exposed to Online AA and the breadth of experience it offers, I would not know that I don't know—I'd be ignorant and ignorant of the fact that I was ignorant. My eyes have been opened and my AA journey has been enhanced. Not only have I had exposure to a variety of sharing, I've also seen how the Members meeting list (the group business list) is run—so I'm learning how AA works with a kind of world view. It is relevant to understand that many group positions have been filled by people outside of the United States—even though the group originally started from a conversation in Monterey California, i.e., the Group Secretary is in Sweden, the Chat co-ordinator and Listkeeper are in Australia. (Interview Pierce, CRG, age 39, sober 3 years)

Pierce embraced the practical discussions on how to work the AA program and different personal contributions concerning this. The diversity of members from different parts of the United States and other countries around the world seemed to have been experienced as a positive quality of online AA. As the author tried to understand more of this, Pierce introduced him to the concept of cross-pollination to describe how he experienced the online AA meetings as compared to F2F meetings. Asked what he meant by cross-pollination, he responded:

The cross pollination is I learn from them, they learn from me—ideas and experiences from the fellowship are shared (like the bee does with the pollen) via the medium of online AA. From online AA, I get ideas that I may never ever experience because of my face-to-face AA. (i.e., AA in the United States is “practiced” differently than in Australia or in say Holland. Most meetings here in Australia are non topic based. They are called “identification” (ID) meetings where people are picked to share by the chairperson. The share is a story of what our drinking was like, how we got sober and what life is like now—i.e., creating identification between new people because of similar aspects to their stories. I've also learned much about traditions and practicing the steps—a depth of experience that I wouldn't get from my own face-to-face meetings. . . . In Australia, while the steps are practiced, and the big book gets read, . . . I'd be surprised if 50% of people in meetings have read up to the end of the 11th chapter. There is, for example, a strong steps focus in the United States. Most people here would probably not know where sponsorship is mentioned in AA books and how it came about. That might be an example of something I have learned online. (Interview Pierce, CRG, age 39, sober 3 years)

These accounts from John and Pierce suggest that online AA meetings can expand and enrich members' understanding of the AA program, and thus enhance their recovery process. It also seems that this ability is related to the diversity in membership and the fact that people from different countries with different interpretations and experiences learn from each other. John and Pierce's explanation of online AA as more versatile and cross-pollinated raises intriguing questions concerning the development of the current self-help scene. An important aspect of knowledge held, distilled, and shared in a self-help group is that it becomes part of the collective knowledge which will be passed on even when the initiator leaves the group (Munn-Giddings & Borkman, 2005). Inherent in this aspect is the potential of each local F2F or international online group to develop and expand its particular knowledge base. These knowledge bases may surpass and go beyond the uniform appearance of AA in different ways and in various degrees. The knowledge bases are distillations of every contributor that has visited the group. In international online groups, the contributing initiators may come from several different countries and cultures, while the local F2F group has initiators mostly from the local surrounding area. This may have some implications for how these groups develop. Online AA self-help groups may be a new cultural, or global, variant of AA meetings with even more divergence than today's F2F groups. On the other hand, the possibility of exchanging experiences and views on the Internet can lead to more uniformity in AA. The implications of online AA for creating divergence or homogeneity are an intriguing issue which will be interesting to follow up in future research. The emergence of international online AA groups, along with other international online self-help groups, reflects the globalization of modern societies, an innovative and new development in self-help/mutual-aid. Research is certainly needed to identify the nature and scope of these developments and their implications for our understanding of self-help/mutual-aid.

SUMMARY AND IMPLICATIONS

A summary of members' perception of what is gained comparatively from online meetings or from F2F meetings is listed in Table 2.

First, this study has suggested that alcoholics have no problems identifying with each other around the world and through the Internet. Two things seem to bridge the potential gap between members from different countries and cultures: The members' view of alcoholism as a global disease having similar symptoms, and the experience of AA's conceptual framework as a universal language.

Second, online AA meetings seem to be a suitable venue for people who feel hindered from participation in F2F meetings; that is, people who are physically disabled or geographically prevented from attending such meeting. Two unusual and seemingly rare examples of people similarly hindered are presented through the accounts of the Member of the Christian Clergy in the Middle East, and the

Table 2. Summary of What is Gained From Online vs. F2F AA Meetings

| What is gained from participation in F2F AA groups that is not gained in online AA groups? | What is gained from participation in online AA groups that is not gained in F2F groups? |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Intimate contact with elder members who have succeeded | <ul style="list-style-type: none"> • Increased availability and convenience according to how everyday life is structured |
| <ul style="list-style-type: none"> • Not so many outside issues discussed as in online meetings | <ul style="list-style-type: none"> • Accessible to people with physical disability |
| <ul style="list-style-type: none"> • Seeing with your own eyes the changes that people make as they work the 12 steps | <ul style="list-style-type: none"> • Accessible to people who are geographically hindered from attending F2F meetings |
| <ul style="list-style-type: none"> • Combined with online groups it provides a total AA “toolbox” | <ul style="list-style-type: none"> • Helpful for people who experience difficulties with in-person social interaction • Helpful for people who live under special circumstances |
| | <ul style="list-style-type: none"> • More versatile than F2F meetings |
| | <ul style="list-style-type: none"> • Easier to combine with working life |
| | <ul style="list-style-type: none"> • Access to logistics information (e.g., info of time and place for F2F meetings) |
| | <ul style="list-style-type: none"> • Sharing experiences with people from other cultures and countries |
| | <ul style="list-style-type: none"> • Access to more suggestions on how to interpret the AA program and how to stay sober |
| | <ul style="list-style-type: none"> • Combined with F2F meetings it provides a total AA “toolbox” |

person who got pushed out of her local F2F home group. These accounts illustrate how crucial online AA membership can be to those who wish to continue their recovery process in AA.

Third, the findings suggest that the majority of participants in the two online groups use online AA as a supplement to F2F AA meetings. How the members viewed the online alternative varied significantly from member to member and, depending on their view, they regulated the frequency of which they participated

in either setting (online vs. F2F). Some supplemented F2F meetings with online participation because of its availability, convenience, and information content. Others related the combination of F2F and online meetings to their personal attributes or experiences in real-time social interaction. It appears that online groups provided a useful alternative for those who experienced some degree of social anxiety. Negative experiences of online AA were also reported. Online AA groups seem to indulge in more cross-talk and varied discussions compared to F2F meetings. This feature of online AA was by some experienced as negative, because these issues were seen as being outside the purview of AA meetings.

Finally, the global membership was experienced as an enrichment in providing different interpretations and suggestions on how to stay sober. This is experienced as an enhancement of the AA program that seems, in some way, to transcend the member's participation in local F2F group. Online AA groups are more versatile than the F2F meetings they used to attend. Participation in online AA groups appears to enrich, and in some cases accelerate the recovery process when combined with participation in F2F AA group.

The online AA groups are bound to develop further and attract more and more people. In 1994, Storm King wrote that electronic support groups "offer the addicts another means of support, a source of information and a feeling of belonging to a nationwide virtual community" (King, 1994). Today, many online AA groups offer a feeling of belonging to, not only a nationwide community, but also a global community. As such, online self-help groups are changing the current self-help scene and promising to bring even bigger changes which Borkman (1997, p. 363) thinks "can barely be imagined now." Comparative research across countries and cultures may provide us with important information about the range of self-help/mutual aid. I believe though, that studies conducted on the actual multi-cultural and multi-ethnic, online international meeting grounds should be an important supplement to comparative research concerning these issues. The development of online self-help groups with a cross-cultural membership is an issue that begs future research. In the course of time, the Internet is going to be accessible to more and more people around the world, and language may be less of a problem. Research on online self-help groups with global membership is important in understanding the development of the Self-Help movement as a whole. Examining whether e-mediated interactions in online self-help groups (e.g., AA) can fuel individualization (help oneself) at the expense of an emphasis on mutual-aid (help others in order to help oneself) can be an interesting topic for future research. Other areas of future research suggested by this study are whether online AA groups are more preferred by people with long sobriety than for people who are in the initial stages of their sobriety. In this study it seemed as if people with longer sobriety used online groups more often than F2F groups in proportion to those members with shorter sobriety. Considering the stigmatized nature of alcoholism in the wider society and the anonymity provided by online participation, one might expect that it would be the

other way around. If global self-help groups “provide a space for strangers who are bound within an environment that minimizes the ‘gamble’ (Giddens, 1991) involved in sharing intimate feelings” (Hardey, 1999, p. 831), then we might expect that it is easier to use online AA in the first stages of recovery because online participation provides personal anonymity. More in-depth studies of this issue are needed. Another future research issue could be whether the clearly defined framework of AA (or other 12-step groups) contributes to making the groups more suitable for online meetings in proportion to other self-help groups. Self-help groups without a clearly defined written and oral framework may not be so successful on the Internet, and may not be equally suited for international membership. It would also be interesting to know more about how new members of international online self-help groups experience the global membership and how they cope with the cultural differences. In conclusion, more in-depth research of the characteristic of participants in online AA groups, their interactions, and the implications for their recovery from alcoholism is needed.

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