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INSIGHTS INTO THE WORLD OF ALCOHOLICS ANONYMOUS IN HUNGARY. SOME RESULTS OF AN EMPIRICAL RESEARCH

It is a well-known fact that alcoholism is a serious problem in Hungary. Although the figures mirror a decreasing tendency in the last decade, according to the Hungarian Central Statistical Office, 539 thousand people, that is more than five percent of the population was alcoholic in 2008 in Hungary (HCSO 2009). At the same time this estimation seems to be too cautious, considering that it is based on the Jellinek formula worked out several decades ago. The formula takes the number of deaths caused by cirrhosis of the liver into account, and the liver cirrhosis related mortality rate has decreased with the development of the medicine. So what was a right estimation some decades ago can be an underestimation in our time. Most of the experts suppose that the actual number of alcoholics in Hungary can be approximately 7-800 thousand indeed. Since the number of the registered alcohol addicts is hardly more than 20 thousand, there is at least a thirty-fivefold difference between them and the estimated number of all alcoholics (HCSO 2009). It means that only one from thirty five alcoholics undergoes medical treatment. We can regard it as a need for alternative treatments of alcoholism – like Alcoholics Anonymous (AA) – in Hungary.

As they define themselves, “Alcoholics Anonymous is 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.” It is a worldwide network of approximately one hundred and thirteen thousand groups, with about ten or twenty members in each one. AA is a self-help organization of lay people not making any request for professional help.

AA members think that alcoholism is not a sin or weakness, but a physical, mental and spiritual disease. It cannot be cured, but it can be made symptomless by total abstinence from alcohol and by living a spiritual life. There are two forms of not drinking: dryness and sobriety. The dry alcoholic is who abstains from alcohol by his or her own power, but continues to think and feel like an active, drinking alcoholic. Only the other state – sobriety – means real change and freedom. It

cannot be achieved by one's own resources, but the help of a Higher Power is needed to reach it. The core of the disease is the extremely self-centred "alcoholic ego", so the recovery program of AA focuses on the spiritual development of the individual, by fixing one's connection with oneself, others and the Higher Power. AA has a 12 step program to reach sobriety. The main points of the program are:

- admittance of powerlessness over alcohol and surrender oneself to a Higher Power understood individually;
- moral self-examination, admittance of shortcomings and endeavour to remove them by the help of a Higher Power;
- making amends to people harmed during the periods of active alcoholism;
- improving conscious contact with one's Higher Power;
- passing the message on to other alcoholics.

Although the story of the fellowship had begun in 1935 in the United States, the Hungarian AA was founded hardly more than 20 years ago. In the communist dictatorship before 1989 it was almost impossible to establish anonymous and consequently uncontrollable fellowships like this. Under these conditions it is pretty surprising, that the first Hungarian AA group was able to be formed in 1988, one year before the democratic transformation. One of the Hungarian founders told me in an interview that their small group was visited by the police, and their members were summoned and examined, but since they were not more than a few people, the authorities did not find them dangerous and let them work finally. Now there are approximately 140 AA meetings a week in Hungary.

Following these introductory thoughts I would like to present some results of a survey I performed at the national assembly of the Hungarian AA in 2009. The collection of data took place with the assistance of a questionnaire. It was filled out by 126 of the 600 participants. Some questions were parallel with the questions in the 2007 Membership Survey of the North American AA (Alcoholics Anonymous 2008) and the 2008 Membership Survey of the Hungarian AA¹ to make comparison possible. The questionnaire examined among others demographical and sociocultural data, alcoholic carrier, the ways by which members were introduced to AA, length of abstinence and AA membership, work on the program of recovery, slips or relapses, factors protecting sobriety and human relations in and out of AA.

¹ The 2008 Hungarian Membership Survey is unpublished. Grateful thanks to the General Service Office of the Hungarian AA for giving permission to use the results of the research.

According to the results, the “typical” Hungarian AA member is a man or woman between the ages of 40 and 60, who has been recovering in AA for six and a half years after an active alcoholic period lasting 20 years and several unsuccessful attempts to stop drinking. The rate of employment is 58 percent, which is somewhat higher than that of the active adult population of the country. It can be connected with the extremely high educational level, which is far above the national average. More than 90% of the sample has high school or higher level qualification.

According to the data, the respondents were trying to minimize the help they asked for before their affiliation to AA. One third of the respondents did not ask for any help during their 20 years of drinking. Finally two thirds of them decided to do it, but most of their efforts were unsuccessful. The mediatory role of the traditional hospitals giving medicinal treatment seems to be quite moderate. At the same time, almost 60 percent of the respondents were introduced to AA by other parts of the health care system. In the respondents’ opinion the main reasons for their failures were the lack of real motivation and the lack of being aware of their sickness and fundamental information about it.

The AA program contains five suggestions, these are Don’t drink!, Attend meetings!, Have a sponsor!, Work the steps!, Be of service! The questionnaire examined how AA members realize these suggestions. The results show that a striking number of the respondents, 36% have no sponsor. (Sponsor is a close AA friend, a helper experienced in the process of recovery.) They often reckon their home group as a sponsor. Members having no sponsor, have eight percent more relapses during their sobering up in AA. Another point is that one third of the respondents do not shoulder carrying the message. The data shows that members performing twelve-stepping have ten percent less relapses. Having a sponsor and being of service seem to be protective factors in sobering up. At the same time I found that other factors, like prayer, self-examination or reading of the AA literature correlated with a larger number of slips and temporary relapses during AA membership. It is a possible explanation that there is a kind of circular causality between these factors and relapses. We can hypothesize that while some factors in the AA program protect against relapse, there is a reverse effect at the same time, namely relapses may cause more intensive step-working.

Another essential point of the program is the surrender of self to a Higher Power, which is one aspect of the complex concept of spirituality. The questionnaire measured religiousness and the identity of the Higher Power as understood by the respondents. Three groups of the respondents could be separated: religious,

non religious and non religious believer members. In the sample there was no significant change in the number of religious respondents before and after joining AA. But a substantial decrease happened in the number of not religiousness, and a big increase took place in the number of the not religious believers after joining AA. As regards the Higher Power as individually understood, most of the not religious members are atheist or agnostic, their Higher Power is the fellowship of AA itself, or the Nature or the Universe. The not religious believers may also understand their Higher Power as Nature or Universe, but a lot of them believe in God, without following any concrete religion. So AA's spirituality really represents a kind of plurality in the world views of members, as the fellowship states it.

The observation of the protective factors mentioned by the respondents (*Table 1*) can bring additional data in the question of spirituality.

Table 1: Protective factors in recovery in AA

Protective factors in recovery	Frequency of mentions (%) (N = 396)*
The program (Step-working, meetings, sharing, service, sponsorship etc.)	31,3
The fellowship (AA itself, giving assistance, fellows, commonalities, love etc.)	26
Inner/Spiritual life and development, moral values (Self-knowledge, humility, honesty, patience, self-love etc.)	24,7
Higher Power/Spirituality (God, religion, faith, prayer, spiritual experience etc.)	10,1
Family	3,5
Changing in lifestyle	2,3
Friends out of AA/Workplace and colleagues	1,3
Professionals	0,8

** More responses were possible*

Among protective factors there were at least two dimensions of spirituality. On the one hand it meant moral values and inner life, on the other hand it was the connection with a Higher Power. According to the results, spirituality as moral values and inner life was more significant for the respondents, than the other aspect of spirituality. All in all the immanent factors, like the fellowship, the AA program or morality and inner life, far excelled the transcendent factors of faith or God as regards the number of mentions.

A debatable point of the literature emerges here: whether AA is a sect or not. As Arminen (1998: 16-21) describes, the two utmost points are that AA is a sect or AA is a voluntary association. AA can be described as a sect because of the parallelisms in the AA ideas and the Protestant theology, the particular liturgy of AA meetings, the placing the community before individuals, the similarities in the members' personal stories or the orderliness in their way of living. At the same time AA can be described as a voluntary association, having no strict hierarchy, no leaders, no orders, but the fellowship has democratic decision-making mechanisms and each member can live the program according to his or her individual needs. Both approaches seem to be quite powerful, consequently none of them can give us a full description. I think that AA's self-interpretation as a *spiritual fellowship* of people sharing a very serious, common life-problem and a common solution of it seems to be more exact.

In some measure the question of human relations in and out of AA can be connected to the previous point.

Table 2: Membership status of the AA members' partners (%)

	AA member	Not AA member	Member of another 12-step fellowship
Spouse (N=37)	24,3	46	29,7
Life-partner (N=17)	29,4	47	23,6
Partner in a love affair (N=9)	55,6	33,3	11,1

The results clearly show that AA members prefer AA fellows in love affairs, friendships and daily businesses. I think that the first two columns of *Table 2* may be meaningful. We can suppose that marriages and life-partner relationships are older than love affairs, so probably more marriage or life-partner relationship came into being before joining AA, and more love affairs came into being after joining AA. We can see that more AA members are present among the love affair partners of the respondents. In addition AA members have twice as many – on an average eight – close friends in AA as out of AA. Furthermore almost two-thirds of them prefer AA member professionals and technicians when it is necessary to contact them.

Reviewing the results we can conclude that the Hungarian AA has the potentiality to become a strong social network for alcoholics in recovery. The often

unmotivated active alcoholics have their best chance to sober up when they hit the bottom in a hospital. But they often do not know what to do after the treatment. So it is an extremely important task to improve the connection between the health care institutions and the self-help groups. Since the stigma of alcoholism or the lack of information about it prevents most of the alcoholics from asking for help, another challenge is to help with the dissemination of alternative, anonymous treatments and making the society realize that alcoholism is a disease.

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