

Mutual support and recovery in the Russian Alcoholics Anonymous online community

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ABSTRACT

AIMS – In Russia the paradigm of alcoholism as a disease is still in contrast to the general perception of alcoholics as weak-willed. This article studies alcoholism and recovery in Russia through the case study of the Russian Alcoholics Anonymous online group. It studies how people who are seeking help for their drinking problems in this online community come to incorporate a new self-understanding of being ill with alcoholism. **DESIGN** – The data were collected from a Russian online support group for people struggling with alcoholism. The source material consists of 617 posts by more than 35 individuals. The data was analysed with qualitative content analysis using the RQDA software. **RESULTS** – The online group acts as a virtual space where people can anonymously talk about alcoholism and engage with AA's 12-Step program. Typically, a new forum member goes through a process of admitting one's problem with alcohol and coming to a new understanding of oneself as a person suffering from a chronic disease. This process includes creating a new relation to alcohol, a new understanding of one's reasons for drinking and a commitment to stay sober and to help others to recover. **CONCLUSIONS** – The online community creates a space for engagement with AA's 12-Step program and service work of supporting other alcoholics in recovery in the context of Russia, where face-to-face AA groups and other recovery programmes are scarce. When the state cannot deliver the services for problem drinkers or recovering alcoholics, people may turn to the Internet to find alternative information and social support. **KEYWORDS** – alcoholism, recovery, Russia, Alcoholics Anonymous, online support groups

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Introduction

In Russia, some physicians and psychiatrists have started to promote the paradigm of alcoholism as a disease, which is still in contrast to the general perception of alcoholics as weak-willed (Obukhova & Karavaeva, 2006). Historically, Russian drink-

ing culture has been more likely to encourage rather than inhibit drinking (White, 1996; Koposov et al., 2002). Drinking in social gatherings is a norm, but alcoholism is seen as a source of personal shame, kept inside the family (Critchlow, 2000). This

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creates an interesting context for studying people's struggles to quit drinking and to create a new self-understanding based on the conception of alcoholism as an illness, as well as adopting a new non-drinking lifestyle, which is the focus of this article.

Russia witnessed a quick degradation of public health after the collapse of the Soviet Union. In the 1990s, the so-called "shock therapy" economic reforms disintegrated and paralysed the public health system, making it incapable of dealing with growing health and social problems (Levintova, 2007). One worrying indicator has been the lowering life expectancy of Russians, and especially Russian men¹, which has been partly associated with alcohol use. Alcohol has been estimated to cause a sizeable proportion, as many as 50%, of premature deaths in the country (Zaridze et al., 2009; 2014). Alcohol consumption levels in Russia are among the highest in the world. According to the 2014 WHO report, on an annual basis, Russians consume about 22.3 litres of pure alcohol per person. Additionally, Russian drinking patterns are considered to be the most risky (a score of 5 on a scale of 1 to 5), because of the pattern of heavy episodic drinking and binge drinking, as well as the use of high volume spirits, such as vodka instead of milder drinks (WHO, 2014; see also Rehm, 2014; Zadrize et al., 2014). Hazardous drinking is most common among working-age men and especially among men with a low level of education and unstable employment (Tomkins et al., 2007). Furthermore, only 25.2% of Russian men and 38% of women reported that they did not drink alcohol at all during the past 12 months, while only 6.5% of men and 18.5% of women are life-time abstainers (WHO, 2014).

Even though the Russian government recently acknowledged the public health problems related to alcohol use, there have been no concrete efforts to combat the problem and provide qualitative care for problem drinkers or other addictions (Levintova, 2007; Torban et al., 2011). Since 2004, the Russian government has taken up new measures to reduce alcohol-related harms in the country, mainly adopting new laws for licensing and selling alcohol, but they remain without effective implementation (Levintova, 2007). There is still an urgent need for further alcohol control and a change of attitude among Russians in order to reduce the harms caused by alcohol (Neufeld & Rehm, 2013).

Several studies show a strong link between alcohol consumption, ill health, low male life expectancy and mortality in Russia (e.g. Neufeld & Rehm, 2013; Zaridze et al., 2009). However, the socio-cultural background of Russian drinking and attitudes towards alcoholism and the treatment of alcoholism are less studied (however, see Raikhel, 2010; Raikhel, 2013; Torban et al., 2011). By studying Alcoholics Anonymous on the Russian Internet, this study aims to approach alcohol and alcoholism from the viewpoint of recovering alcoholics. The article analyses the spreading of the AA philosophy and the disease model of alcoholism to Russia through the Internet. It scrutinises how recovering alcoholics come to incorporate a new self-understanding of a sick person and how the Internet forum helps them to find new ways to cope with their illness.

First, the article discusses the status of AA in Russia and the role of online support groups as forms of mutual support and self-help. After introducing the meth-

ods and the theoretical context of the research, the article proceeds to analyse the phases of therapeutic change and mutual support in the Russian online support group for alcoholics.

Research on Alcoholics Anonymous

One of the well-known proponents of the disease model of alcoholism is the AA movement, which can be joined by anyone who wishes to stop drinking. The roots of AA can be traced back to the Protestant Oxford Group in the United States of the 1930s, when the group introduced a formula of self-improvement, the Twelve Steps and Twelve Traditions programmes, based on self-inventory, admitting wrongs, prayer, meditation and spreading the word to others (AA, 2013).

Literature on Alcoholics Anonymous is vast, and the effectiveness of the fellowship and 12-Step program in regard to long-lasting abstinence is subject to disagreement (see for reviews Kelly, Magill, & Stout, 2009; Ferri, Amato, & Davoli, 2006; Kaskutas, 2009; Humphreys, 2015). The hardest critics of AA have defined the fellowship as a religious cult (Bufe, 1991; see also Davies & Jansen, 1998), and others have argued that clinical trials have not shown clear evidence of the AA producing higher abstinence records than other interventions, or that the evidence from different clinical trials is controversial (Ferri et al., 2006; see also Kaskutas, 2009). At the same time, other clinical trials have concluded that AA and its 12-Step programs enhance patients' abstinence (Humphreys et al., 2014; Kelly et al., 2009; Gossop et al., 2003; McKellar & Humphreys, 2003; Moos & Moos, 2006). Reviews of the empirical

literature on AA and the 12-Step program also regularly conclude that AA is, to say the least, helpful and safe to many, as they try to recover from alcohol dependency, and that AA can positively influence the quality of life of recovering alcoholics and their families (e.g. Ferri et al., 2006; Humphreys, 2004; Kelly et al., 2009; Laudet, Morgen, & White, 2006; Vaillant, 2005).

Besides clinical trials, Alcoholics Anonymous has inspired research in the fields of psychology and the social sciences, which aims to understand the behavioural, social, emotional and intrapersonal processes that AA members go through (see for review, Kelly et al., 2009; Groh et al., 2008; for more recent research, see Stevens & Jason, 2015). In Kelly et al.'s (2009; see also Kelly et al., 2011a) literature review of the helping mechanisms of the AA fellowship and the 12-Step program, the authors found common therapeutic factors, such as self-efficacy, motivation for abstinence, commitment to recovery and behavioural coping skills. Furthermore, a support network and reduced pro-drinking influences are found to support abstinence in the AA framework (for reviews, see Kelly et al., 2009; Kelly et al., 2011b; Groh et al., 2008; Kaskutas, 2002; Rice & Tonigan, 2012). Additionally, research has been interested in abstinence outcomes and remission among different patient subgroups, such as women, youth and patients of varying ethnic backgrounds, and several studies have shown that gender, race, sexuality and age influence the treatment outcomes and one's engagement with AA (Arroyo, Miller, & Tonigan, 2003; Bodin, 2006; Borden, 2014; Galanter, Dermatis, & Santucci, 2012; Kelly & Myers, 2007; Krentzman, Brower, Cranford, Brad-

ley, & Robinson, 2012; Morjaria & Orford, 2002; Roland & Kaskutas, 2002; Sanders, 2011; Sussman, 2010).

Lately, research has turned to study spirituality and emotions in AA and their relation to abstinence outcomes. Even though AA's religious-spiritual roots have been shown to elude some people (Galanter, 2007) and have fostered criticism (Bufe, 1991), spirituality and spiritual awakening are mentioned as among the core mechanisms that aid recovery in the fellowship (Tonigan, Miller, & Schermer, 2002; Kaskutas et al., 2003; see special issue of *Alcoholism Treatment Quarterly* 2–3/2014). In his study of emotions and AA, Vaillant (2014) argues that AA's success in long-lasting abstinence is based on using positive emotions as a therapeutic tool. The fellowship increases feelings of joy and of being loved, which provide a safe substitute for alcohol and, thus, support lifelong abstinence (Vaillant, 2014).

Addictions research has been dominated by quantitative studies (Neale, Allen, & Coombes, 2005; Shinebourne & Smith, 2009; Rhodes & Coomber, 2010; Rhodes, Stimson, Moore, & Bourgois, 2010). However, there is a growing interest in qualitative approaches, which can complement and illuminate the quantitative angle by giving voice to subjective accounts, “lived experiences” and daily realities of harmful substance users (Neale et al., 2005; Shinebourne & Smith, 2009; Rhodes & Coomber, 2010). This study concentrates on the therapeutic experiences of the Russian online AA members and contributes to the studies on the lived and subjective experiences of recovering alcoholics. Furthermore, much of the AA research is conducted in the United States and Western

Europe. My research takes Russia and the post-Soviet context as its starting point, and concentrates on how AA's therapeutic mechanisms are enacted in a Russian online community. The research thus contributes to our understanding of the helping mechanisms and therapeutic tools of AA in a new research context and from a qualitative perspective.

Alcoholics Anonymous and Russia

While spreading throughout the world, AA has practised a distinct set of policies in terms of its own organisation and relation to the official treatment systems (Mäkelä et al., 1996; Rosenqvist & Eisenbach-Stangl, 1998). Alcoholics Anonymous has a principle of “co-operation, no affiliation” concerning its relations to other organisations and professional health care treatment (AA, 2015a). This means that the fellowship does not engage with alcoholism research or medical or psychiatric treatment in any form, nor does it seek external funding for its activities, but engages only with its main purpose, the “personal recovery and continued sobriety of individual alcoholics who turn to the Fellowship for help” (AA, 2015a). However, in many countries, such as in the United States and the Nordic countries, AA is well known among health professionals, who often refer patients to it. However, in Russia, AA has not succeeded in establishing its status as a legitimate after-care provider but has rather been rejected or overlooked by health care officials and practitioners (Torban et al., 2011). This article argues that despite the public health care practitioners' disregard of the 12-Step program, AA philosophy is disseminated on the Rus-

sian-language Internet by recovering alcoholics themselves. Russian translations of the main AA texts are available through various online resources, and local AA members have established online support groups to provide peer support for people struggling with drinking problems.

AA was not able to act in the Soviet Union, as the party-state did not allow for autonomous and anonymous association. After the society opened up, the first Russian AA groups were established in Moscow and St Petersburg during 1986–1987 (AA Moskvyy, 2012). AA has nevertheless largely failed to establish its status in Russia. Since 1987, only about 400 groups have formed in the entire country (Neyfakh, 2013)². According to Torban et al. (2011, p.5), physicians treating drug addiction rated the 12-Step program as only somewhat effective and “not their style”. They did not believe in the AA principle that drug and alcohol addicts could organise themselves and sustain mutual support.

The methods used by AA differ from the traditional Russian understanding of the treatment for alcoholism. The dominant Russian treatment modalities for alcoholism are suggestion-based methods developed by *narcology*, which is a subspecialty of psychiatry dealing with addiction continuing from the Soviet medical tradition. Biological styles of reasoning have been reinforced in post-Soviet Russia, and the clinical techniques of *khimzashchita* (chemical protection) make up the majority of long-term interventions (Raikhel, 2010, p. 133; p. 159). Narcology’s central invention in treating alcoholism was detoxification, which often includes the heavy use of pharmaceuticals, and clinical methods based on suggestion, aversion

and conditioning (Raikhel, 2013). The main treatment methods consist of the use of alcohol antagonists, or their placebos, which are based on the patient’s fear of the sickening effects or potential death after using alcohol. According to Torban et al (2011, p. 5), Russian health care lacks effective rehabilitation programmes as well as a system of social services and aftercare, which is seen as hampering the quality care of addictions.

Supporters of the AA programme have criticised the use of suggestion and drugs for ignoring the emotional and spiritual roots of alcoholism (Raikhel, 2013, p. 189). However, some specialists assess that AA and the Western recovery culture is foreign to many Russians and that there is also a lot of mistrust of US-based programmes. Furthermore, the 12-Step program is based on Protestantism, which has “raised hackles in a country dominated by devout Orthodox Christians” (The Fix, 2011). Nowadays, the 12-Step program is not strongly resisted by the Orthodox Church, but it is not seen as the first option of rehabilitation either. The church sees its priority as developing its own programmes based on Orthodox faith (Ol’shanskaia, 2014).

Internet support groups

Online support groups have become “a ubiquitous resource for almost every medical, psychological, and social problem” in the western world (Perron, 2002, p. 71). There is a growing literature on Internet support forums and their self-help mechanisms about many medical and psychological problems (e.g. Finn, 1999; Haker, Lauber, & Rössler, 2005; Ekselius, 2005; Perron, 2002). Also, online support groups for alcohol problems have been

studied on the English-language Internet (Coulson, 2014; Cunningham, van Mierlo, & Fournier, 2008), but AA's online groups have not been examined as extensively (however, see Bjerke, 2006; VanLear, Sheehan, Withers, & Walker, 2005). There is a lack of research on Russian AA and Internet support groups, which this article is set to investigate.

According to the basic principles of Alcoholics Anonymous, "anonymity is the spiritual foundation of all our Traditions" (Wilson, 1953). Thus, online forums, which create a stronger sense of anonymity by using pseudonyms, correspond to AA's principles. The internet, due to its anonymity and accessibility, can provide a potential tool for assisting problem drinkers, who often struggle with the social stigma associated with addiction problems (Cunningham et al., 2008; Hall & Tidwell, 2003). The users' anonymity allows people to disclose personal and sensitive issues more easily and safely, make social contacts and learn new coping strategies. The large number of forum users struggling with similar problems creates a sense of universality and decreases their sense of alienation (Finn, 1999; Perron, 2002). Nevertheless, online support groups also have disadvantages arising from these very facets. Anonymity can encourage disinhibition or aggressive and provocative behaviour, and online groups can leave out the most vulnerable groups, such as the elderly, poor, uneducated or other marginalised groups due to access issues (Finn, 1999).

Russia is geographically large, and mutual support groups such as AA are not equally, if at all, represented in different areas of Russia. However, in recent years, the number of Russian Internet users has

grown significantly: in 2013, over 60% of Russians had access to the Internet (World Bank, 2015). Thus, Internet can become an important forum for peer support and a source of information on quitting drinking, when face-to-face groups are not available.

Data and methods of the study

The data for this research was collected in an asynchronous online discussion forum of Alcoholics Anonymous in Russia. The discussion forum includes tens of thousands of posts. For the purposes of this article, one subsection of the forum was selected for analysis. In this section, newcomers were encouraged to tell their story and their reasons for quitting drinking. This section alone had over 10,000 posts (in October 2014) and it was the most visited section dedicated to discussions on alcohol dependency. From this section, the ten most recent discussion threads were selected, including 617 posts by more than 35 individual members. The selected threads had started between February and October 2014, and the posts in each thread varied from 11 to 201 individual posts. Some of the posts were only one-word answers while the longest posts were up to 600 words.

The data was analysed using qualitative content analysis with the help of RQDA software (Huang, 2014). The data was first coded thematically based on the general theme in each posting. My initial interest in this coding process was to get to know the general structure of the discussion. This general-level coding revealed that typically the thread in this section started with an opening story by a new member, which was commented on by older members and then continued as a discussion

between the newcomer and other members. Typically, the thread ended in the new member's (at least partial) engagement with or rejection of the 12-Step program. The thematic coding showed that the advice by the more experienced forum members was often given through telling personal stories of recovery and by referring to the 12 Steps and AA literature.

This thread structure steered the analysis to focus on the newcomer's process of recovery and adopting the AA language and philosophy, and on the older members' role in guiding the newcomers to understand their problem in AA terms. Thus, the next phase of coding was informed by the question of engagement with the 12 Steps and AA philosophy and understanding of alcoholism as a disease. In addition, expressions of feelings were coded (e.g. joy, sadness, fear, shame, regret, thankfulness). Threads also included chitchatting, such as happy birthday posts, jokes and personal greetings between friends, as well as sporadic discussions on health and relationship problems, for example, which were left out of the analysis if they did not include discussion on alcoholism and recovery. Finally, the model of therapeutic change proposed by Howard, Lueger, Maling, and Martinovich (1993), which has been used to understand AA-related change by earlier research (Kelly et al., 2009), was found to correspond with the findings of the initial analysis. Thus, it was seen as helpful to further conceptualise the experiences of therapeutic change that many forum members wrote about. In the final step of the analysis, the data was re-read and categorised according to Howard et al.'s three phases of therapeutic change (see next section).

The forum is open to anyone to read, and commenting on posts does not require registration, but most of the people discussing on the forum registered themselves with a screen name. As AA's main principle is anonymity, most of the members do not reveal any detailed information about their private lives. However, if they wish, forum members can show their location on the profile, which was Russia for most of the forum members. However, some of the most active writers were Russians who had moved to another country in Europe but felt that they needed support in their native language. Many of the forum members did not show their gender in their profile. However, the text analysis revealed that most of the forum members active in this section were female. This is an interesting detail, as alcoholism is mainly associated with Russian men. However, often it seems to be easier for women to seek help for mental health-related issues (e.g. Mackenzie, Gekoski, & Knox, 2006; Hall & Tidwell, 2003). Furthermore, while men's use of Internet support is connected to seeking factual information, women tend to use Internet groups for emotional and social support (Seale, Ziebland, & Charteris-Black, 2006), which forms the basis of AA support groups.

To preserve the anonymity of forum members, the forum's name is not mentioned, and all identifying details, including screen names, have been omitted from the article.

The phase model of therapeutic change

This article uses the phase model of therapeutic change (Howard et al., 1993) to analyse how Russian online group mem-

bers engage with the 12-Step program and come to incorporate a new understanding of themselves as non-drinking alcoholics. In the phase model, different therapeutic change processes occur in different phases of therapy, and the change happens progressively through the stages of “remoralisation”, “remediation” and “rehabilitation”. In the remoralisation phase, a patient’s symptoms are clarified, and the therapy’s aim is to instil hope for recovery. In the remediation phase, the therapy aims at activating patients’ existing coping mechanisms and creating new ones. In the final rehabilitation phase, the therapy’s goal is to create lasting changes in one’s life functioning, so that one would not relapse to the old problematic life style.

Kelly et al. (2009, p. 252) suggest that the phase model for therapeutic change can provide a “transtheoretical developmental framework for examining AA-related change”. In their review of AA’s helping mechanism, they categorised AA practices which operate in different phases of Howard et al.’s theory. The authors (2009, p. 253) see the remoralisation phase parallel to AA meeting attendance, in which people learn by hearing and seeing how others have recovered. The relevant AA Steps (see AA, 2015b) for this phase are steps One to Three, which are focused on admitting one has a problem and on his/her surrender to the Higher Power. The Steps and meeting attendance aim to instil hope and reduce feelings of loneliness, and the meetings create a strong social reinforcement for abstinence (Kelly et al., 2009).

Kelly et al. (2009) see the remediation phase as parallel to the AA mechanism of sharing personal stories with other alcoholics and finding a sponsor³ who helps

to maintain abstinence. This phase is related to steps Four to Nine, where one goes through a complete self-inventory of one’s life and history of dependence. Effects of this phase are decreased feelings of shame and fear, and an increased sense of belonging. People also create a certain cognitive consonance by establishing a feeling of consistency of their behaviour and personal values (Kelly et al., 2009).

The rehabilitation phase starts when people share their personal stories in the meetings and take on more responsible tasks and service in the fellowship. In this phase, self-assessment continues, and one takes up the task of helping others through sponsorship. This phase is parallel to the AA steps Ten to Twelve, in which the recovering alcoholic continues to take personal inventory and starts to spread the message of AA to other alcoholics, and agrees to continue living according to AA principles. Kelly et al. (2009) argue that during this phase, one feels increased self-esteem and self-mastery and creates a stronger identity as a recovering person.

Remoralisation: Finding motivation and support to quit drinking

Howard et al.’s (1993, p. 679) model of therapeutic change describes demoralisation as a phase when the patient feels that she has failed her own and others’ expectations and feels powerless to change the situation. In therapy, a patient’s symptoms are clarified, hopes are inspired and he/she is provided with examples of success and mastery of one’s problems through remoralisation. The remoralisation phase answers to the First Steps of AA’s 12-Step program: “We admitted we were power-

less over alcohol – that our lives had become unmanageable.” One of the main AA principles is that anyone who wishes to stop drinking can join the fellowship. This is also enacted on the Russian AA forum, where all newcomers are welcomed and the older forum members offer their support and advice for quitting drinking. As one of the recovering alcoholics on the forum writes, no one ends up in AA for no reason, but has to be seeking help (T4, P45, A5⁴). The remoralisation phase is important as a first step to understanding that one has a problem and that there is a possibility for recovery. In the online forum’s case, the remoralisation phase starts already before one’s first post on the forum, when one has woken up to seek help, but does not yet possibly know about AA or any recovery programmes.

In Russia, where drinking alcohol is a norm but alcoholism is seen as personal weakness, it is rather a big step to announce your powerlessness over alcohol and to openly seek help for problem drinking. To quit drinking completely is quite an anomaly in the Russian drinking culture. The anonymity that AA and the Internet provide lowers the threshold for disclosing one’s problems. Many of the forum members tell about their struggle to convince their relatives and even physicians that they have a drinking problem and cannot drink alcohol at all. One forum member told about her visit to the local *narcologist*, who treats patients suffering from alcohol dependence and could not understand his patient’s decision not to drink alcohol at all (T1, P58, A4).

Others tell about their relatives, who cannot understand alcoholism as a disease:

My family sees alcoholism as immorality (*raspushchennost'*) and that I drink because I'm somehow spoiled by her [mother's] kindness to me. Even if my dad and stepfather were alcoholics too, my mom can't understand that it's an illness (*zabolevanie*). (T2, P34, A1)

The citation reflects Russian drinking culture, where problem drinking is associated with lack of will power or morality. Other forum members join this discussion by sharing similar problems with relatives in the beginning, but continue that after truly revealing themselves and their problem to their loved ones and after starting recovery, their families have become more supportive as well.

On the forum, the newcomers find examples of other people suffering with alcohol dependency and find out that they are “not alone in this world” as they often felt before making contact with the group. Other studies have similarly shown that before joining AA, the members report extreme feelings of isolation and lack of honest communication (Wright, 1997; Van Lear et al., 2005). Sharing life stories in AA is at the core of its therapeutic methods. According to AA philosophy, both listening to and telling life histories are the best ways of dealing with the illness (Christensen & Elmeland, 2015). Through hearing others’ stories of similar struggles with alcohol, the new forum members start to construct an idea of their own possible recovery process, which is the core process of the remoralisation phase.

When a newcomer opens up a discussion on the forum, on some level, they have already thought about their problem and have read others’ stories on the forum.

Opening posts often tell about new members' behavioural history with alcohol in a very detailed manner. Many are desperate and are asking for help.

Today I decided to stop (*zaviazat*). I can't drink 2–3 glasses like all normal people, but I need to booze (*uzhratsia*) so that afterwards I die for two days. And on the third [day], I forget how bad it was and start again... My [blood] pressure is high because of the hangovers and I have pills for that everyday... So, just like that... I'm starting a new life! Hopefully I can manage... (T3, P1, A8)

I realised that I'm coming closer to the worst devil (*priblizilas' k samoi strashnoi cherte*) and I'm afraid. [---] I do understand all this, but I don't know how this happened. Under the influence of alcohol, I feel as if I'm a star, and all complexes go away. Apparently, I just enjoy being in this care-free state. Afterwards, [I feel] shame and horror... Time goes by and again under the influence of alcohol life gets better (*nalazhivaetsia*)... There are no brakes... Life just goes by... HELP!!!! (T2, P1, A1)

Many of the newcomers list health problems as their motivation for quitting drinking and talk about losing control over their lives as well. Feelings of fear, guilt and shame act as the motivation for wanting to reform their relationship with alcohol and drinking.

My daughter goes to school and I don't want her to be ashamed of me... I had

such a father, and a stepfather too, that I was ashamed of them in front of my friends... (T2, P1, A1)

I'm ashamed of myself and don't know what to do. Well, I know, but the fear is very strong. I'm afraid that I can't make it, I'm already afraid of the bottles. I feel bad and scared. (T10, P67, A6)

After initial contact with the forum, the more experienced recovering alcoholics welcome the newcomer. Often the welcome is very sympathetic and encourages the newcomers to share more of their thoughts. The welcoming messages typically refer to the AA Fellowship and the forum members' community, showing the newcomer that they are not alone with the problem.

Hello)⁵ Happy to see you! Stay and recover with us – We can all achieve it together! (T3, P22, A8)

We don't give diagnoses here, but after reading your post I feel like saying: "Darling, you are a true alcoholic! Join us and we will recover..." (T2, P2, A2)

The first three steps of AA are based on the idea of admitting that one is powerless over alcohol and surrendering to a Higher Power can restore "their sanity". Often the newcomers have not yet read the main AA texts and are not familiar with AA philosophy in general, but the more experienced members start to open up AA philosophy to them and often lead the discussion into the 12-Step program as a solution to the newcomers' problems. However, they give the advice by telling about their own experiences of

recovery. Sharing personal stories or storytelling is a crucial part of AA members' recovery process (Cain, 1991; Arminen, 2004; Christensen & Elmeland, 2015).

Reading your post reminded me of my sobriety before I came to AA. It was very hard for me to live a sober life. Only when I understood that closing the bottle cap was not the key to a full life. Only coming to AA and starting to work the programme brought me the taste of a full life. Good luck to you and know that we are always ready to help! (T3, P41, A2)

Hello! I'm very happy for you) I was also very afraid of publicity, gossip and rumours. I let go of the situation and did what I could TODAY. Gradually these little deeds (not in secret, without fear of blame) grew into intensely working the Program: I went to a home group, to a Skype group, took a service position, found a sponsor. Now I do a little sponsorship myself. I love my current sobriety and I'm grateful to the Fellowship for it. Besides my sobriety, I have nothing. If there was no sobriety, there would be nothing. (T1, P6, A4)

According to AA philosophy, recovery can only start after one admits one's defeat and powerlessness to alcohol. On the forum, the newcomers are guided to the "right way" of understanding alcoholism and admitting their own alcoholism. For example, one of the newcomers did not want to talk about herself as an alcoholic, but insisted that she was diagnosed with dipsomania⁶. This created a lot of (annoyed) laughter and jokes among the older members.

And I thought that I had banal alcoholism! But it can be so beautifully described – dipsomania. [Name omitted], I'm sorry for laughing, I'm also... a veteran dipsomaniac. No offence! Tell us about yourself? We're here together fighting this plague (*s etoi zarazoi*) that one calls alcoholism. But I like your word (for it). Now when I'm offered a drink I'll say: I have dipsomania, I can't. (T4, P5, A7)

For many of the forum members, the first three Steps (the remoralisation phase) had been the most difficult ones, but they write that after an understanding of "hitting bottom" and after true surrender to admitting one's powerlessness, recovery can start (see also Christensen & Elmeland, 2015).

It doesn't depend on you... Our illness is so deceptive and cunning. I also swore in front of the whole group that I wouldn't drink. And when I swore I was sure I'd keep the promise. Then I hadn't yet understood my powerlessness, I hadn't done the first step towards my recovery... (T2, 23, A2)

If you understand that it disturbs your life, it means that you have a problem. There's a name for that. You can only yourself give the diagnosis, doctors are not needed here. Confess your illness. Remission is possible, be happy about that and you can live with this and live happily. (T6, 59, A9)

Many of the forum members repeat that quitting drinking is easier with the 12-Step program, which helps to bring meaning to sober living – the Fellowship, sponsor-

ship and helping others. For many AA members, quitting drinking is not enough, but to live a full and sober life, a complete lifestyle transformation is needed. For recovering alcoholics, the AA community and spirituality give a new purpose in life. AA becomes a community in which non-drinking is an acceptable and respectful lifestyle, which is often not the case in the offline social circles of the forum members.

For many new forum members, finding that they are not alone with their problem instils hope for recovery and reduces feelings of loneliness:

Thank you all. I know already that of course I can't handle it [alcoholism] alone. The first two weeks here, I've been without alcohol and in a happy place (*po kaifu*⁷). My brain somehow cleared a bit to realise that I wasn't alone in this world – This warmed my soul and I don't feel like drinking in general. (T2, P24, A1)

New forum members read others' recovery stories and learn how people have recovered from similar or even worse conditions. They also find a group of people they can relate to and start to think about their own life and dependence in the light of the older members' stories. Through remoralisation, newcomers begin to believe that a non-drinking lifestyle is possible, and they make a commitment to a sober life. With this new moral subject position, they can move onto the next phase of therapeutic change, remediation, in which they begin a more detailed self-inventory and find concrete coping mechanisms to remain abstinent.

However, as Howard et al. (1993) men-

tion, for some, the remoralisation phase is enough to start coping with their problem. Also, some of the newcomers on the forum feel that after sharing their story, finding positive stories of recovery and getting support from the forum members, they are ready to continue alone, without the help of the 12-Step program.

Hello! I'm not even trying to understand the Steps, but if I feel the craving, they'll be the first thing I want to do. For now, all has been surprisingly calm. (T1, P33, A13)

I decided that I'll start to try to handle it myself. Be that as it may, my mind is stronger than my craving for alcohol. I printed the book and started to read it. I have this forum. I'm not ready to ruin myself. If suddenly I can't do it, then I'll go to a Skype group. Thank you once more and have a good day! You all are very wonderful! (T6, P23, A12)

Often in these situations, the older members try to convince the newcomer that there is no other option than to follow the 12-Step program and join a face-to-face AA group. Again, they do not use direct advice, but try to convince the newcomer through telling their own story of recovery, which they see possible only through full engagement with the 12-Step program.

It's not usual for us to give advice, but... based on experience... It's better to do this [get to know the Steps] now, today. Alcohol is crafty and cunning (*kovarnyi i khitryi*)... and you don't even notice, how (instantly!) he [alcohol] will be your "friend" again. (T1, P33, A2)

The forum alone didn't help me... The groups helped. I also lurked here a couple of times, then relapsed (*sry-valas'*) again and moved to the usual dose. My doses are very similar to yours and the history is similar. Write, share. (T1, P3, A7)

The forum members do not perceive the Internet group alone as enough for recovery, and many stressed the importance of joining a face-to-face group, where the concrete work with the 12-Step program could start. This resembles findings by Barak, Boniel-Nissim, and Suler (2008) that the Internet support groups work well as a supplement to traditional forms of therapy, but that even if they contribute to people's well-being, they alone cannot guarantee therapeutic change. Many forum members saw that the next step after finding the forum was to join an AA group in real life. However, sometimes groups do not exist outside the main Russian cities. Forum members have also started Skype groups, which are seen as a better option than using the online forum only.

Remediation: Finding new coping skills

In the second phase of Howard et al.'s model of therapeutic change, therapy is focused on patients' symptoms and life problems, aiming to mobilise the patients' existing coping skills and encourage new coping skills (Howard et al., 1993, p. 679). Kelly et al. (2009) associate this phase with Steps Four to Nine, which guide the recovering alcoholic through a complete self-inventory and to openly admit their problem to others too (AA, 2015b). On the forum, the newcomers start to go through

a self-inventory of their drinking and to find the substance of their problem that they wish to change. For most members, the substance is one's cravings for drinking and the habit of excessive drinking:

But now that I understand that I have no control, for me a glass of wine is nothing, but I need a bottle again and again. I don't want this. I want a normal face (*litso*), which I can like in the mirror. (T1, P55, A13)

After a week's binge, here I am again. My condition is even worse than before even though I promised myself and others [not to drink], but I couldn't do it. [...] Absurd, I understand that continuing to drink causes you harm... Probably this [my] case is of a mental illness. I'll try again from the beginning... (T2, P19, A1)

The rest of the time, I drink and cannot stop. I feel miserable and helpless in the face of this simple chemical molecule. God, I want to live, alcohol is death for me ... (I'm so scared (. (T5, P4, A11)

Through this disclosure and by starting to understand their problem in AA terms, the new forum members feel empowered to change their previously uncontrolled behaviour. They start to create a new understanding of alcoholism as a disease, which is the main principle of the AA philosophy. AA's understanding is that alcoholism is a chronic and fatal disease, which one can only cope with by not drinking at all. The old-timers on the forum have strongly come to incorporate this understanding of

themselves as being sick with an illness. This idea is transferred to newcomers, too:

But it's not me who does bad to me – it's the illness, dependency, all scheming (*proiski*) of alcohol, which is cunning, powerful, confusing. (T5, P42, A10)

It's difficult and feels shameful (*stidno*) to recognise that you're an alcoholic. But it's not shameful, because it's a disease. (T4, P15, A7)

I want to remind all (and myself too) that our disease is chronic and progressive... And every day hundreds of alcoholics die of it. I don't get tired of thanking my VS (*Vyshaia Sila*, Higher Power) for the fact that today I'm among the live and sober ones. (T5, P35, A2)

This new understanding of oneself as ill also includes a new understanding of alcohol. Alcohol is often referred to as powerful and even cunning as in the first quote above. Alcohol and cravings for alcohol are given a personified status, as the “main evil”:

Cravings can be very concealed, people recovering in the program understand: Alcohol is sly, powerful, confusing, and without help, we can't cope with it. (T3, P47, A10)

This new understanding of alcoholism and alcohol which comes from the AA literature differs from the newcomers' prior understanding of alcohol and drinking, which reflects the Russian lay understand-

ing of alcoholism. As one of the newcomers explains, her previous understanding of alcoholics saw them to be the homeless people on the streets:

Still some time ago, people from AA were in my view some kind of drunks (*sinyaki*) with zero intelligence. In my everyday life, except homeless people (*bomzhi*) on the streets, there were no other examples [of alcoholics]. (T6, P49, A12)

When the discussions proceed, the newcomers start to adapt AA vocabulary and talk about themselves as being sick, with an illness. This helps them to create more consistency between their behaviour and values: instead of seeing themselves as weak-willed and acting immorally as they used to, they start to see the disease in their previous behaviour.

I have not once regretted that I came to AA. My eyes dried, fear started to go away, shame decreased. Because alcoholism is a disease. (T6, P26, A9)

The more experienced recovering alcoholics take a strong lead in the discussions by posing questions or telling their own stories of recovery, gently but firmly guiding the newcomers towards engagement with AA's 12-step program. The more experienced forum members say that their sobriety was only possible through “action”, not only reading the AA books or the forum, but working AA and the Steps.

Of course there are many ways to not drink, but only one, AA, helped me. Not only the membership in AA, but

the actions taken (*predpriniatye deist-viia*) led to the fact that I'm sober today. [Name omitted], I tell you without secrets, there is a way out! (T8, P2, A5)

Through this "acting", the recovering alcoholics can acquire a sense of agency by taking the lead in their own lives.

The old-timers on the forum almost become virtual sponsors for the newcomers. The newcomers are often referred to AA literature and to face-to-face groups to get answers to their questions. The forum members also help to find a suitable AA group near the newcomer's home or to use the AA online resources, such as Skype groups, when groups are not found.

Rehabilitation: New life as a non-drinking alcoholic

In the third phase of the model of therapeutic change, the patient establishes new ways of dealing with aspects of self and life, and creates lasting changes in one's life functioning. The final step in the AA programme is the 12th step, according to which "having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs". One of AA's basic principles is that only a former alcoholic can help another alcoholic. This principle is enacted on the forum as well. As one of the forum members put it: "If you want to learn how to fish, learn from the fisherman, not from the ichthyologists". Often the forum members do not trust psychologists or *narcologists* of being capable of helping alcoholics as well as another alcoholic could:

I think some psychologists honestly try to help... My psychotherapist really wanted to... However, she didn't understand this at all, because she was not disposed to this infection. (T4, P18, A7)

According to a representative of the medical personnel of this hospital, we (I) can be cured only in the grave. [Name omitted], see the counters^a of the honourable members of this forum and you can be sure that death is not the only way out of alcoholism. (T4, P43, A5)

The forum members had often looked for help in the Russian health care system before finding AA. They did not see the detoxification and hospitalisation resulting in a total life change, which is required for recovery according to the AA programme. Forum members also treated Russian private clinics and practitioners with suspicion and emphasised that often they were only after the patients' money, while AA was free of charge. This resonates with Russians' general distrust of the state health care and welfare system and physicians that other studies have documented (Dimitrieva, 2001; Rivkin-Fish, 2005). Instead of the authoritarian doctor-patient relationship, the AA programme gives participants more autonomy and agency in handling their problem themselves and being able to help others in the process as well.

In the rehabilitation phase, recovering alcoholics go to meetings, do service work and spread the message to other alcoholics through telling their personal stories of recovery. The new non-drinking self-

understanding is strongly grounded in AA fellowship and having the AA service as a permanent part of one's everyday life. The online forum gives a platform to this service and sponsorship work in Russian areas where face-to-face AA groups are hard to find. Through sponsorship and by storytelling, recovering alcoholics also help themselves by making sense of their personal history and organising their own experiences. According to the "helper-therapy" (see Riessman, 1965), the person giving support to others also benefits in several ways (Arminen, 2004). Storytelling works both as a way to spread the AA message and as a mechanism of strengthening one's new identity as a non-drinking alcoholic. Through storytelling, the forum members retell their personal history and fit it to AA's ideal "life story" (see Cain, 1991; Christensen & Elmelund, 2015).

According to Wright (1997, p. 92), AA service to the group and working with new members provides older members with "a way to keep active in their sobriety". The forum empowers people to think of themselves as agents of change, giving them a feeling of universality – that they are not alone with their chosen lifestyle, but a part of a wider group or culture, part of the global AA fellowship. Furthermore, the AA forum offers mutual support but also creates a space where recovering alcoholics are acknowledged and accepted as non-drinkers by others. Many of the forum members write emotionally and with gratefulness about their new life in AA:

Now I have medicine for my disease – AA groups, our literature, programme, sponsor-mentor and so on. Life started to get organised. And today I'm grate-

ful to God that I made it to the Anonymous. (T2, P4, A2)

It's written in our BK (*Bolshaia Kniga*, the Big Book) that I would not change the worst day of my life now for the best day of my previous life. So, it's [as if it's written] about me. (T2, P9, A2)

Conclusions

This article shows that Russian AA online forum members give each other mutual support in going through the phases of therapeutic change. Many of the Russian forum members struggling with alcohol problems start to adapt the philosophy of AA and the model of the AA life story and to acquire a new self-understanding of a sick person with a chronic disease. The Russian online group is an important form of support for people who have previously felt alone in their struggle with alcohol problems. In the cultural setting of Russia, where non-drinkers are something of an anomaly, the Internet forum provides people with a community of like-minded people and positive examples of living a sober life in "a wet country", as one of the forum members described Russia. By engaging in forum discussions, the participants acquire a sense of agency, of being in charge of their own lives. The online community creates a space where people collectively act according to the AA values of a sober life and spirituality, which often supports them to do so in the outside world as well. Furthermore, the forum provides a space to engage with AA's service work of spreading the AA message to other alcoholics in a situation where face-to-face groups are scarce.

Even if the organisational details and societal status of Alcoholics Anonymous var-

ies between different countries, its widespread therapeutic mechanisms – mutual support, disease model of alcoholism and the “AA lifestyle” – are easily translated to fit into the experiences and hopes of recovering alcoholics in Russia. The Russian health care system suffers from a lack of resources and cannot provide quality care to people suffering from alcoholism and, thus, Internet support forums can become an important part of recovery and maintaining abstinence. When the state cannot deliver the required services for problem drinkers or recovering alcoholics, people turn to the Internet to find alternative information and social support. However, it should be noted that access to this type of support is restricted and often unavailable to the most vulnerable groups in society.

Even though the Internet group was seen as an important forum for staying sober, many of the forum members emphasised the importance of face-to-face groups and sponsorship and helped the newcomers to look for real-life AA groups. Internet discussion alone was not seen as a sufficiently efficient way to stay sober. However, many forum members did not have AA groups in their neighbourhoods. In these cases, they were advised to travel to other cities to go to the groups, even if only occasionally. Also, Skype groups were considered a compromise between the Internet discussion and a face-to-face group. The online

AA was seen as a kind of supplement to “real” AA talk in real-life groups (see also Bjerke, 2006).

Alcoholism and mortality related to hazardous alcohol use in Russia are primarily associated with working-age men. However, in the discussion forum, women were the most active participants. This is an interesting finding, which I interpret to support the already established notion of women being more prone to look for help for their social and mental problems (MacKenzie et al., 2006; Hall & Tidwell, 2003), but it can also tell us something about the gendered drinking culture of Russia. Amid the traditional Russian gender and family roles, drinking might be an issue which is even more degrading and stigmatising for women than for men. In this case, anonymity and shared experiences are important for these female problem drinkers who might have even less societal support and understanding than their male peers. With this data, the gendered nature or socio-economic background of help-seeking cannot be assessed, but this would be an important question for future research.

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NOTES

- 1 In 2012 men's life expectancy in Russia was 65.1 years while women were expected to live 76.3 years (OECD, 2015).
- 2 For example in the United States, the estimated Alcoholics Anonymous membership is about 1,200,000 members and 52,000 groups (Moos, 2010, p. 926). In Finland, which has a population of just over 5 million there are over 700 AA groups and 1200 meetings every week, which is almost double the number of groups in Russia with a population of over 140 million. These numbers are estimates, as there are no register of AA members (AA Finland, 2015).
- 3 Sponsorship is one the basic elements of the AA programme. The idea is that "an alcoholic who has made some progress in the recovery program shares that experience on a continuous, individual basis with another alcoholic who is attempting to attain or maintain sobriety through A.A." (AA, 1976/1983)
- 4 The codes after each citation refer to the author's own data archival of the forum posts. The first code refers to the thread number, the second to the number of the posting in the thread and the third to the participant (only the cited participants are numbered).
- 5 The brackets in the posts refer to emoticons. In Russian online language smileys are used only with brackets: "}" refers to a happy face and "{(" to a sad face.
- 6 Dipsomania is "an uncontrollable, often periodic craving for and indulgence in alcoholic beverages". The word comes from the Greek language (dipsa= thirst, mania= madness) (Mosby's Medical Dictionary, 2009).
- 7 Drug term meaning the "happy place" of being high.
- 8 All profiles have a counter that shows how many days the member has been abstinent.

REFERENCES

- AA (1983). *Questions and answers on sponsorship*. New York: Alcoholics Anonymous World Services Inc. http://www.aa.org/assets/en_US/p-15_Q&AonSpon.pdf
- AA (2013). *Alcoholics Anonymous timeline*. http://www.aa.org/aatimeline/timeline_h6.php?lang=_en.
- AA (2015a): *What is AA?* <http://www.alcoholics-anonymous.org.uk/About-AA/What-is-AA/>
- AA (2015b). *The 12 steps of AA*. <http://www.alcoholics-anonymous.org.uk/About-AA/The-12-Steps-of-AA>
- AA Finland (2015). *Tiedote AA:sta* (Press release). <http://www.aa.fi/attachments/files/AA-press.pdf>
- AA Moskvyy (2012). Anonimnye Alkogoliki Moskvyy i Moskovskoi Oblasti. <http://www.intermoscow.ru/>.
- Arminen, I. (2004). Second stories: The salience of interpersonal communication for mutual help in Alcoholics Anonymous. *Journal of Pragmatics*, 36(2), 319–47.
- Arroyo, J., Miller, W., & Tonigan, S. (2003). The influence of Hispanic ethnicity on long-term outcome in three alcohol-treatment modalities. *Journal of Studies on Alcohol*, 64(1), 98–104.
- Barak, A., Boniel-Nissim, M., & Suler, J. (2008). Fostering empowerment in online support groups. *Computers in Human Behavior*, 24(5), 1867–83.
- Bjerke, T.N. (2006). Cross-cultural gateway to recovery: A qualitative study of recovery experiences in international AA online groups. *International Journal of Self Help and Self Care*, 5(1), 73–104.
- Bodin, M. (2006). Gender aspects of affiliation with Alcoholics Anonymous after

- treatment. *Contemporary Drug Problems*, 33(1), 123–141.
- Borden, A. (2014). The history of gay people in Alcoholics Anonymous: From the beginning. New York & London: Routledge.
- Bufe C. (1991). *Alcoholics Anonymous: Cult or cure?* San Francisco, CA: Sharp Press.
- Cain, C. (1991). Personal stories: Identity acquisition and self-understanding in Alcoholics Anonymous. *Ethos*, 19(2), 210–53.
- Christensen, A.-S., & Elmeland, K. (2015). Former drinkers' multiple narratives of recovery. *Nordic Studies on Alcohol and Drugs*, 32(3), 245–257.
- Coulson, N. (2014). Sharing, supporting and sobriety: A qualitative analysis of messages posted to alcohol-related online discussion forums in the United Kingdom. *Journal of Substance Use*, 19(1/2), 176–80.
- Critchlow, P. (2000). First steps: AA and alcoholism in Russia. *Current History*, 99, 345–49.
- Cunningham, J., van Mierlo, T., & Fournier, R. (2008). An online support group for problem drinkers: AlcoholHelpCenter.net. *Patient Education and Counseling*, 70(2), 193–98.
- Davis, D., & Jansen, G. (1998). Making meaning of Alcoholics Anonymous for social workers: Myths, metaphors, and realities. *Social Work*, 43(2), 169–182.
- Dmitrieva, E. (2001). The Russian health care experiment: Transition of the health care system and rethinking medical sociology. In W. Cockerham (Ed.), *The Blackwell companion to medical sociology* (pp. 320–333). Malden, MA & Oxford: Wiley-Blackwell.
- Ekselius, L. (2005). Internet-based self-help for depression: Randomised controlled trial. *British Journal of Psychiatry*, 187(5), 456–61.
- Ferri, M., Amato, L., & Davoli M. (2006). Alcoholics Anonymous and other 12-step programmes for alcohol dependence. *The Cochrane Library*.
- Finn, J. (1999). An exploration of helping processes in an online self-help group focusing on issues of disability. *Health & Social Work*, 24(3), 220–232.
- Galanter M. (2007). The concept of spirituality in relation to addiction recovery and general psychiatry. In M. Galanter (Ed.), *Recent developments in alcoholism: Research on Alcoholics Anonymous and spirituality in addiction recovery* (pp. 125–135). New York: Springer.
- Galanter, M., Dermatis, H., & Santucci, C. (2012). Young people in Alcoholics Anonymous: The role of spiritual orientation and AA member affiliation. *Journal of Addictive Diseases*, 31(2), 173–182.
- Gossop, M., Harris, J., Best, D., et al. (2003). Is attendance at Alcoholics Anonymous meetings after inpatient treatment related to improved outcomes? A 6-month follow-up study. *Alcohol and Alcoholism*, 38(5), 421–426.
- Groh, D. R., Jason, L. A., & Keys, C. B. (2008). Social network variables in Alcoholics Anonymous: A literature review. *Clinical Psychology Review*, 28(3), 430–450.
- Haker, H., Lauber C., & Rössler, W. (2005). Internet forums: A self-help approach for individuals with schizophrenia? *Acta Psychiatrica Scandinavica*, 112(6), 474–77.
- Hall, M., & Tidwell, W. (2003). Internet recovery for substance abuse and alcoholism: An exploratory study of service users. *Journal of Substance Abuse Treatment*, 24(2), 161–167.
- Howard, K., Lueger, R., Maling, M., & Martinovich, Z. (1993). A phase model of psychotherapy outcome: Causal mediation of change. *Journal of Consulting and Clinical Psychology*, 61(4), 678.
- Huang, R. (2014). *RQDA: R-Based Qualitative Data Analysis. R Package Version 0.2-7*. <http://rqda.r-forge.r-project.org/>.
- Humphreys, K., Blodgett, J., & Wagner, T. (2014). Estimating the efficacy of Alcoholics Anonymous without self-selection bias: An instrumental variables re-analysis of randomized clinical trials. *Alcoholism: Clinical and Experimental Research*, 38(11), 2688–2694.
- Humphreys, K. (2015). Griffith Edwards' rigorous sympathy with Alcoholics Anonymous. *Addiction*, 110(S2), 16–18.
- Kaskutas, L. A., Bond, J., & Humphreys, K.

- (2002). Social networks as mediators of the effect of Alcoholics Anonymous. *Addiction*, 97(7), 891–900.
- Kaskutas, L. A., Bond, J., & Weisner, C. (2003). The role of religion, spirituality and Alcoholics Anonymous in sustained sobriety. *Alcoholism Treatment Quarterly*, 21(1), 1–16.
- Kaskutas, L. A. (2009). Alcoholics Anonymous effectiveness: Faith meets science. *Journal of Addictive Diseases*, 28(2), 145–157.
- Kelly, J., & Myers M. (2007). Adolescents' participation in Alcoholics Anonymous and Narcotics Anonymous: Review, implications and future directions. *Journal of Psychoactive Drugs*, 39(3), 259–269.
- Kelly, J., Magill, M., & Stout, R. L. (2009). How do people recover from alcohol dependence? A systematic review of the research on mechanisms of behavior change in Alcoholics Anonymous. *Addiction Research & Theory*, 17(3), 236–259.
- Kelly, J., Hoepfner, B., Stout, R., & Pagano, M. (2011a). Determining the relative importance of the mechanisms of behavior change within Alcoholics Anonymous: A multiple mediator analysis. *Addiction*, 107(2), 289–299.
- Kelly, J., Stout, R., Magill, M., & Tonigan, J. S. (2011b). The role of Alcoholics Anonymous in mobilizing adaptive social network changes: A prospective lagged mediational analysis. *Drug and Alcohol Dependence*, 114(2), 119–126.
- Koposov, R., Ruchkin, V., Eisemann, M., & Sidorov, P. (2002). Alcohol use in adolescents from northern Russia: The role of the social context. *Alcohol and Alcoholism*, 37(3), 297–303.
- Krentzman, A. R., Brower, K. J., Cranford, J. A., Bradley, J. C., & Robinson, E. A. (2012). Gender and extroversion as moderators of the association between Alcoholics Anonymous and sobriety. *Journal of Studies on Alcohol and Drugs*, 73(1), 44.
- Laudet, A., Morgen, K. & White, W. (2006). The role of social supports, spirituality, religiousness, life meaning and affiliation with 12-step fellowships in quality of life satisfaction among individuals in recovery from alcohol and drug problems. *Alcoholism Treatment Quarterly*, 24(1–2), 33–73.
- Levintova, M. (2007). Russian alcohol policy in the making. *Alcohol and Alcoholism*, 42(5), 500–505.
- Mackenzie, C., Gekoski, W. L., & Knox, V. J. (2006). Age, gender, and the underutilization of mental health services: The influence of help-seeking attitudes. *Aging & Mental Health*, 10(6), 574–582.
- McKellar, J., Stewart, E., & Humphreys, K. (2003). Alcoholics Anonymous involvement and positive alcohol-related outcomes: Cause, consequence, or just a correlate? A prospective 2-year study of 2,319 alcohol-dependent men. *Journal of Consulting and Clinical Psychology*, 71(2), 302–308.
- Moos, R., & Moos, B. (2006). Participation in treatment and Alcoholics Anonymous: A 16-year follow-up of initially untreated individuals. *Journal of Clinical Psychology*, 62(6), 735–750.
- Moos, R. (2010). Substance use-focused self-help groups: Processes and outcomes. In B. Johnson (Ed.), *Addiction medicine* (pp. 925–940). New York: Springer.
- Morjaria, A., & Orford, J. (2002). The role of religion and spirituality in recovery from drink problems: A qualitative study of Alcoholics Anonymous members and South Asian men. *Addiction Research & Theory*, 10(3), 225–256.
- Mosby's Medical Dictionary (2009). Dipsomania. Mosby's Medical Dictionary, 8th edition. Amsterdam: Elsevier. <http://medical-dictionary.thefreedictionary.com/dipsomania>
- Mäkelä, K., Arminen, I., Bloomfield, K., Eisenbach-Stangl, I., Bergman, K., & Kurube, N. (1996). *Alcoholics Anonymous as a mutual-help movement: A study in eight societies*. Madison: University of Wisconsin Press.
- Neale, J., Allen, D., & Coombes, L. (2005). Qualitative research methods within the addictions. *Addiction*, 100(11), 1584–1593.
- Neufeld, M., & Rehm, J. (2013). Alcohol consumption and mortality in Russia since 2000: Are there any changes following the

- alcohol policy changes starting in 2006? *Alcohol and Alcoholism*, 48(2), 222–230.
- Neyfakh, L. (2013). Why Russia's drinkers resist AA? *The Boston Globe*, November 3. <https://www.bostonglobe.com/ideas/2013/11/02/why-russia-drinkers-resist/6uJ7ugDd5H2Kko28ykXs9K/story.html>
- Obukhova, E. S., & Karavaeva, T. A. (2006). Alkogolizm is sazavisimost' kak obshchestvennaia problema I obekt vnimaniia pravookhranitelykh organov. *Psikhopedagogika i pravookhranitel'nykh organakh*, 27(3), 121–125.
- OECD (2015). Country statistical profile: Russian Federation. http://www.oecd-ilibrary.org/economics/country-statistical-profile-russian-federation_20752288-table-rus
- Ol'shanskaia, A. (2014). Pravoslavnaia Tserkov: Reabilitatsiia Narkozavisimykh i 12 Shagov. *Pravoslavniy Portal Trezvenie*. <http://trezvenie.org/slugenie/full/&id=13682>.
- Perron, B. (2002). Online support for caregivers of people with a mental illness. *Psychiatric Rehabilitation Journal*, 26(1), 70–77.
- Raikhel, E. (2010). Post-Soviet placebos: Epistemology and authority in Russian treatments for alcoholism. *Culture, Medicine, and Psychiatry*, 34(1), 132–168.
- Raikhel, E. (2013). Placebos or prostheses for the will? Trajectories of alcoholism treatment in Russia. In E. Raikhel & W. Garriot (Eds.), *Addiction trajectories* (pp. 188–212). Durham and London: Duke University Press.
- Rehm, J. (2014). Russia: Lessons for alcohol epidemiology and alcohol policy. *The Lancet*, 383(9927), 1440–1442.
- Rhodes, T., & Coomber, R. (2010). Qualitative methods and theory in addictions research. In P. G. Miller, J. Strang, & P. M. Miller (Eds.), *Addiction research methods* (pp. 59–78). West Sussex, UK: Blackwell Publishing.
- Rhodes, T., Stimson, G., Moore, D., & Bourgois, P. (2010). Qualitative social research in addictions publishing: Creating an enabling journal environment. *The International journal on drug policy*, 21(6), 441–444.
- Rice, S., & Tonigan J. S. (2012). Impressions of Alcoholics Anonymous (AA) group cohesion: A case for a nonspecific factor predicting later AA attendance. *Alcoholism Treatment Quarterly*, 30(1), 40–51.
- Riessman, F. (1965) The “helper” therapy principle. *Social Work*, 10(2), 27–32.
- Rivkin-Fish, M. (2005). *Women's health in post-Soviet Russia*. Bloomington and Indianapolis: Indiana University Press.
- Roland, E. J., & Kaskutas, L. A. (2002). Alcoholics Anonymous and church involvement as predictors of sobriety among three ethnic treatment populations. *Alcoholism Treatment Quarterly*, 20(1), 61–77.
- Rosenqvist, P., & Eisenbach-Stangl, I. (1998). *Diversity in nity: Studies of Alcoholics Anonymous in eight societies*. Helsinki: Nordic Council for Alcohol and Drug Research.
- Sanders, J. (2011). Feminist perspectives on 12-step recovery: A comparative descriptive analysis of women in Alcoholics Anonymous and Narcotics Anonymous. *Alcoholism Treatment Quarterly*, 29(4), 357–378.
- Seale, C., Ziebland, S., & Charteris-Black, J. (2006). Gender, cancer experience and Internet use: A comparative keyword analysis of interviews and online cancer support groups. *Social Science & Medicine*, 62(10), 2577–2590.
- Shinebourne, P., & Smith J. (2009). Alcohol and the self: An interpretative phenomenological analysis of the experience of addiction and its impact on the sense of self and identity. *Addiction Research & Theory*, 17(2), 152–167.
- Stevens, E., & Jason, L. (2015). An exploratory investigation of important qualities and characteristics of Alcoholics Anonymous sponsors. *Alcoholism Treatment Quarterly*, 33(4), 367–384.
- Sussman, S. (2010). A review of Alcoholics Anonymous/Narcotics Anonymous programs for teens. *Evaluation & the Health Professions*, 33(1), 26–55.
- Tomkins, S., Saburova, L., Kiryanov, N., et al. (2007). Prevalence and socio-economic

- distribution of hazardous patterns of alcohol drinking: Study of alcohol consumption in men aged 25–54 years in Izhevsk, Russia. *Addiction*, 102(4), 544–553.
- Tonigan, S., Miller, W., & Schermer, C. (2002). Atheists, agnostics and Alcoholics Anonymous. *Journal of Studies on Alcohol*, 63(5), 534–541.
- Torban, M., Heimer, R., Ilyuk, R., & Krupitsky, E. (2011). Practices and attitudes of addiction treatment providers in the Russian Federation. *Journal of Addiction Research and Therapy*, 2(1), 1–3.
- Vaillant, G. (2005). Alcoholics Anonymous: Cult or cure? *Australian and New Zealand Journal of Psychiatry*, 39(6), 431–436.
- Vaillant, G. (2014). Positive emotions and the success of Alcoholics Anonymous. *Alcoholism Treatment Quarterly*, 32(2–3), 214–224.
- VanLear, A., Sheehan, M., Withers, L., & Walker, R. (2005). AA online: The enactment of supportive computer mediated communication. *Western Journal of Communication*, 69(1), 5–26.
- White, S. (1996). *Russia goes dry: Alcohol, state and society*. Cambridge: Cambridge University Press.
- WHO (2014). *Global alcohol report. Country profile: Russia*. http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/rus.pdf
- Wilson, B. (1953). *Twelve steps and twelve traditions*. Alcoholics Anonymous World Services Inc.
- World Bank (2015). *Internet Users* (per 100 people). <http://data.worldbank.org/indicator/IT.NET.USER.P2?page=2>
- Wright, K. (1997). Shared ideology in Alcoholics Anonymous: A grounded theory approach. *Journal of Health Communication*, 2(2), 83–99.
- Zaridze, D., Brennan, P., Boreham, J., et al. (2009). Alcohol and cause-specific mortality in Russia: A retrospective case–control study of 48 557 adult deaths. *The Lancet*, 373(9682), 2201–2214.
- Zaridze, D., Lewington, S., Boroda, A., et al. (2014). Alcohol and mortality in Russia: Prospective observational study of 151 000 adults. *The Lancet*, 383(9927), 1465–1473.

