Communication of support in mutual-aid group meetings for alcoholics’ friends and relatives

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ABSTRACT
AIMS – This study examines the kinds of support that alcoholics’ friends and relatives provide each other in Al-Anon mutual-aid groups. The study examines, first, the types of supportive communication in Al-Anon meetings and second, how contextual features affect supportive communication in these meetings. DESIGN – The research data were collected through non-participant observations of 11 group meetings and analysed by combined deductive and inductive approaches. RESULTS – Four types of support were detected: emotional, informational, esteem and social network, indicating that meetings serve as potential sources of comfort, learning, self-esteem enhancement and company. Contextual features, such as the 12-step ideology, had an effect on the content and form of supportive communication. CONCLUSION – The key to support in Al-Anon meetings lies in their discretion. That is, the way of communicating support and the contextual features of the meetings established favourable conditions for effective communication of support. The results of this study illustrate the actual communication processes exchanged by the people who have “been there”, providing information useful to anyone in contact with friends or relatives of an alcoholic.

KEYWORDS – mutual-aid group, Al-Anon, supportive communication, alcoholism, significant others

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Introduction
Alcohol dependency is a major public health issue in Finland. However, the people affected by living close to an alcoholic have been less studied. And yet, more than 40% of the Finnish population are estimated to be affected by the alcoholism of someone close to them (Huhtanen & Tigerstedt, 2008). Overlooking the negative effects that alcoholism has on others is also a social policy issue. That is, the costs of alcoholism extend to the alcoholics’ intimates, although such costs are rarely illustratable in monetary terms (Mäkelä, 2012). Indeed, the friends and relatives of alcoholics are known to suffer from decreased well-being (Roberts & Brent, 1982). The essence of the burdens on alcoholics’ significant others is interpersonal in nature. That is, the relationships between alcoholics and their significant others are often skewed in the sense that alcoholics’ friends and relatives face considerable stress and anxiety. This study aims to uncover the nature and extent of the supportive communication that alcoholics’ friends and relatives provide each other and to examine how contextual features in Al-Anon meetings affect supportive communication in these meetings.

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areas of controlling and nurturing (Cullen & Carr, 1999; Hogg & Frank, 1992; Le Poire, 2004). For outsiders, the problems of the people living close to alcoholics are not always easy to understand, and these significant others often live in isolation, without the social support they need (Orford, Velleman, Copello, Templeton, & Ibanga, 2010; Wiseman 1991). There seems to be something specific about living close to an alcoholic that requires a certain kind of supportive approach. Furthermore, the help from social welfare agencies and professionals is often exiguous (Orford et al., 2010) or prioritises the treating of the alcoholic (Barber & Gilbertson, 1997).

One of the few places where friends and relatives of alcoholics can receive support is mutual-aid groups. Al-Anon is a mutual-aid group similar to Alcoholics Anonymous, but it is directed toward the significant others of alcoholics. There are 140 Al-Anon groups, entirely run by their members, in 100 localities in Finland (Al-Anon, 2012). Previous research has shown that mutual-aid groups have many positive effects on the well-being of their members (for review, see Cline, 1999). The oral tradition in the 12-step groups has been considered the means by which group members move from the identity of a sufferer to that of a survivor (Denzin, 1987). However, the actual communication processes that create these effects are not well-defined (cf. Schiff & Bargal, 2000). Indeed, communication scholars have not sufficiently addressed mutual-aid groups in spite of their great pragmatic potential for identifying the specific communication processes in the groups (cf. Cline, 1999). Furthermore, ways of supporting the significant others of alcoholics have been understudied in general. In the current study, we examined supportive processes in Al-Anon mutual-aid groups from the standpoint of supportive communication. This yielded first-hand knowledge of the actual communication processes that people who have experienced life with an alcoholic use to help each other.

Communication contributing to mutual-aid group outcomes

Al-Anon has been addressed in previous studies, along with other mutual-aid groups (e.g. Borkman, 1999; Humphreys, 2004; Mäkelä et al., 1996), but only a few studies have focused specifically on outcomes in Al-Anon. Al-Anon have been claimed to reduce group members’ depressive symptoms (Rychtarik & McGillicuddy, 2005) and enhance their coping skills (Gorman & Rooney, 1979). The communication within mutual-aid groups has been investigated mostly in the fields of social sciences (e.g. Arntson & Droge, 1987; Ca- wayer & Smith-Dupre, 1995; Kurtz, 1994; Levy, 1979; Peterson, 2009), where most of the studies have been inductive case studies (cf. Cline, 1999). More specifically, the group meetings have been examined as speech events (Denzin, 1987; Mäkelä et al., 1996) and from a conversation analysis perspective (Arminen 1998; 2001; 2004). In their reviews, Schiff and Bargal (2000) and Lieberman (1976) have shown that the most important communication processes in mutual-aid meetings entail “installing hope”; “universality and an alternative to loneliness”; “support”; “teaching and learning coping methods”; “communicating experimental knowledge”; “self-disclosure”; “receiving feedback”; and “expressing and experiencing intense emo-
tions”. However, the problem with these classifications is that not only are they communication processes, but they also describe outcomes and working mechanisms of the groups (cf. So, 2009). For the practical value of research, it would be beneficial to define clearly the actual communicative processes in the groups. Furthermore, the lack of a shared theoretical background (cf. Cline, 1999) makes the comparison of these studies difficult.

In this study, we examine the interaction within mutual-aid groups as derived from the research tradition of communication studies. From this point of view, the supportive processes in Al-Anon meetings are seen as a form of communication. That is, communication is the mechanism through which support is conveyed in the meetings (see Burleson, Albrecht, Goldsmith, & Sarason, 1994). More specifically, this study rests on the extensive theoretical background established on supportive communication, which is defined by Burleson and MacGeorge (2002, p. 374) as “verbal and nonverbal communication produced with the intention of providing assistance to others perceived as needing that aid”. From the perspective of supportive communication, the investigation of support means studying the messages through which people engage in supportive processes, the interactions in which supportive messages are exchanged and the relationships that are both established by and contextualise supportive communication (Burleson et al., 1994, p. xviii).

Supportive communication has been shown to have several positive effects on well-being (Albrecht & Goldsmith, 2003; Callaghan & Morrissey, 1993; Cohen & Wills, 1985). Suggested mechanisms for these effects include increases in the perceived control of members over their personal environments and reduction of uncertainty (Albrecht & Adelman, 1987; Albrecht & Goldsmith, 2003). Outcomes of supportive communication are influenced by the content of that supportive communication, personal features of the support-giver and recipient, features of the relationship between the two and contextual factors (Burleson, 2009). This study concentrates on content characteristics and contextual features of supportive communication.

Different types of supportive messages have been labelled according to their topical content (Burleson & Goldsmith, 1998). The different types of supportive communication have been shown to differ in effectiveness based on the type of problem addressed (Cutrona & Suhr, 1992) and different phases of crisis (Jacobson, 1986). An extensive body of previous research has generally differentiated five types of support (for review, see Cutrona & Russell, 1990). In the current study, we use four types of supportive communication, chosen for their relevance as defined by previous research on mutual-aid groups (Lieberman, 1976; Schiff & Bargal, 2000). The four types are: (1) emotional support, which is provided to others “with the intent of helping another cope effectively with emotional distress” (Burleson, 2003a, p. 553); (2) informational support, which “involves providing necessary information” (Wills, 1985, p. 62); (3) esteem support, which is “provided to others with the intent of enhancing how they feel about themselves and their attributes, abilities and accomplishments” (Holmstrom & Burleson, 2011, p. 326); and (4) social network
support, which “entails a sense of belong-
ing among people with similar interests 
and concerns” (Cutrona & Suhr, 1992, p. 
155). The fifth type, instrumental support, 
which refers to tangible aid, such as lend-
ing money for the support of the recipient, is excluded from the current study due to 
its presumed irrelevance in group settings.

The communication perspective has 
previously been applied primarily to mu-
tual-aid groups on the internet (Dennis, 
Kunkel, & Keyton, 2008). Many of these 
studies have used a coding scheme for the 
types of support, developed by Cutrona, 
Suhr and their associates (Cutrona & Rus-
sell, 1990; Cutrona & Suhr, 1992). In these 
studies, informational support has often 
been reported as the most frequently oc-
curring support type (e.g. Alexander, Pe-
terson, & Holligshead, 2003; Constantinos 
& Liu, 2009). However, computer-medi-
ated communication differs in many as-
pects from face-to-face communication. It 
appears that the types of supportive com-
munication in face-to-face meeting mu-
tual-aid groups have not been previously 
examined.

Additionally, the non-verbal aspects of 
supportive communication within face-
to-face meeting groups have received lit-
tle attention, even if communication is 
composed of both verbal and non-verbal 
messages which can be seen as comple-
menting or contradicting each other. Non-
verbal communication is especially pow-
erful because it is generally perceived as 
more genuine than verbal communication 
and so is more trusted (Guerrero & Hoo-
bler, 2002). Non-verbal messages are par-
cularly important when communicating 
emotions (Andersen & Guerrero, 2008). 
Accordingly, Jones and Wirtz (2007) have 
claimed that non-verbal supportive com-
munication could be even more important 
than verbal supportive communication. In 
this study, non-verbal communication is 
understood as “all the messages other than 
words that people exchange in interac-
tive contexts” (Guerrero, Hecht, & DeVito, 
2008, p. 5). More specifically, non-verbal 
supportive messages include eye contact, 
attentiveness, crying, vocalics, proxemics, 
pats, hugs, facial expressions, gesturing 
and head nods (Bullis & Horn, 1995; Dolin 
& Booth-Butterfield, 1993). In particular, 
the messages of active listening as sup-
port are emphasised (Bodie & Jones, 2012). 
Furthermore, according to Miczo and 
Burgoon (2008), two modes of non-verbal 
supportive communication – involvement 
and pleasantness – are especially impor-
tant. Involvement and pleasantness are 
part of a broader concept, non-verbal im-
mediacy, which is extremely important 
because it shows caring to the support re-
cipient (Jones & Guerrero, 2001). Moreo-
ver, non-verbal communication has been 
shown to be important in the creation of 
a safe atmosphere for the supportive pro-
cesses (Jones & Wirtz, 2007).

Surrounding physical, cultural and nor-
mative contexts affect the processes of 
supportive communication (Bodie & Bur-
leson, 2008; Burleson, 2003b). The 12-step 
mutual-aid groups create an interesting 
context for supportive communication, 
as the group meetings are highly struc-
tured. They start with the chairperson 
reading excerpts from Al-Anon literature. 
Next, each group member is allowed to 
speak, taking turns. Others are expected 
to listen, and spontaneous comment-
ing on others’ stories is not allowed. The 
chairperson then usually reads from the
literature again as closing words. In the end all say a prayer together (for a more detailed description, see Ablon, 1974). Moreover, Al-Anon groups follow a 12-step programme, which promotes the ideology that life events are determined by a force (“Higher Power”) outside oneself (Cline, 1999). Although often referred to as “God”, what this force means to an individual member is one’s own decision. Thus, a freedom of worldview prevails in the groups (Al-Anon, 2013a). In spite of the concept of a power greater than oneself, the ideology also promotes the notion of answering for one’s own well-being. Indeed, the ideology features a contradiction between the conception of alcoholism as an uncontrollable disease that inevitably also sickens the alcoholic’s significant others, and the notion that one is responsible for improving one’s own actions (Anze, 1979). According to Denzin (1987), group members are expected to echo the 12-step ideology in their talk and to follow a particular form in their stories. According to Saulnier (1994, p. 254), the foundations of the Al-Anon meetings are constructed by the following elements: “the way life was experienced prior to coming to Al-Anon”; “the occurrences in Al-Anon that seemed to affect life and the member’s perception of it”; and “the resulting perceptual and behavioral changes”.

Moreover, in 12-step meetings, members communicate through story-like monologues, discussing their own experiences (Arntson & Droge, 1987; Arminen, 2004). According to Arminen (2004), the communication of support in 12-step meetings unfolds in the form of “second stories”, which are meant to give a new perspective, express understanding and gratitude and offer information to support recipients (Arminen, 2001). Few studies focus specifically on the communication in Al-Anon meetings. Ablon (1974) describes the communication within Al-Anon as “education by alternatives”. According to her research, the exchange of information and emotional support through social community are important forms of support present in the meetings. Ablon (1974) argues that members often use black humour in their monologues, although the matters discussed are serious. In addition, she states that Al-Anon offers a safe arena for sharing intimate experiences.

Research agenda

Previous research on face-to-face mutual-aid groups has not sufficiently distinguished the actual communication processes from their helping mechanisms and outcomes. In this study, we explore communication in Al-Anon groups from the perspective of supportive communication. Specifically, the data gathering and analysis are directed by the four types of support noted earlier: emotional, informational, social network and esteem support. Nevertheless, openness is maintained to new support types that might appear. The first goal is to deductively evaluate:

RQ1. What types of supportive verbal and non-verbal communication can be found in Al-Anon meetings?

As supportive communication in face-to-face meeting mutual-aid groups has not been extensively studied, our study detects the qualitative content of support types without the restriction of a detailed coding scheme. However, the qualitative content of the support types includes communicative acts and events (Saville-
Troike, 2003) that fit the theoretical descriptions of the support types described earlier. Thus, the theoretical background also works as a baseline for the second goal of the study, which is to determine:

RQ2. What communicative acts and events compose the different types of supportive communication in Al-Anon meetings?

The 12-step meetings include contextual features that make them interesting arenas for supportive processes. However, previous research on face-to-face meeting mutual-aid groups has not sufficiently considered the relationship between contextual factors and supportive processes. For this reason, the third goal of our study is to consider inductively:

RQ3. How do contextual features influence the supportive communication in Al-Anon meetings?

Method
The data in the current study were gathered through real-time observation of Al-Anon meetings in winter 2011. A request to participate in the study was sent to all Al-Anon groups in Finland through the Al-Anon central service. Three groups were selected from among the volunteers, and the purpose of the study was explained in greater detail to them. Each Al-Anon group is independent, and the decision to participate in the study was made within each individual group. Eleven meetings were observed, each lasting 1.5–2.5 hours and including 8–12 members. Because the groups are open to anyone suffering from a significant other’s alcoholism and do not have fixed memberships, the characteristics of group members cannot be described in detail. Also, the acquiring of information from the observed meetings’ attendees could be considered unethical as the groups function based on anonymity. The basic characteristics of the observed meetings’ attendees appeared to be generally in accordance with the statistics of the Al-Anon membership survey (Al-Anon, 2013b). The majority of members attending the observed meetings were women; only two men were noted in the observed meetings.

Before the actual data gathering, the researcher trained on the note-taking technique in an open (to all interested) Al-Anon meeting. The first author then attended the meetings as an “observer-participant” (Lindlof & Taylor, 2011), sitting at the same table with the group. That is, the observer did not participate in the meetings’ trajectory but remained as a silent onlooker. As noted above, mutual-aid groups build on anonymity and trust, and so the use of a recording device was not appropriate in this context. The observer was, however, allowed to take notes. Consequently, data were collected by taking free-form field notes focusing on supportive processes in the meetings. The four types of support noted earlier directed data gathering, but openness was maintained to any new support types that might appear. Additionally, general notes describing the situation were taken during the observations. A research journal was also maintained during the observation period. At the end of the last meeting with each group, the researcher met with one or more of the group members to discuss whether they had noticed a change in the group’s behaviour during the observations. Members reported that despite a mild excitement at the beginning of the observa-
tion period, members had acted as usual.

Final research material included 80 pages (Times New Roman, 12-point, single-spaced) of typed field notes and research journal notes. The notes were analysed using thematic analysis (Guest, MacQueen, & Namey, 2012). First, the material was coded deductively into categories representing the four types of support identified previously. Choices among the categories available were made according to the message’s topical focus. As in the data-gathering process, openness was maintained throughout the analysis to new support types that might appear. However, no categories appeared that would not fit into the four support types. Next, the contents of support type categories were evaluated inductively. Content themes were created by placing different messages (e.g., describing one’s way of coping with anxiety) under an umbrella term representing a more generic communicative event (e.g., suggestions). Last, contextual features affecting supportive communication were defined inductively. Because contextual features operate on a more implicit level than the actual supportive messages, the more general notes in the research journal were especially useful during the contextual feature analysis.

Because only one researcher observed the meetings, a draft of analysis results was provided to a few group members for validation of the content (Lincoln & Cuba, 1985). Other than suggesting a few changes in words and terms used, these members confirmed the results. According to one group member, the results illustrated “all the elements present in the groups and the way things are being discussed…the groups atmosphere is truthfully described”.

Results

Emotional support

Non-verbal emotional support

In the meetings, the dialogue manifested in story-like monologues which were not directly verbally commented upon. Consequently, this rule-governed style of communication reduced the possibility for spontaneous verbal support for the person sharing at the moment. Hence, the non-verbal expressions of listening, empathy, understanding, agreement and other reactions while another member was talking played an important role in the meetings. Intensive silence, leaning forward, head nods and shakes, sighing and laughing were non-verbal substitutes for spontaneous verbal support.

Humour

Irony and sarcasm were frequently used by the members in relating their stories. Humour was often used at the end of a serious story as a way to lighten the intense atmosphere. The humorous way of discussing difficult subjects made it possible for members to approach their life experiences from a new, lighter perspective. One member commented on the “spiritual awakening” that is part of the 12-step ideology as follows: “Spiritual awakening is about treating everyone with respect except your own husband”.

Hope and encouragement

Members often expressed hope at the end of a story by telling a positive detail about their everyday life. Hope was also expressed through members’ descriptions of their steps forward in recovery after sharing of setbacks. It was often reiterated that setbacks were part of the recovery
process and should not be worried about. The possibility for learning things, finding strength and serenity, freeing oneself from fears and generally experiencing a positive change was frequently expressed. Members often described the enhancement of their lives after coming to Al-Anon as a “reward” that could be attained with the help of the group. These descriptions provided examples through which members could evaluate their progression along the path of recovery.

Understanding
As they shared their stories, members typically expressed understanding and empathy for the experiences of others and for the difficulties encountered in changing unhealthy patterns of behaviour. Members often described difficulties they had experienced before joining Al-Anon as a way of showing understanding for those now encountering similar problems. The difficulty of giving up control, trusting their Higher Power, learning new ways of behaving and being humble were described. One member, for example, remarked after sharing her successful process of recovery that she had recently lost her temper and yelled at her husband. Such admissions communicate to others that everyone makes mistakes and remind members that recovery is a never-ending process. In some of the meetings, it seemed to be an unspoken rule that members admit their weaknesses. In one meeting, almost every member admitted having used “manipulation and lying”, while in another meeting members confessed to “impatience” and “arrogance”. Members also articulated reasons for the difficulty of their recoveries.

Confidentiality
Confidentiality and member anonymity were primarily expressed in the announcements read at the end of every meeting. Furthermore, when a new member joined the group, welcoming words were read from the organisation’s literature which emphasised the group’s confidentiality. In each meeting, a cardboard sign was prominently displayed reminding members to keep anything heard in the group confidential. Confidentiality was also maintained by not communicating members’ names, occupations or any other personal information.

Informational support
Suggestions
The stories shared in the meetings often included practical advice about how to achieve enhanced well-being. Members advised each other about how to avoid unhealthy ways of thinking and communicating in difficult situations. Solutions included going for a walk, praying, cleaning the house and talking to a friend. Continued participation in the group was often suggested as the answer to problems. In addition to practical advice, members shared more abstract suggestions about the
best ways of dealing with difficulties. They were advised to be kind to themselves, to give up the need to be right, to love themselves, to be humble, to live one day at a time and to laugh at things. Advice offered in the meetings was also often related to the spiritual element of the Al-Anon programme. For example, one suggested solution involved writing a letter to God, and in another case the Higher Power was compared to the support of the group. These kinds of expressions made the abstract concept of spirituality more comprehensible. Advice about how to interact with the alcoholic was also common. It was suggested that members stop nurturing and nagging and communicate things clearly, firmly and with a neutral tone of voice to the alcoholic.

Teachings
General facts of life were also shared in the member discussion. These facts were expressed in a declarative manner and often functioned as arguments in support of advice, relating the speaker’s views about the meanings of things. Members often spoke in terms of what it’s about: about giving up, being a martyr and constant beginning. Members shared their insights such as “being thin-skinned is actually vanity” or “obsequiousness doesn’t equal being humble”, and more abstract philosophies of life that often echoed the Al-Anon literature, such as “life is to learn” and “giving is receiving”.

Many of the shared teachings related facts about alcoholism. The most frequently shared view was that alcoholism is a disease. The problems of those close to alcoholics were also often compared with the disease of alcoholism. Members talked about symptoms, healing and nurturing. One member described the disease of alcoholics’ significant others as follows: “I had an obsession to rescue as an alcoholic has an obsession to drink”. Teachings also included reasons for the behaviour of alcoholics, suggesting that they were unable to bear critique or give support, were like little children and prone to manipulation.

Allegories
Members would use allegories to describe the situations shared in their stories. The function of these metaphors was to make the shared experiences more comprehensible, as in the following: “life with an alcoholic is like a card game…it is also keeping the lowest card to oneself”. The comparisons were often more like figures of speech, comparing the process of recovery, for example, to a flower slowly opening its petals or likening Al-Anon to a medicine.

Esteem support
Relief of guilt
One of the most foundational thoughts of these groups seemed to be that others were not responsible for the alcoholic’s drinking. The often repeated phrase “alcoholism is a disease” functioned as curtailing feelings of guilt and shame. Members’ life choices, behaviours and thoughts were typically explained by childhood experiences and events of the past. One member described the effect of the past on present behaviour as follows: “once, I too was an innocent baby who was put into an alcoholic environment and had to learn how to cope with that”.

Although a philosophy of humility was dominant, members also pointed out the alcoholic’s responsibility for their own
circumstances. One member pondered her husband’s behaviour as follows: “The fact that he just lies around without taking any kind of initiative. Before, I thought that it was just slackness but it’s actually an act of power as well!” Although the alcoholic’s behaviour was generally viewed as a symptom of their alcoholism, the speaker here placed the alcoholic in the more responsible role. Her own actions were suggested to be excusable after everything that the alcoholic had done. Furthermore, members sometimes justified the choice not to leave the alcoholic spouse with remarks about the beautiful person buried underneath the alcoholism.

Compliments and gratitude
At the beginning and/or the end of their stories, members typically thanked others for the stories they had shared, for their support, for listening and expressed thanks for their own recovery. Compliments often included praise for being brave and for the positive changes visible from an outsider’s perspective. Members were advised to acknowledge their own value, to understand their right to be happy, to take care of themselves and to enjoy life. Al-Anon was represented as a group that exemplifies hope and recovery.

Network support
Group’s significance
Although many indirect positive effects were attributed to the group, its intrinsic value in the process of recovery was also expressed. The group was described as a place for members to develop their own character, to take care of themselves and to participate in aid of their own well-being. Moreover, the group was often presented as an alternative to being alone and as a source for the right kinds of support, because only those who had experienced similar situations could understand the member’s circumstances. This point was especially emphasised to newcomers, who were given a letter in which all of the willing group members had shared their telephone numbers so that the newcomer could call them for support at any time. The often heard phrase was: “You don’t have to be alone anymore!”.

Contextual factors affecting supportive communication in Al-Anon meetings
The atmosphere of the meetings
The groups met in private and peaceful locations, sitting around a table in dim lighting and sometimes with candles on the table. Coffee and tea were available, and a small snack was often offered. The physical surroundings of the meetings created a peaceful arena for discussing difficult matters and communicating support. The “warm” atmosphere in the meetings also resulted from the group members’ light chit-chat, pouring coffee and sharing snacks before and after the official meetings.

The atmosphere during the meetings ranged from very intense to cheerful according to the matters under discussion. When a speaker was sharing difficult experiences, other members expressed listening through intensive silence, leaning forward, nodding and compassionate sighs. Conversely, when a speaker shared experiences in a humorous manner, others would react with laughter, lightening the atmosphere. Non-verbal communication thus played a prominent role in creating the atmosphere of the meetings.
The general tone of the different meetings also varied according to the natures of the members’ life situations. When there were members present experiencing an acute crisis and these matters were discussed, the atmosphere became quite heavy. Alternately, when members more advanced in their process of recovery described their progress, the atmosphere of the meeting became lighter. The atmosphere of the meetings created a receptive space for communicating social support.

The manner of interaction in the meetings
At the beginning of each meeting, the group leader read one of the steps and shared excerpts from the Al-Anon literature. Then, each member was in turn allowed to speak for a designated period of time with the help of a timer. After each member had shared their story, the group leader brought the meeting to a close by again reading from the Al-Anon literature. At the end of the meeting, the members recited the serenity prayer together. This ritualistic form of communication significantly affected the format of supportive communication.

Because spontaneous, conversational commenting during the stories of other members was not allowed, the role of non-verbal supportive reacting, such as expressions of understanding, was amplified. Verbal supportive communication manifested indirectly in the shared personal experiences of the members. For example, instead of saying “your life will change with the help of the group”, members would say “my life changed with the help of the group”. The support was often also formed as general statements about life as “nobody’s perfect”. The shared advice was also indirect. Instead of saying “you should take care of your health”, members would say “it is important to take care of one’s health”. Referring to the previous stories was also used to express understanding to another member.

The manner of interaction in the meetings also promoted the simultaneous giving and receiving of support. For example, when talking about past mistakes, members could simultaneously express understanding to previous speakers and seek support for themselves. Furthermore, while a member was sharing, others expressed non-verbal support to the speaker.

The 12-step ideology
The Al-Anon ideology was especially evident in the content of supportive communication during the meetings. The notion that the close one’s alcoholism was in the hands of a Higher Power was expressed in the stories as a lack of resentment towards the surrounding situation. On the other hand, the problem at hand was viewed as a result of the member’s own ways of thinking and behaving, with only the individual being able to make the change. The group’s importance in the path of recovery was underlined, because the view of alcoholism as a lifelong disease suggested an ongoing recovery process.

The literature shared at the beginning of each group meeting also guided the content of the supportive communication. In one of the meetings, the fourth step (“Made a searching and fearless moral inventory of ourselves”) was the topic for discussion and generated a great number of practical tips about how to perform the moral inventory. In another meeting where the sixth step (“Were entirely ready to have
God remove all these defects of character”) was being discussed, almost every member shared their defects of character.

The Al-Anon philosophy also affected the form of the stories shared in the meetings, which seemed to be constructed from certain recurrent elements that, in turn, affected the manifestation of the observed types of supportive messages. The recurrent elements in the stories included: (1) expressions of understanding, which typically conveyed that regardless of the progress made toward recovery, the road was rocky for everyone; (2) giving hope, often through reminders that hope existed despite the difficulty of matters under discussion; (3) giving relevant information to enhance recovery; (4) relief of guilt; and (5) emphasis of the group’s support during the recovery process. These elements might appear several times and in any order in member stories, although they frequently began with an expression of understanding. Expressions of understanding and messages of hope were present in almost every story, which represents the “big story” of Al-Anon as, above all, a story of hope and understanding.

Discussion
In the current study, deductive and inductive approaches were combined to identify and describe the types of supportive communication that occur in Al-Anon meetings and to determine the influence of the surrounding context on supportive processes. Each of the four theoretical types of support was detected, suggesting that the meetings offer something for everyone. According to Jacobson (1986), different kinds of support may be beneficial to people experiencing different phases of crisis. The four types of support typically appeared in the members’ stories in a definite order that reflected the 12-step ideology. Particularly, almost every story included the expression of understanding by relating common experiences and the sharing of hope by conveying the possibility of change. This result echoes the suggestion of Saulnier (1994) that the stories shared in Al-Anon meetings are constructed from the following components: what it was like, what happened and what it is like now. Our study extends Saulnier’s (1994) idea a step further by describing the function of these elements of members’ stories from the perspective of supportive communication. From this view, the action of sharing experiences is the action of conveying supportive messages to others (cf. Arminen, 2004: “second stories”; Ablon, 1974: “education by alternatives”). Moreover, the results mirror the typologies assorted in previous literature on mutual-aid group communication (see Lieberman, 1976; Schiff & Bargal, 2000), but position the specific messages under the umbrella terms for the types of supportive communication. Thus, the deductive approach to supportive processes, in addition to the inductive approach, makes it possible to interpret the implications of these findings in terms of previous knowledge about supportive communication.

Although quantities of the different support types were not measured during the observations or analysis, emotional support was distinctly the most endemic type. This is not surprising, as according to the 12-step ideology, the alcoholism of a significant other is not viewed as a problem to be solved, but it is rather the members’ own well-being that is the chal-
Emotional support has been shown to be the most beneficial type of support in all kinds of situations (Burleson, 2003a). Further, emotion-focused support is considered especially effective in situations where the support recipient does not feel in control of the situation (Cutrona & Russell, 1990). Also the informational support offered in the meetings was often emotion-focused (Goldsmith & MacGeorge, 2000). The information was not intended to solve a specific problem, but to help members find constructive ways of viewing a given situation. The goal of emotion-focused support has been identified as encouraging the recipient to adopt a more positive situational appraisal (Barbee & Cunningham, 1995; Burleson, 2003a). The abundant use of humour in stories can also be viewed as a means of altering members’ attitudes toward the issues under discussion. Humour as a stylistic feature also allows members to provide and receive support in a polite and face-saving manner (Goldsmith, 1994).

In previous research on communication in mutual-aid groups, non-verbal communication has rarely been considered. However, the results show that non-verbal communication is an important channel through which emotional support is communicated. That is, as each member’s time to talk was limited, the majority of meeting members listened to others. In fact, the art of listening is also emphasised by the 12-step groups themselves (Denzin, 1987). As others were sharing, non-verbal communication was used to express attentiveness to the speaker, as commenting on others’ stories was not allowed. These observations can be understood as non-verbal immediacy, which is known to be an important factor in effectively communicating support (Jones & Guerrero, 2001). In fact, supportive listeners are often considered parallel to supportive people (Bodie, Vickery, & Gearhart, 2013). Our findings show that when studies focus only on the verbal communication of mutual-aid groups, an important part of the meetings’ interaction is overlooked. These results also highlight the contextual differences between face-to-face and internet mutual-aid groups. Research on internet mutual-aid groups has often found informational support to be the type most frequently expressed in meetings (Constantinos & Liu, 2009).

As noted previously, most of the informational support concentrated on encouraging members to adopt more positive situational appraisals. Informational support is known to be accompanied by a certain element of risk, because many factors in the process of giving information can potentially result in rejection of the advice or even in the support recipient being offended (MacGeorge, Feng, & Thompson, 2008). Based on a definition established in previous research, we found that the observed meetings included informational support that could be considered “good” (see MacGeorge et al., 2008). First, the advice given in the meetings was feasible. Informational support in meetings with the objective of problem solving primarily included suggestions about how an individual should behave in a given situation. According to MacGeorge, Feng, Butler and Budarz (2004), only advice about something within the control of the support recipient is considered helpful. Second, advice was given in the meetings using a polite approach. Advice was often presented as personal experience about
successful methods of coping. The politeness and face-saving quality of informational support have been correlated with the support’s effectiveness (Goldsmith & MacGeorge, 2000; MacGeorge, Lichtman, & Pressey, 2002). Third, the informational support was well-situated. The advice given in the meetings was always accompanied by emotional support, which according to Feng (2009) results in increased effectiveness.

In sum, the contradictory nature of the 12-step ideology (Anze, 1979) was apparent in the shared experiences, also from the supportive communication’s point of view. On the one hand, the message was about surrendering, relieving guilt and trusting the Higher Power. On the other hand, members were encouraged to take responsibility for their own actions.

Based on the results of the current study and previous research on supportive communication, several explanations can be made for the popularity of Al-Anon mutual-aid groups as a source of social support. First, the endemic role of emotional support and the face-saving quality of the advice make the supportive communication in these meetings very sophisticated. Sophisticated supportive communication is person-centred and acknowledges the recipient’s feelings and thoughts (Burleson, 1994). The sophistication of supportive communication is one of the most important factors determining its effectiveness (Burleson, 2008; Rack, Burleson, Bodie, Holmstrom, & Servaty-Seib, 2008). Second, emotionally supportive and non-verbal communication together with the physical environment of the meetings creates a space conducive to communicating support. According to Burleson and Goldsmith (1998), the right conditions for supportive processes are created through mutual trust between the support giver and recipient, the sense of safeness to discuss difficult matters, the ability to discuss the subject logically and the feeling of comfort in the situation. To summarise, based on the results of this study with respect to the theoretical foundations of supportive communication, we conclude that the key to support in Al-Anon meetings lies in their discretion. That is, the way of sharing one’s own experiences and the rule-governed trajectory of the meetings established favourable conditions for effective communication of support. Hence, good-quality support can be seen as inbuilt in the practice and ideology of the groups.

Some features of the meetings’ supportive processes still need to be examined more closely. First, the intentional focus and topical focus of verbal support can sometimes be incongruous. For instance, the topical focus of the phrase “alcoholism is a disease” is informational; however, the phrase can also be used as a means of relieving guilt. In future research, it would be beneficial to determine the perspectives of support givers and recipients as compared to those of the observer. Second, as the key verbal activity in the meetings was the sharing of experiences, the distinction between giving support to others and venting one’s own emotions, which also predisposes oneself to receiving support, was often impossible to make. Cawyer and Smith-Dupre (1995) reported a similar finding from their observations of AIDS/HIV support groups. According to them, the idea of “shared emotion” better describes the supportive process in the meetings than a strict “give
and take” view of supportive communication. According to the “helper-therapy principle” (Riessman, 1965), the support giver benefits in several ways while supporting others. The third factor of interest was that very few men were present in the observed meetings. Women are known to prefer emotion-focused support (Burleson, 2003b) and to use non-verbal supportive communication more frequently than men (Bullis & Horn, 1995; Jones & Wirtz, 2007). Future research would benefit from comparing the supportive communication of groups such as AA, in which members are primarily men (Alcoholic Anonymous, 2008), to the supportive communication observed in Al-Anon. Indeed, Al-Anon groups have previously been labelled as stress-coping groups, whereas AA groups have been labelled as behavioural control groups (Levy, 1979). This kind of comparison would also shed light on possible gender-related differences in the ways of moving, through communication, from the identity of a sufferer to the identity of a survivor (cf. Denzin, 1987). In sum, the design of forms of support to those who are living under the burden of alcohol-related problems could benefit greatly from the application of research observations in the field of supportive communication.

The current study has several limitations. First, only one observer conducted observations, and without the use of a technical data-recording device. However, it is generally difficult for outsiders to gain any kind of access to mutual-aid groups because of their pursuit of anonymity and exclusion of professionals (Helgeson & Gottlieb, 2000). Nevertheless, mutual-aid groups should be investigated, with appreciation to their commitment to privacy and non-alignment. To counter this limitation, results were evaluated by Al-Anon members to validate their general accuracy (Lincoln & Cuba, 1985), which increases their credibility. Third-party observation can also be justified as a means to gain data that describes actual communication in contrast to self-reports. Second, it is possible that the presence of the observer affected the behaviour of group members during the observed meetings (Flick, 2007). However, all the groups were observed three to four times, which allowed members to adjust to the presence of the observer. Also, when members were asked about any possible effect, they reported only a mild excitement at the outset of observations. The observation of more than one group also makes the results more generalisable. To conclude, given the problematic role of reliability and validity in naturalistic research (e.g. Lincoln & Cuba, 1985), efforts were made to compensate for this limitation. However, this study is the authors’ interpretation of the supportive processes in the observed meetings and cannot reflect the Al-Anon meetings in their entirety.

The popularity of Al-Anon groups indicates the need for feasible support among those close to alcoholics. However, because the problems that alcoholism causes to the alcoholic’s significant others often are complex, the people trying to help them may feel incapable of providing adequate support. The results of the current study illustrate the kinds of support exchanged by people who have “been there”, providing information useful to anyone in contact with friends or relatives of an alcoholic. To conclude, although the
significant other's recovery may bolster the alcoholic's sobriety (Le Poire, 2004), the primary responsibility of those close to alcoholics is caring for themselves—a task that cannot be accomplished without the support of others.

Declaration of interest None.

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