Sacrifice, stigma, and free-riding in Alcoholics Anonymous (AA): A new perspective on behavior change in self-help organizations for addiction

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Abstract

Iannaccone and others have claimed that behavior change in religious organizations is mediated in part by sacrifice and stigma, which enhances participation, augments club goods that make participation worthwhile, and reduces free-riding. As applied to Alcoholics Anonymous (AA), a non-religious self-help organization for addiction, Iannaccone's ideas shed light on the ways in which sacrifice and stigma influence behavior in AA. AA members' willingness to embrace a stigmatized identity, give up alcohol, and participate in the AA fellowship, creates the club goods that are integral to 'recovery' from addiction. Iannaccone's model furthermore illuminates the problem of free-riding in AA, providing one explanation for the incredible rate of growth of AA over the years, particularly as compared with less 'strict' self-help organizations for alcohol use problems, such as Moderation Management.

Keywords Sacrifice, stigma, free-riding, 12-steps, Alcoholics Anonymous, Moderation Management, mechanism of change

Introduction

Addictive disorders represent one of the greatest public health threats to the developed world, contributing to the suffering of millions, including over 500,000 substance-use-related U.S. deaths annually (Horgan et al., 2001). Self-help organizations are the most commonly utilized treatment for people with addiction in the United States today (Miller and McCrady, 1993). There exist many different types of self-help organizations for addiction, e.g. Alcoholics Anonymous, Narcotics Anonymous, Rational Recovery, Moderation Management - each with its own unique emphasis, scope, and philosophy. Despite differences between self-help organizations, all have certain universal features, including the coming together of people with a common problem, reliance on experiential knowledge, a program for change, an emphasis on reciprocal helping, and no monetary cost to the consumer (Humphreys, 2004).

Alcoholics Anonymous (AA) is the largest and most robust self-help organization for addiction, with a membership estimated at four to six million people worldwide, and a presence in as many as 50 societies (Humphreys, 2004). *The Big Book*, AA's seminal text, has sold over 28 million copies and is one of the highest selling non-fiction books in history. Founded in the 1930's, AA is the prototypical SHO upon which the majority of subsequent SHO's have been modeled. AA's "12-Steps", the core of AA's program for change, have been adopted and adapted to countless other self-help organizations for addiction, hence their frequent designation as "12-step groups" (Humphreys, 2004). Two decades of accumulating empirical data demonstrate that active participation in Alcoholics Anonymous improves drinking outcomes as well as other measures of well-being, including psychological, social, and financial measures (Tonigan et al., 1996, Kelly, 2003a), and that higher levels of involvement are predictive of better outcomes (Johnson et al., 2006, Ouimette et al., 1999).

Various models have been suggested to explain how AA reduces drinking and improves health outcomes, including social control theory, social learning theory, behavioral reward theory, and stress and coping theories (for a review see Moos 2008)(Moos, 2008). Empirical data on specific change mechanisms in AA support improved self-efficacy, improved coping skills, and enhanced motivation. Studies have also shown the positive impact of reducing pro-drinking influences (Kaskutas et al., 2002), having abstinent role models, enhancing friendship quality (Humphreys et al., 1997, Kaskutas et al., 2002), and affiliating with supportive, sober social networks (Kelly et al., 2009). A recent meditational analysis found that spiritual practices in AA facilitate recovery as well (Kelly et al., 2011). Alcoholics Anonymous' (AA) has its own explanation for behavior change: Internal cognitive and spiritual changes arising from practicing

prescribed AA behaviors as outlined by the 12-Steps and *The Big Book*, as well as participation in the AA fellowship, which consists of "formal and informal social gatherings and communications between meetings. (p 240)" (Kelly et al., 2009).

With the exception of the research on social networks, the scientific literature on mechanisms of behavior change in AA, as well as AA's own conception of how change occurs, have focused on the individuals' subjective, internal cognitions, motivations, and coping. Less study and reflection has been given to how the fellowship as a whole functions to constrain individual behavior and contend with members who are not adhering to prescribed practices. Kelly et al in their review of change mechanisms in AA write "The task of further research is to continue to parse out the construct of fellowship …. Critical too will be to place these social mechanisms within a multi-level theoretical framework that describes how social changes influence change mechanisms at other levels …. (p. 249)." (Kelly et al., 2009)

A potential theoretical framework to improve our understanding of how the AA fellowship promotes behavior change can be found in the area of behavioral economics of religion, specifically the 'sacrifice, stigma, and free-rider' hypothesis of economist Laurence Iannaccone. AA is explicitly not a religious organization, stating in its own preamble that "A.A. is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics achieve sobriety" (Anonymous, 1947). Nonetheless, Iannaccone's ideas are relevant for any organization in which participatory crowding promotes club goods (the collective product of a given community), which includes self-help organizations for addiction.

Iannaccone makes the convincing claim that religious organizations that demand more sacrifice and confer more stigma, achieve a larger following and are generally more successful than religious organizations that are more free-wheeling. Their success lies in their ability to enhance "club goods" and reduce "free-riding". 'Club goods' are the benefits, often intangible, to be gleaned from a belonging to a community. "The pleasure," Iannaccone writes, "I derive from Sunday service depends not just on my own inputs but also on the inputs of others: how many others attend, how warmly they greet me, how well they sing, how enthusiastically they read and pray …." (Iannaccone, 1992a). 'Free riders' are those individuals who attempt to benefit from the group without sufficient participation in that community, similar to the more colloquial terms 'free-loaders' or 'moochers'. Free-riding directly threatens club goods.

Iannaccone notes it is difficult if not impossible to measure adherence to the group principles which create the club goods (Iannaccone, 1992b), especially when the

demands involve personal habits and non-tangible, subjective phenomena. Therefore, 'strict churches' measure participation indirectly by mandating stigmatizing behaviors that reduce participation in other contexts, and by demanding the sacrifice of the individual's resources to the exclusion of other activities. Thus are free-riders ferreted out.

Iannaccone's theory sheds light in particular on those behaviors that seem excessive, gratuitous, or even irrational in existing religious institutions. Examples in various religions include wearing certain hairstyles or certain clothing, abstaining from various foods or forms of modern technology, or refusing certain medical treatments. According to Iannaccone, even seemingly irrational demands are rational when understood as a 'cost' to the individual to reduce 'free-riding' within the organization.

The purpose of this manuscript is to apply Iannaccone's ideas to AA to provide a new theoretical framework to explore fellowship factors in self-help organizations for addiction, an area which has been neglected relative to psychological models of behavior change in AA. Applying Iannaccone's model suggests that sacrifice and stigma in AA promote affiliation and reduce free-riding, and thereby bolster the sober social network so important to recovery.

Sacrifice and stigma in AA

The role of stigma

The stigma associated with being identified as an alcoholic and joining Alcoholics Anonymous in our society is significant, and a large deterrent to participation in AA; hence the emphasis on membership being 'anonymous'. Only those individuals whose addiction is severe accept the loss in social status that is inherent in belonging to AA. Indeed, demographic data on AA members demonstrate that those who attend and participate in AA are consistently found to be those with the most severe dependency issues (Cooney et al., 2003), and/or those who are court-mandated to do so. At the time of first affiliating with AA, initiates are asked only to come with the "desire to stop drinking" (Anonymous, 1947), stipulating intent but not action. Members can and do show up at meetings intoxicated. For initiates, stigma rather than sacrifice takes precedence.

Why choose stigma over sacrifice as the higher burden at initiation? Why not just demand that initiates demonstrate their commitment by staying sober for a month prior to joining, similar to the initiation process of Moderation Management (Kishline, 1994), another self-help organization for alcohol use problems? Because initiation costs that are low in sacrifice and high in stigma ensure that prospective members with milder forms of

addiction ('high-bottom drunks') are sufficiently committed to accept the stigma associated with joining AA, while still ensuring that prospective members with more severe forms of addiction ('low-bottom drunks') -- those who have lost jobs, homes, marriages, are serving jail time, etc. due to their addiction, and for whom stopping drinking prior to joining would be near impossible -- still have access to the organization. The emphasis on stigma over sacrifice enables AA to cast the widest net possible among a vulnerable and often disenfranchised population.

An active movement within addiction treatment and research organizations seeks to 'de-stigmatize' addiction, primarily by getting the medical and lay communities to accept addiction as a chronic disease, on par with other chronic illnesses with a behavioral component, like Type II diabetes, asthma, and heart disease (McLellan et al., 2009). The purported advantages of de-stigmatizing addiction include better access to and parity compensation for addiction treatment. However, de-stigmatizing addiction may have an unintended negative consequence: Eliminating stigma might in turn eliminate one of the major forces reducing free-riders in self-help organizations such as AA. Sally Satel has written a provocative piece on the subject of stigma, arguing that social condemnation is a motivating factor for those seeking to overcome addiction (Satel, 2007). Iannaccone's theory contributes to a lonely literature in favor of stigma as a social mediator of behavior change.

Interestingly, self-identifying as an "alcoholic", initially a source of stigma for new members, becomes over time a badge of honor, and a kind of reverse stigma ensues, in which those who do not wholeheartedly embrace their new identity as an 'alcoholic', are internally stigmatized for their so-called "denial". Members are taught they have a life-long disease which can never be cured, but only 'in recovery'; and that they have an 'allergy' to alcohol that prevents them from consuming it in moderation (Anonymous, 1939). When speaking at AA meetings, they learn to preface their remarks with the phrase, 'Hi, my name is ___, and I am an alcoholic' (Humphreys, 2004). Stigma becomes a vehicle to promote affiliation, creating a barrier between those in the group, and those outside of it. What develops for those who affiliate strongly with AA is a kind of pride in being an 'alcoholic', and a disdain for those who do not recognize themselves as such, for which AA has an abundant lexicon, including "dry drunk", "alcoholic insanity", "constitutionally incapable of being honest", etc.

The role of sacrifice

The demands for sacrifice in AA change at different stages of affiliation.

The term 'newcomers' in AA refers to those who are past the stage of initiation, but are still relatively unfamiliar with the practices and principles of AA, as well as to those who have relapsed and must declare themselves as newcomers again. Unlike initiates, newcomers are asked to sacrifice a great deal, chief among those sacrifices being abstention from alcohol and time spent going to meetings. The goal of abstinence is fundamental to AA, and is a sacrifice indeed for individuals with severe addiction. Such rigid prohibitions against alcohol reduce members' participation in other contexts. Attendance at any social gathering where alcohol is freely consumed becomes difficult for the newly "clean and sober", which in turn often requires cutting ties with prior substance using social networks, "playmates in the playground", and affiliating with newly formed sober social networks through AA. Newcomers are encouraged to attend at least one meeting every day in the first three months from their last drink ("sobriety birthday"), which further reduces time available for other activities; and are rewarded with "birthday chips" for "30 in 30" "60 in 60" and "90 in 90" (30 meetings in 30 days, 60 meetings in 60 days, etc).

Abstinence and time spent going to meetings are not the only sacrifice demanded of newcomers in AA. Recovery is thought to involve a psychological and spiritual transformation, which AA teaches can only be achieved by 'working the 12-steps'. AA's '12-steps' consist broadly of the following: 1.) Surrender one's will to a "Higher Power", 2.) admit one's faults to oneself, one's Higher Power, and another human being (usually one's sponsor within the AA fold), and 3.) help others achieve the same goals through a process of reciprocal helping and the sharing of experiential knowledge (sponsorship) (Anonymous, 1939). The tripartite foundation of the 12-steps has been succinctly summarized by one of AA's co-founders, Dr. Robert Holbrook Smith, as "trust God, clean house, and help others." (http://silkworth.net/mitchellk/ny2/drbobscript.html). The 12-Steps mention alcohol only in the first step, and otherwise promulgate spirituality, interpersonal integrity, and service. Level of AA involvement (talking with sponsor, group service, step-work, etc.) is a bigger predictor of abstinence than attendance at meetings alone (Kelly, 2003b).

The term 'Oldtimers' in AA refers to members who have been clean and sober for a significant amount of time and are familiar with AA practices and principles. Oldtimers occupy a high social status within the AA community, since their sobriety represents hope for initiates and newcomers. Sobriety is measured in units of time (days, weeks, months, years) from the day of the last drink, i.e. sober birthday. Major time milestones are acknowledged with great celebration and gravitas in AA, and 'birthday chips' given out for their achievement. If a member relapses to substance use, that individual must re-set sobriety time to zero, independent of duration of sobriety before relapse, and must also

resume the 12-Steps at the beginning. It is common for members to repeat the Steps many times during the course of membership, independent of sobriety; but resetting the quit date is a source of shame and embarrassment for most, and an oft-expressed deterrent to relapse.

In addition to the ongoing sacrifice of abstinence, attending meetings, and 'working the steps', 'oldtimers' are expected to sacrifice significant amounts of time to service, particularly as 'sponsors', i.e. a 'sober person offering a newcomer suggestions on recovery'. Sponsors play a fundamental role in the AA fellowship, in that they act as mentors and guides for those newly joined and in the early stages of recovery. Sponsor and sponsee communicate in some cases as often as multiple times within a single day, especially in the early stages of 'working the 12-steps'. Service enhances club goods by promoting a sober-social network and mentorship based on experiential learning. Furthermore, in their role as 'sponsors', 'oldtimers' monitor, enforce, and act as gatekeepers for free-riders, about which more will be said in the next section.

Free-riding in AA

Free-riders are those individuals who benefit from club goods without making the necessary sacrifices to enhance club good (Iannaccone, 1992a). There are two basic types of free-riders in AA.

The first type of free-rider in AA is the individual who is not 'clean and sober' by AA's definition, but pretending to be. AA is inclusive and nurturing of individuals who are not sober but are honest about it. These individuals serve as a living reminder of what addiction looks like, and what other members want to avoid. The individuals who proclaim to the fellowship that they are *not* using substances, when in fact they are, are the ones who threaten club goods. Why? One of the primary ways in which AA is thought to mediate positive behavior change is by providing a sober social network (Kelly et al., 2009). If the ostensibly 'sober' peer group is in fact using substances, then one of the major benefits of participation is lost. One of the standard criticisms leveled against AA and other self-help organizations for addiction, is that such groups merely provide a place to buy, sell, and use substances (Humphreys, 2004). AA's success depends upon fending against such criticism by insuring that its members are honest about their use, and participate in the meetings with an authentic desire to stop using.

The second type of free-rider in AA is the individual who is indeed abstinent, but is not making an effort to learn the 12-steps or embrace the AA philosophy. AA internally stigmatizes members who are not 'working the steps', even if they are 'clean and sober', because the 12-steps are thought to be at the heart of the psychological and spiritual

transformation that is necessary for overcoming addiction. Just stopping drinking, without changing other behaviors or working on 'character flaws', perpetuates a way of living in the world that AA believes is as pathological as addictive alcohol consumption. AA has its own pejorative term for this type of free-rider, and it is the 'dry drunk'. The dry drunk threatens club goods by not actively participating in the 12-steps. For example, by not engaging in step 12, 'dry-drunks' diminish the available pool of members who might 'sponsor' other members. Without sponsors, the credo of reciprocal helping on which AA is founded falls apart.

Free-riding in AA represents an area of significant concern for members, as reflected by the extensive AA lingo that members use to describe free-riding, without overtly conceptualizing the phenomenon. In addition to 'dry drunk', described above, which serves to identify members who are abstaining from alcohol but not 'working the program', members often speak of preferring one meeting over another because the 'the sobriety is better there' (Humphreys, 2004), of the ills of 'two-stepping', '13^{th}-stepping', 'self-will run riot', etc, all of which refer to persons who are falling short in some way from the teachings of AA, a phenomenon which is a threat not just to the individual's recovery, but also the group as a whole. In a competitive market, consisting not just of different SHO's for addiction, but also different groups/meetings within the same organization, it is vital to the success of the organization or group to weed-out free-riders and enhance club goods. Laurence Iannaccone states, "…a religious firm can survive only by offering products and prices that consumers care to 'buy'"(Iannaccone, 2000). The same is true for self-help organizations for addiction. Mitigating free-riding is fundamental to its market survival.

Oldtimers are the members in AA who monitor and mitigate free-riding, first through the extensive use of AA lingo and *Big Book* narrative structure ('what we used to be like, what happened, and what we are like now'). 'Oldtimers' use these linguistic and narrative devices to advertise to others that they have put in the time and made the commitment necessary to acquire knowledge of this insider language and how to use it, which in turn distinguishes them not only from initiates and 'newcomers' (Pollner and Stein, 1996), but also from 'dry drunks', a form of free-rider discussed above.

Use of AA lingo and narrative structure in storytelling, also referred to as 'Big Book thumping', is no guarantee, however, that a member is not free riding by 'talking the talk, but not walking the walk', i.e. drinking but pretending to be abstinent. AA wards against this type of deception by promulgating honesty as the greatest virtue, and explicitly railing against the 'double life' of the addicted person who pretends to live one way but is in fact living another. "Those who do not recover are people who cannot or will not

completely give themselves to this simple program, usually men and women who are constitutionally incapable of being honest with themselves. There are such unfortunates. They are not at fault: They seem to have been born that way. They are naturally incapable of grasping and developing a manner of living which demands rigourous honesty. Their chances (for recovery) are less than average" (Anonymous, 1939).

In order to understand the primary gatekeeping function against free-riders that sponsors serve, let us consider two real-life case examples.

Mr. Smith (pseudonym) is a high-level employee of a prominent Silicon Valley business. Several years ago he made the decision to quit using alcohol and marijuana and join AA. He became actively involved in the 12-step program, went to regular meetings, got a sponsor, and was successful in his endeavor to be abstinent from both alcohol and marijuana. His participation in AA was such a positive experience for him, that he even became a bit of a 'Big Book Thumper', appearing at my office on one occasion with a copy of *the Big Book,* with his name and contact information inscribed in the inside cover, offering to guide other patients of mine who were wanting to join AA. He talked frequently and at great length about how much better his life had become since joining AA ang getting 'clean and sober'.

He continued on in this vein for approximately two years, and then he developed some neck pain for which there was no detectable medical cause or solution. In an effort to assuage his pain, he obtained a medical marijuana card and began eating a fourth of a marijuana cookie a day, to treat his pain. When he told his sponsor about this development, his sponsor felt he had relapsed, that he was no longer 'clean and sober', and wanted him to reset his sobriety date. At that time Mr. Smith had worked through all the steps, although he himself was not sponsoring anyone. Mr. Smith disagreed, arguing that his marijuana was for pain and prescribed to him by a doctor, and so did not constitute a relapse. Still his sponsor, joined by others in the fellowship, encouraged him to stop using marijuana in any form and re-set his sobriety date. This disagreement between them went on for months, and Mr. Smith found himself unable to reconcile with his sponsor and fellow members over this point. He started going to fewer meetings, and after approximately half a year, Mr. Smith stopped attending AA meetings altogether.

When I asked why he stopped going to AA, he talked about AA, his sponsor, and the other people in his regular meeting in a disparaging way that I had never heard before, saying, "They totally didn't get my pain." "The truth is, it's really a cult, and if you don't do it exactly their way, they just can't take it." "My sponsor turned out to be a total _ _ _-hole." Within the year, Mr. Smith had returned to smoking marijuana and abusing alcohol on a daily basis.

This case raises several questions. In failing to accommodate Mr. Smith's stated need for medical marijuana for neck pain, did Mr. Smith's sponsor do him harm or good? One might certainly make the case that Mr. Smith as an individual was harmed, as the disagreement between them over what constituted 'clean and sober' led Mr. Smith to spurn the group, label it a 'cult', and quit participating. His lack of participation likely contributed to his more substantial subsequent relapse to alcohol and drugs. Would it not have been better if his sponsor had been more flexible and accepted the use of medical marijuana for chronic pain as different from recreational use of marijuana?

When viewed in light of Laurence Iannaccone's theory, the behavior of Mr. Smith's sponsor takes on a deeper significance. In order to ensure the quality of club goods for the broader fellowship, Mr. Smith's sponsor needed to enforce a rigid interpretation of 'clean and sober', even if this intervention ultimately led to Mr. Smith's rejecting the organization and relapsing to alcohol. To be sure, Mr. Smith's use of marijuana in any form for any reason may well have been, as his sponsor declared, a relapse necessitating stopping use and re-setting a quit-date, but his sponsor's intractable position on this contributed to the loss of a member and possibly harm to the individual. As Iannaccone articulates it, "… apparently counter-productive religious demands are best viewed as utility maximizing rules that enhance group commitment and reduce free-riding…. (p. 5) (Iannaccone, 2000)"

This vignette also begs the question, what is the algorithm used in AA to measure 'clean and sober'? In its early days, AA focused exclusively on alcohol and explicitly ignored other potential forms of addiction. But the ready accessibility of many substances of abuse in today's culture, and the high prevalence of polysubstance use among those with addiction, has led AA to change its implied definition of 'clean and sober' to mean abstinence from all addictive substances and behaviors, the one glaring exception being nicotine, which continues to be consumed in various forms by many AA members. Use of prescription medications, non-therapeutic use thereof being the fastest rising category of abuse in the United States, and use of so-called 'medical marijuana', which can be obtained from state-sanctioned dispensaries, but is not approved at the federal level for any medicinal use (schedule I), represent ongoing controversy within AA.

How will AA define sobriety in the age of 'medicinal marijuana' and 'harm reduction' (i.e the idea that some medical interventions are aimed not at reducing substance use, but at limiting the secondary damage associated with it, e.g.clean needle exchanges as a means of reducing the spread of HIV infection). How will a given definition of sobriety affect club goods and hence outcomes of participation? For example, even now the use of buprenorphine, an opioid agonist-antagonist, as a treatment for opioid

dependence, is at odds with the abstinence model of most 12-step groups, or is it? Iannaccone argues that being too strict can also lead to an organization's downfall. AA's ability to adapt to these changes in addiction treatment, while maintaining the necessary 'strictness' to control for free-riding, will predict its future success.

A corollary to the above example is the case of Mrs. Jones. Mrs. Jones had already been a long-time (4 years) member of AA when, while travelling in a foreign country where she did not speak the language, she accidentally ordered and consumed a beverage which contained a very small percentage of alcohol, on par with non-alcoholic beers marketed and sold in this country . In other words, she consumed an amount of alcohol so negligible that it can legally be marketed as non-alcoholic in the United States. When she returned from her trip and told her sponsor, her sponsor insisted she re-set her quit date and resume the 12-Steps from the beginning. She did so tearfully but without a fight, and in her willingness to abide by a very stringent interpretation of relapse, demonstrated her unambiguous commitment to AA.

These two case examples illustrate the level of sacrifice expected in AA, even to the point, one might argue, of undermining the needs of a given individual. Sacrifice and stigma, even when leading in some cases to hardship or harm for the individual, are essential to mitigating free-riders and preserving club goods for the broader fellowship. These case examples illustrate the important role played by the sponsor as the gate-keeper for free-riders. In at least one study, having a sponsor was predictive of better drinking outcomes overall (Johnson et al 2006).

'Church' versus 'Sect' in AA

Laurence Iannaccone makes comparisons between "church" and "sect" to demonstrate the validity of his model. Churches tend to advocate for behavioral norms that are similar to those of the prevailing culture. Churches also tend to attract members with higher socioeconomic status and more education. Churches overall have lower levels of participation. Sects, by comparison, tend to advocate for behavior which is more deviant from prevailing social norms, attract members with lower socioeconomic status and less education, and finally boast higher levels of participation. These differences between church and sect persist independent of religious beliefs or historical origins. In other words, by demanding more sacrifice and conferring greater stigma, sects also create higher levels of participation.

This pattern is bourne out as well among self-help organizations for addiction. Moderation Management (MM), proxy for Iannaccone's 'church', is a self-help organization for alcohol-use disorders that was founded in the 1990's by a woman named

Audrey Kishline who acknowledged having an alcohol use problem, but did not feel her needs were well served by AA (Kishline, 1994). She did not agree that her problems necessitating stopping drinking altogether, or that she had a 'disease' called alcoholism. Rather she felt her problems were less severe than most AA members', and that her goal was moderation, not cessation, of alcohol. She founded MM as an alternative to Alcoholics Anonymous for non-dependent problem drinkers who wanted to control their drinking, not stop it altogether. MM's behavioral demands are more in-line with prevailing cultural norms, which is to drink in moderation, but not abstain altogether. MM tends to attract members who on average are from higher socioeconomic backgrounds and have more education than AA members.

Participation in MM, unlike AA, remains limited, remaining small in terms of absolute number of members. Active membership was about 500 in 2000 (Humphreys and Klaw, 2001) and is probably several thousand today, compared with nearly four to six million worldwide in AA. MM's central text, *Moderate Drinking: The Moderation Management Guide for People Who Want to Reduce Their Drinking* (Kishline, 1994), has approximately 50,000 copies (Humphreys, 2004), compared to 28 million for the Big Book. Granted MM (1990's) has not been around as long as AA (1930's) has, but the trajectory of growth is nowhere near comparable to the explosive growth of AA and other self-help organizations for addiction with an abstinence-only goal modeled on AA. Furthermore, empirical studies have shown that there is a pathway for more severe drinkers that heavily involves AA and results in abstinence, and then a different pathway that leads to moderate drinking for people who have less severe addiction histories and more social capital to begin with, and usually does not involve participation in self-help organizations (Humphreys et al., 1995).

Conclusion

Laurence Iannaccone posits that behavior change in religious organizations is mediated in part by sacrifice and stigma, which enhances participation, augments club goods that make participation worthwhile, and reduces free-riding. Sacrifice and stigma in AA perform similar functions: Members willingness to give up all alcohol and other addictive substances and behaviors, attend meetings, 'work the 12-steps', and embrace a stigmatized identity, both pledges them as members and creates the sober social network that is integral to recovery.

Most of the research on behavior change mechanisms in AA to date have focused on the subjective experience and psychology of the individual, and have regarded the AA experience as monolithic, with little appreciating for the varied behavioral constraints at progressive levels of membership. Applying Iannaccone's model provides a way to study

the AA fellowship, and suggests that mechanisms of behavior change vary according to stage of affiliation, i.e. initiates versus newcomers versus oldtimers.

Costs for initiation in AA are low in sacrifice and high in stigma. The only requirement to become a member is the 'desire to stop drinking'. Exacting a high price in terms of stigma discourages free-riders, while still preserving access to club goods for a vulnerable and often marginalized population. Once having joined, 'newcomers' to AA have a different set of rules regarding sacrifice and stigma. They are asked to abstain from the use of alcohol and all addictive substances and behaviors, (although there is ongoing controversy in AA about medicinal use of addictive substances), which in turn reduces their ability to participate in other contexts. They are also asked to give considerable amounts of time to learning AA principles and practices and attending AA meetings. They are encouraged to embrace a new identity as an 'alcoholic' who suffers from an incurable disease, which paradoxically elevates their social status within AA.

'Oldtimers' (members of AA with substantial sobriety and familiarity with AA teachings), are asked to make additional sacrifices in the form of service, namely speaking at meetings and acting as 'sponsors' to 'newcomers'. In this role, 'oldtimers' are integral to monitoring and enforcing adherence to AA principles and mitigating the problem of free-riding. They do this by propagating AA lingo and narrative structure, which communicate earned insider knowledge and differentiates them from 'dry drunks'; and by identifying relapse and enforcing sobriety in their role as 'sponsors'. As such they serve as a major gatekeeper against free-riders, sometimes at the cost of individual needs.

A comparison of Moderation and Management versus AA illustrates how sacrifice and stigma directly affect levels of participation. MM champions drinking in moderation, behavior more in line with social norms, and attracts prospective members with less severe drinking problems and higher socioeconomic status. Overall participation and growth in MM are lower compared with AA, a difference not accounted for by the relative newness of the organization. AA, on the other hand, which has been likened more than once to a 'cult', asks for significant sacrifice and confers substantial stigma, but likewise demonstrates high rates of participation and phenomenal growth, attracting those with more severe drinking problems and lower socioeconomic status. This comparison suggests, as Laurence Iannaccone has argued with his comparisons of 'church and sect' among religious organizations, that greater levels of sacrifice and stigma lead to higher levels of participation and create a higher impact commodity in term of behavioral change.

The assertions in this paper are theoretical and in need of further study and empiric support. Nonetheless, the application of Iannaccone's concepts of sacrifice,

stigma, and free-riding in AA sheds light on many issues of interest to researchers and clinicians who study models of behavior change, particularly as pertain to issues of addiction. It is the hope of this author that these ideas will inspire future research on the mechanisms of behavior change in self-help organizations for addiction, particularly on the level of fellowship over individual subjectivity.

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