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ABSTRACT

This article creates a strong theoretical rationale in support of the concept of fellowship, the cornerstone healing influence of Alcoholic Anonymous (AA). It reviews the literature which supports the Alcoholic Anonymous' concept of fellowship or client perceived belongingness. It provides a strong rationale for the establishment of new AA-oriented programs which can be used to convince regulatory agencies of the worth of these programs. It provides information supporting the AA premise that feelings of belongingness are a significant factor in consideration of good mental health and psychological treatment outcome. This provides a common ground of agreement between the AA community and the psychological/psychiatric community. This article is divided into four subsections: (1) literature related to personality theory; (2) literature related to group psychotherapy; (3) literature related to alcoholism pathology; and (4) literature related to alcoholism psychological treatment. References are included. (ABL)

A Psychological Rationale in Support of the Alcoholics Anonymous' Concept of Fellowship

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Abstract

This article creates a strong theoretical rationale in support of the concept of "fellowship," the cornerstone healing influence of Alcoholics Anonymous. This article includes a review of the supporting literature from the areas of personality theory, group psychotherapy, alcoholism psychopathology, and alcoholism psychological treatment.

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Dr. Machell is also an active author having published numerous articles in his specialty areas, such as "Deprivation in American Affluence: The Theory of Stimulus Addiction," "Fellowship as an Important Factor in the Residential Treatment of Alcoholism," "The Lethality of the Corporate Image to the Recovering Corporate Executive Alcoholic," and "The Recovering Alcoholic in For-Profit Alcoholism Treatment Salesmanship: A Psychological Risk." His published Fordham University doctoral dissertation is titled, "Belongingness--The Critical Variable in the Residential Treatment of Alcoholism."

A Psychological Rationale in Support of the
Alcoholics Anonymous' Concept of Fellowship

The purpose of this article is to review the literature which supports the A.A. concept of fellowship or what this author has called client perceived belongingness. This article is of value to alcoholism treatment agencies that need to document a strong rationale for the establishment of new A.A.-oriented programs to convince regulatory agencies of their worth. It also provides information for the members of Alcoholics Anonymous, in that it shows important authors of the psychological/psychiatric literature (Freud, Jung, Sullivan, Horney, etc.) in support of the A.A. premise that feelings of belongingness are a significant factor in consideration of good mental health and psychological treatment outcome. Historically, a philosophical division has existed between the A.A. community and the Psychological/Psychiatric community. This article shows the confirmation of a common premise, and a common ground of agreement.

Accordingly, this article is divided into four subsections: (1) literature related to personality theory, (2) literature related to group psychotherapy, (3) literature related to alcoholism psychopathology, and (4) literature related to alcoholism psychological treatment. The first three subsections of this article explores the psychological theories of those areas dealing with

"belongingness," while the fourth subsection explores the psychological theories plus a review of empirical research completed in the area of the client perceived peer grouping pattern and the concept of belongingness, specifically in alcoholism psychological treatment.

Literature Related to Personality Theory

The purpose of this subsection is to review the writings of various personality theorists and their conceptualizations as to the place and importance of the concept of social belongingness to the human psyche and to the process of psychological treatment. The writings of Freud (1927), Jung (1934), Lewin (1936), Murray (1938), Adler (1939), Horney (1942), Maslow (1954), Rogers (1961), Binswanger (1963), Sullivan (1964), Allport (1965), Fromm (1968), and Angyal (1970) are analyzed in this section with respect to this topic.

Sigmund Freud wrote about the concept of identification to help account for the formation of the ego and superego. Freud explained that an individual will reduce his own tension by modeling his behavior after that of someone else who seems to be more successful at gratifying needs than he is (Fenichel, 1968). He may also identify after someone who possesses a desired quality or after someone who appears omnipotent to the individual (Freud, 1927). This process is important to this topic because

belongingness seems to be fostered by the process of identification in the case of the alcoholic and the feelings of belongingness seem to deepen as the identification grows stronger. Freud views the process of identification as reducing tension and as helping to form the ego and the superego. The philosophy of Alcoholics Anonymous (A.A.) uses a similar explanation schema in stating that alcoholism deteriorates the human being spiritually, emotionally, and physically (A.A., 1976). A.A. implies that the process can be reversed, through spirituality and peer fellowship. The Freud concept of identification in order to build (or rebuild) the ego and superego seems apparent in the A.A. philosophy.

Jung (Hall & Lindzey, 1970) discussed the concept of entrophy whereby when two bodies of different temperatures are placed in contact with one another, heat will pass from the hotter to the colder body. The warmer object loses thermal energy to the colder one until the two objects have the same temperature. It is a general rule of Jungian psychology that any one-sided development of personality creates conflict, tension, and strain, and an even development of all the constituents of personality produces harmony, relaxation, and contentment. This concept shows the possibility of two personalities coming into close contact affecting one another. The A.A. principle of peer

support and peer influence may have the same basis of theory as Jung's concept of entrophy, that the recovered alcoholic may be able to provide the newly recovering alcoholic with influence and a focus for recovering energies. Carl Jung corresponded several times with Bill Wilson, the founder of A.A. in 1934 (one year before the founding of A.A.), and Jung encouraged Bill Wilson to create this body of people of like cause who could share motivation with the still active and struggling alcoholic (A.A. Grapevine, 1963). Jung approved of peer grouping as a possible positive influence in the treatment process whereby a process of transference would occur with this group of recovering persons.

Lewin (1936) states that interpersonal tension tends to equalize itself with the amount of tension in surrounding systems.

> If system a, for example, is in a state of high tension, and if the surrounding systems, b, c, d, e, and f, are in a state of low tension, then tension will tend to pass from a into b, c, d, e, and f until there is an equality of tension throughout the whole system (Hall & Lindzey, 1970, p. 227).

A newly involved person in a treatment setting may equalize his intense tension, conflict, frustration, etc., if he is interfaced with other persons who are calmer, feeling more

stable, self-assured, etc. Lewin's field theory seems to explain how peer grouping patterns may help a tensive person. Lewin theoretically reinforces Roger's stance that person influence is important and helpful to the process of treatment. Lewin's theory necessitates an openness on the part of the person to expose himself to the influence of other persons.

Murray (1938) formulated 20 basic needs, one of which was Affiliation. Murray (1938) defined this need:

> To draw near and enjoyably cooperate or reciprocate with an allied other (an other who resembles the subject or who likes the subject), to please and win affection of a cathected object, to adhere and remain loyal to a friend (p. 17).

Murray's statement describes "an allied other (an other who resembles the subject . . .)" (p. 18). This statement is important to peer grouping patterns since Murray stated that a basic human need exists for an individual to "draw near /with/ . . . an allied other (an other who resembles the subject . . .)" (p. 24). This reaffirms the need an alcoholic might have for another alcoholic or group of alcoholics. Murray explains this phenomenon as a basic human need.

Adler (1939) pointed to the need for a human being to belong to a social context in order to overcome personal

feelings of inferiority. "Social interest is the true and inevitable compensation for all the natural weaknesses of individual human beings" (p. 31).

Fromm (1968) made a point that man has natural roots and that he wants to be an integral part of the world, to feel that he belongs.

> As a child, he is rooted to his mother, but if this relationship persists past childhood it is considered to be an unwholesome fixation. Man finds his most satisfying and healthiest roots in a feeling of brotherliness with other men and women (Hall & Lindzey, 1970, p. 131).

Karen Horney (1942) showed in her writings that an absence of feelings of belongingness in early childhood may lead to desperate efforts to compensate for this absence in later years. The individual may become very frustrated, which might lead to feelings of aggression. He may turn this aggression inward and negate his own self-esteem and self-image. This absence may also lead to the creation of a neurotic need for affection and approval (Horney, 1942). This early absence of belongingness in early years, therefore, can lead to a desperate need to belong to a social context in later years.

Maslow (1954) pointed to belongingness as a basic human need. Maslow stated that an absence of basic human

needs can foster conflict due to a lessening of self-esteem. Maslow viewed the treatment process as helping an individual to approach self-actualization by helping him to satisfy his needs. An absence of feelings of belongingness, therefore, can cause conflict and a lowering of self-esteem which may be a precipitant of emotional disturbances (Maslow, 1954).

Carl Rogers (1961) perceived the concept of treatment or therapy as involving interpersonal relationships. Rogers stated that a client is in need of an accepting human relationship which would enhance the client's self-worth by an unconditional acceptance of the client. The client finds himself experiencing new feelings fully, if he perceives his involvement with the persons, and he becomes acquainted with elements of his experience which have in the past been denied to awareness as too threatening, too damaging to the structure of the self. As he lives these new feelings, he discovers that he has experienced himself, that he is all these feelings.

> He finds his behavior changing in constructive fashion in accordance with his newly experienced self. He approaches the realization that he no longer needs to fear what experience may hold, but can welcome it freely as a part of his changing and developing self (Rogers, 1961, p. 185).

Rogers therefore viewed the client perceived peer grouping

concept as vital to a definition of therapy or treatment, and he indicated that an identification or the beginnings of feelings of belongingness were essential for the therapy or treatment process to begin at all.

Binswanger (1963) in his writings described modes of Being-in-the-World. He wrote about a plural mode (numerous interactions and formal relations), a dual mode (formal relations with one other person), a singular mode (formal relations with self), and a mode of anonymity (formal relations with no other person and no sense of formal relations with self). Binswanger indicated that normally a person has not one mode of existence but many, and Binswanger seemed to indicate that the most effective man was he who fluently could adapt to his reality by altering modes. He indicated that the dual role was achieved by two people in love. He stated that "I" and "Thou" become "We." He stated that this was the authentic mode of being human. Binswanger seemed to indicate that the modes that allowed a human to experience another human enhances his humanness which allow "world-openness" (Binswanger, 1963, p. 123).

Sullivan (1964) insisted that personality was a purely hypothetical entity, "an illusion" which could not be observed or studied apart from the interpersonal situation. Sullivan indicated in his writings that the human

personality was not functioning without the interpersonal relationship or social context. He explained that his concepts of dynamisms, personifications, and cognitive processes were processes of the personality which were interpersonal in character (Sullivan, 1953). Sullivan (1964) stated, "Psychiatry is the study of phenomena that occur in interpersonal situations, in configurations made up of two or more people all but one of whom may be more or less completely illusory" (p. 92). Sullivan, therefore, implied that the concept of personality and the entire field of psychiatry could not be considered separately from the concept of interaction in a social context, imagined or real.

Angyal (Hall & Lindzey, 1970) viewed man as an organism with directional trends inherent in his personality makeup. Angyal stated that a balance needed to be created between autonomy (the trend to satisfy cravings and to advance his interests by bending the environment to his needs) and homonomy (the trend to fit himself to the environment and to share and participate in something larger than self). Angyal wrote that the trend toward homonomy motivated the person to fit himself to the environment and to share and participate in something that was larger than his individual self. Angyal stated that he submerged his individuality by forming a harmonious union

with the social group, with nature, or with a supernatural, omnipotent being. Homonomy expresses itself through such specific motives as the desire for love, interpersonal relations (Hall & Linzey, 1970). Angyal stated that when an imbalance occurs, tensions arise which might put the organism in a state of disharmony. Angyal indicated that when an organism became excessively autonomous, the tensions created by this condition could then be lessened by allowing the homonomous trend to express itself one way being "by forming a harmonious union with the social group" (p. 32). Angyal touched upon the basic theoretical rationale for group therapy which was to involve a person who was emotionally withdrawn and obsessive into a social group context whereby, if the person becomes related to the social group context then he would be less withdrawn and less obsessive.

Gordon Allport (1965), as Murray (1938), pointed to a basic need for the quality of sentimentality or affiliation to a group of other persons in order to function adequately.

The personality theorists reviewed indicated that belongingness to a social context is important to the development, functioning, and proper balance of the human personality.

Literature Related to Group Psychotherapy

The purpose of this section is to review the writings of various group psychotherapy theorists and their

conceptualizations as to the place and importance of the concept of belongingness to the human psyche and to the process of psychological treatment.

Yalom (1975) viewed that a personal involvement in a group devoted to a treatment or therapy process could be curative to emotional distress if the individual related with some trust and openness to the process. Yalom stated:

> Group cohesiveness in group therapy is the analogue of "relationship" in individual therapy. . . . it has been demonstrated that patients who are liked or consider themselves liked by their therapists are more likely to improve in therapy (p. 46).

Yalom (1975) continued that the more the level of group cohesiveness, the better the chance for the following curative factors to occur and be nurtured to increased levels:

1. Instillation of hope
2. Universality ("not alone in their wretchedness")
3. Importing of information
4. Altruism (help themselves through giving)
5. The corrective recapitulation of the primary family group (family conflicts recapitulated and then re-lived correctively)
6. Development of socializing techniques
7. Imitative behavior

8. Interpersonal learning

9. Group cohesiveness

10. Catharsis (emotional venting of pent-up emotions)

11. Existential factors (facing basic issues--pain, death, honesty, love, etc.).

A study by Yalom, Houts, Zimerberg, and Rand (1967) examined at the end of a year all patients who had started therapy in five outpatient groups. The degree of improvement as to symptoms, functioning, and relationships were studied as a result of an interview and a self-assessment inventory. Positive outcome in therapy correlated with only two predictor variables--"group cohesiveness" and "general popularity." The results indicated that patients who were most attracted to the group (high cohesiveness) and who were more popular at the sixth week and the twelfth week had a better therapy outcome at the fiftieth week (Yalom, 1975).

Clark and Culbert (1965) in a study demonstrated a significant relationship between the quality of intermember relationships and outcome in work with T-groups. In this study Clark and Culbert correlated outcome with intermember relationships. Their results indicated that members who interrelated in two-person mutually therapeutic relationships showed the most improvement during the period of the group involvement.

A Lieberman, Yalom, and Miles (1977) study involved 200 subjects in 18 different forms of group therapies. The results of this study indicated that attraction to the group is a strong determinant of outcome. This study also indicated that if an individual

> . . . experienced little sense of belongingness or attraction to the group, even when measured early in the course of the sessions, there was little hope that he would benefit from the group and, in fact, a high likelihood that he would have a negative outcome. Furthermore, the groups with the higher overall levels of cohesiveness had a significantly higher total outcome than those with low cohesiveness (Yalom, 1975, p. 47).

Rosenbaum (1976) explained that the purpose of repressive-inspirational group therapy was to foster and encourage the following qualities: esprit de corps, communal feeling, an environment that was friendly, a group status, group identification, socialization of the group, loss of isolation, and ego support as well as the testimony and example of others. This style of treatment was to encourage the sharing of feelings and to alleviate the symptoms of conflict by a strong supportive group of peers which would bolster the self-esteem by reinforcing feelings of belongingness and positive self-worth. This method, by increasing

self-worth, would, as a result, decrease the anxiety and would help the individual feel stronger and more self-assured to deal with his conflict issues. The A.A. process is viewed by Rosenbaum as being this style of group therapy.

The literature related to group psychotherapy makes a strong case for the premise that if a client perceives himself/herself as belonging closely to a treatment group then he/she has a better chance of relieving his/her conflict symptoms than an individual who perceives himself/herself as not belonging closely to the treatment group. Most authors in the area of group psychotherapy view belongingness as being an important ingredient in the group therapy approach and group cohesiveness or belongingness a vital ingredient in the curative process of emotional conflict.

Literature Related to Alcoholism Psychopathology

The purpose of this section is to review the literature related to alcoholism psychopathology and to analyze the psychosocial disease qualities of alcoholism. It is important to realize these psychosocial disease qualities of alcoholism in order to better understand the significance of the concept of belongingness in the treatment process. The information of the next section, Literature Related to Alcoholism Psychotherapy, meshes with this information to explain the significance of feelings of belongingness to alcoholism psychotherapy. Following is a symptomological

chart which is a summary of numerous authors and their views of the psychosocial disease qualities of alcoholism:

Disease Quality

Disordered lifestyle (Zimberg, Wallace, & Blume, 1978)

Impaired sense of femininity/masculinity (Tamerin, 1978)

Shutdown of affect (Jellinek, 1960)

Extreme passivity (Pattison, Sobell, & Sobell, 1977)

Poor stress management (Zimberg et al., 1978)

Impaired interpersonal/social abilities (Jellinek, 1960)

Loneliness (Zimberg et al., 1978)

Intense inhibitions (Zimberg et al., 1978)

Emotionally poorly educated (Pattison et al., 1977)

Intense family and marital conflict (Wegscheider, 1982)

Intense denial (Jellinek, 1960)

Lack of knowledge of alcoholism (Jellinek, 1960)

Low self-esteem (Pattison et al., 1977)

Shame, guilt (Pattison et al., 1977)

Depression (Pattison et al., 1977)

Suicidal ideations (NIAAA, 1978)

Rigid superego (perfectionism, compulsiveness, rigid sense of order) (Zimberg et al., 1978)

Overcontrolled or out of control behavior (Zimberg et al., 1978)

Delusion (Pattison et al., 1977)

The literature related to alcoholism psychopathology views alcoholism as a disease which impairs the alcoholic in emotional areas that involve other persons. As was previously stated, the disease is viewed by the above authors cited as affecting, deluding, and discouraging the alcoholic's perception of social belongingness. The qualities of the disease are therefore quite anti-social, and these qualities tend to intensify the longer the individual is experiencing them.

Literature Related to Alcoholism Psychological Treatment

There seems to be a general consensus that treatment approaches which try to reverse the above disease qualities by the use of a social context have been most effective in the reversal of these disease qualities. A.A. and group therapy (of various types) are used extensively to help in the treatment of the before mentioned behaviors. Yalom (1975), as mentioned previously, viewed group therapies as having curative factors. Yalom viewed A.A. as being a type of group therapy.

The author of this article meshed the curative factors list and the disease qualities chart as listed above to illustrate why group therapy and the social context is perceived as being appropriate to the treatment of the alcoholic:

Curative Factors	Disease Qualities
1. Instillation of hope	Depression (Pattison et al., 1977)
	Suicidal Ideations (NIAAA, 1981)
2. Universality	Loneliness (Zimberg et al., 1978)
3. Imparting of Information	Emotionally poorly educated (Pattison et al., 1977)
	Lack of knowledge of alcoholism (Jellinek, 1960)
	Intense denial (Jellinek, 1960)
4. Altruism	Delusion (Pattison et al., 1977)
	Shame, Guilt (Pattison et al., 1977)
5. The Corrective Recapitulation of the Primary Family Group	Intense Family and Marital Conflict (Wegscheider, 1982)
6. Development of socializing techniques	Impaired interpersonal/social abilities (Jellinek, 1960)
	Rigid Superego (Zimberg et al., 1978)
7. Imitative behavior	Shutdown of affect (Jellinek, 1960)
8. Interpersonal learning	Poor stress management (Zimberg et al., 1978)
	Disordered lifestyle (Zimberg et al., 1978)
	Overcontrolled or out of control (Zimberg et al., 1978)
9. Group cohesiveness	Intense inhibitions (Zimberg et al., 1978)
	Low self-esteem (Pattison et al., 1977)

10. Catharsis	Extreme passivity (Pattison et al., 1977)
	Shame, guilt (Pattison et al., 1977)
	Rigid superego (Zimberg et al., 1978)
11. Existential factors	Impaired sense of femininity/ masculinity (Tamerin, 1978)

These two lists are for illustration. Some of the disease qualities would be reversed by application of other curative factors; yet it seems quite noticeable that the curative factors as delineated by Yalom (1975) are perceived by this author of this article as appropriate for the disease qualities as listed. It therefore seems appropriate that group therapy and a social context should be used for the treatment of alcoholism.

It therefore can be deduced from the literature that the following information seems to be true:

- Belongingness or group cohesiveness in group therapy studies is a factor in treatment outcome. The stronger the feelings of belongingness or group cohesiveness the more positive seems to be the response to treatment.
- The stronger the feelings of belongingness or group cohesiveness the more effective are the curative factors of group therapy.
- Alcoholism is a disease which because of its disease

qualities can be appropriately treated by group therapies and the social context.

- The alcoholic who experiences strong feelings of belongingness or group cohesiveness to his treatment group is more likely to have a positive treatment outcome.

The empirical research pertaining to this generalized last statement is practically non-existent. Although specific research is lacking, some general empirical research about psychosocial factors in alcoholism is of relevance to this topic.

Rubington (1958) indicated that the personality of the alcoholic was a product of systems of social interaction and that group pressures operated in one case to create abstinence and in the other inebriety. A halfway house, this study indicated, is a voluntary association with members and staff who have shared similar experiences and it seeks to capitalize on the effects of the previous development of social relations.

Mechanic (1961) concluded that patients who were drinking secretly were much less likely to express intentions of future drinking and reported greater anger and more punitive feelings toward other patients who might be drinking secretly than did alcoholics committed to their sobriety.

Markham (1962) interviewed graduates of a halfway house and listed their gains from the program as (1) sobriety, (2) self-awareness, (3) understanding and companionship.

Avar (1973) discovered that treatment of alcoholics in groups or clubs was more effective than individual treatment because the group in his study was able to draw attention to patients' latent talents which would contribute to a self-confidence which would help them to restructure their interpersonal and social relationships.

Rosenberg (1973) stated that from his study those who remained sober after discharge from this halfway house studied, were those individuals who were rated during the program as getting along well with peers.

Alterman, Gottheil, Skolada, and Grasberger (1974) concluded in their study that social reinforcement of abstinence within a group setting could effectively reduce the number of patients drinking.

A study by Collier and Somfay (1974) analyzed an effective treatment program on a farm near Toronto, Canada as being effective because the residents found personal satisfaction and a sense of belonging in a democratic-styled communal governing format.

McLachlan (1974) showed in his study that both staff and peer estimates of patients' initial levels of social competence predicted the staff ratings of therapy outcome for their clients.

Miller, Herson, and Eisler (1974) stated that the mechanism through which alcoholics learn to respond to interpersonal encounters which require assertive responses by drinking is not clear; a significant var able may not be stress per se but heightened emotional arousal.

Musil (1974) performed a study whereby the sociometric method was employed to study the internal structure of an undifferentiated group of 51 alcoholics, hospitalized in the alcoholism ward of a psychiatric hospital. Results revealed a specific configuration of interrelations between members of the group, drawing attention to the danger of undesirable activities (i.e., those incongruent with the therapeutic efforts of the ward) in several informal subgroups (cliques). This was confirmed by the chance disclosure of attempts to smuggle alcoholic beverages into the ward. Using sociometric data, it was possible to adequately interfere and change the social structure of the patient group. "The sociometric method appears to be a sensitive instrument for understanding the structure of interpersonal relations in the framework of preprogrammed sociotherapy" (Musil, 1974, p. 6). This study indicated the effect of the social context on a treatment format which could be a negative effect as well as a curative effect.

Steinglass and Wolin (1974) showed in their study on

alcoholic group behavior that subjects who interfered with the avowed group purpose were expelled, but those who espoused the group purpose were viewed as exerting a leadership position.

Griffiths, Bigelow, and Liebson (1975) indicated that early stage treatment alcoholics preferred socialization over money as reinforcer to alcohol abstinence. The initial need for social dependence was quite obvious.

Orford, Hawker, and Nicholls (1976) showed in their study that positive evaluations of residents by staff were correlated significantly with positive evaluations of the halfway house program by the residents. This also concluded that the relationships between social workers and halfway house residents were closer to normal social relationships than to those between other skilled professionals and their patients.

Tarter (1975) showed in his study that alcoholics studied by use of the California Psychological Inventory scored very low on their socialization indicators.

Tracey (1975) in his study with female alcoholics who were allowed to drink in moderate amounts showed alterations of sociability. They showed generally two days of socialization willingness, two days of isolation, etc. The role of socialization alteration was questioned as to the implication to the recovery process.

Ellis (1977) conducted an evaluation study of the U.S. Navy's drug rehabilitation program in San Diego, California and concluded that the under-21 year old male patient addressed problems of identity and socialization as being prime issues in their substance abuse problem. The program was geared to allow the client an opportunity for personal growth and a restructuring of his lifestyle.

Covner (1978) showed that patients completing a residential program (mean length 44.2 days for women, 39.9 days for men) changed from the pretest to the posttest of the California Psychological Inventory the highest degree in the interpersonal relations indication.

The collection of treatment program analyses edited by Groupe (1978) indicated that each program studied emphasized the need for a strong social supportive context in all phases of treatment for the alcoholic and that each one of these residential and outpatient programs structured their formats with this strong social component.

Ogborne (1978) indicated in his study with skid row alcoholics that clique formation among long stay residents might have been responsible for shorter length of stays among new residents. During admission time when the number of long stay residents were at a minimum, the new admissions were lasting longer periods of time in the program. A "big brother system" was proposed, in which new

recruits would be assigned to established residents.

Stead and Viders (1979) described the Share-Help Hospital Recovery Program (SHARP), a hospital-based, self-help program for treating alcoholic veterans. Patients assume major roles in governing the program and in helping each other. Because follow-up support was felt to be essential to maintaining sobriety, SHARP created an active social support system in the community. Results of a follow-up survey that involved 108 former patients' levels of drinking and life functioning showed that 57.4% were either abstinent or were controlled drinkers. Rate of drinking was found to be significantly and inversely related with structured activity and interpersonal involvement.

Rubington (1980) showed in his study that after interviewing 33 alcoholics at six months to five years of sobriety, that interpersonal relationships during their first year of abstinence rated of highest importance to those interviewed.

The doctoral dissertation of the author of this article was titled, "Belongingness--the Critical Variable in the Residential Treatment of Alcoholism" (Machell, 1984). This study was conducted at the Resurrection House, Inc. of New Britain, Connecticut (now known as The Farrell Treatment Center) with a sample of 200 gamma (chronic, recidivistic) male adult alcoholics who were randomly selected

from a population of 460 clients admitted to this 90 day residential program from 1980-82. A structured interview format was used throughout the program to gather information concerning their perception of closeness to their treatment peers within the program. Based on responses of the structured interviews, clients were categorized into the isolate (loner throughout the program), dyad (closeness to one other throughout the program), cluster (closeness to more than one other throughout program), variant (alters between isolate, dyad, and cluster throughout program). Treatment outcome was measured by length of stay in program and rate of relapse during program and up to six months following discharge. Also, two different levels of program structure were studied (program mode) to explore the effect of program structure on client perceived belongingness.

The results as presented in Table 1 and Table 2 indicated that a significant relationship exists between the clients' level of belongingness and treatment outcome: the more a client perceives himself to be socially involved with his peers, the better is his chance for successful treatment outcome, longer length of stay, and lower relapse rate. Program structure level was not a significant factor.

Table 1

Analysis of Variance on Length of Stay for Program Mode by Client Perceived Peer Grouping Pattern (CPPGP)

	Program Mode					
	Less Structured (Mode 1)			More Structured (Mode 2)		
CPPGP	Mean Days	SD	N	Mean Days	SD	N
Isolate	38.11	33.07	35	19.74	14.65	31
Dyad	64.00	23.36	12	44.00	27.99	17
Cluster	75.86	42.50	36	63.16	26.46	25
Variant	79.29	36.88	17	84.93	20.05	27

Analysis of Variance Table

Source	Mean Square	df	F
Treatment Mode	5632.26	1	6.20
CPPGP	22887.50	3	25.20***
Mode by CPPGP	1506.87	3	1.66
Within Groups	908.28	192	

***p<.001

Table 2

Chi Square Analysis Within Program Mode for Client Perceived Peer Grouping Patterns (CPPGP) by Relapse Rate

	Isolate		Dyad		Cluster		Variant		
Relapse	N	Percent	N	Percent	N	Percent	N	Percent	Chi Square
				Program Mode Less Structured					
Yes	19	54.3	8	66.7	9	25.0	4	23.5	
No	16	45.7	4	33.3	27	75.0	13	76.5	11.83***
				Program Mode Highly Structured					
Yes	19	61.3	6	35.3	3	12.0	4	14.8	
No	12	38.7	11	64.7	22	88.0	23	85.2	20.57***

***p<.001

This article has confirmed a common premise held by the A.A. philosophy of treatment and the psychological/psychiatric community that belongingness (or client perceived fellowship) is a significant factor in successful psychological treatment outcome and good mental health. This article is an important contribution in the effort to encourage cooperation and understanding between A.A. and psychology/psychiatry.

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