

Problem Drinking and Peer Support in Cyberspace

Small Grant Report

Dr Neil S. Coulson

Institute of Work, Health & Organisations

University of Nottingham

Email: neil.coulson@nottingham.ac.uk

This project was funded by the Alcohol Education and Research Council SG 10/11 150

The author would like to thank all the forum administrators and moderators for their assistance in conducting this project, and also thanks to the individual forum members who took part and shared their online experiences.

CONTENTS

Executive Summary	3
Background	4
Project Aims	5
PHASE 1: Online survey of users of alcohol-related online support groups	6
PHASE 2: Analysis of communication within alcohol-related online support groups	11
Summary and conclusions	14
Research Priorities	15
References	16
Appendices	17
• Detailed qualitative analysis of messages	

Problem Drinking and Peer Support in Cyberspace

Executive Summary

- In recent years, there has been a significant rise in the number of people who access the Internet for information, advice and support. In particular, there has been a marked expansion in the number of online support groups (also known as 'online support communities') devoted to health, illness and problem behaviour topics.
- Despite a growing body of literature which has examined the use of online support groups and their impact on living with chronic illness, there has been little attention given to alcohol-related online support groups.
- This project explored the online experiences of those who participate in alcohol-related online support groups and included: 1) A survey of 90 members from 9 different online support groups; 2) A qualitative analysis of 758 messages posted to 3 UK based online support groups.
- The survey responses revealed that the majority (61.7%) of respondents reported that they had been accessing an alcohol-related online support group for at least 1 year with 59.1% accessing it on at least a daily basis. Respondents were highly active users, reporting that they either frequently or sometimes posted a message to the online discussion forum (86.7%).
- Participants reported a variety of reasons as to why they had joined an alcohol-related online support group including: dissatisfaction with AA, no face to face support option, accessibility & convenience, anonymity, the membership of the online group and the ability to connect to others.
- A number of advantages of online support groups were noted (though some duplicated the reasons as to why they joined in the first place) and included: access & convenience, connecting with others, anonymity, information & advice and emotional support. A number of disadvantages were also noted: misunderstandings, lack of social contact, group dynamics and individual characters, lack of response, addictive and disinhibited behaviour.
- Through online support groups, participants reported a number of experiences which may empower them with 'finding recognition' being the most common.
- Qualitative analysis of the messages posted revealed a range of topics which were commonly discussed and these focussed on: requests for help, the drinking problem, sobriety, giving support, general chit chat and other people's drinking problems. The online discussions appeared to help individuals address, confront and seek solutions to their alcohol-related problems and promote self-help.

Background

In recent times there has been a significant growth in the number of individuals searching for health-related information, advice and support on the Internet (Powell & Clark, 2002). Moreover, many websites now include communication features which have facilitated the development of online support groups (also known as 'online support communities'). These groups offer individuals new opportunities to communicate and engage in supportive interaction with other individuals facing similar challenges, through the medium of synchronous or asynchronous written communication. Whilst some online groups may be professionally led or part of a wider Internet-based intervention, there has been a dramatic rise in the number of peer to peer support groups which cover a wide array of health-related issues, including those related to alcohol. The most common type of online support group facilitates this peer communication through asynchronous discussion forums.

A number of factors are likely to underpin the rise in popularity of peer to peer online support groups. Firstly, participation in online support groups is not restricted by temporal, spatial or geographical limitations typically associated with face to face support groups (White & Dorman, 2001). Second, online support groups may bring together individuals from more varied backgrounds and thereby able to offer a greater diversity of information, experiences and opinions (Braithwaite et al., 1999; Finn, 1999; Winzelberg, 1997). Third, participation confers a greater degree of anonymity than might be the case in the face to face context and may facilitate personal disclosure and help individuals in discussing personal, sensitive or embarrassing topics (Coulson, 2005; Buchanan & Coulson, 2007).

Recent studies which have examined the nature of the communication within online groups suggest that they may offer many of the therapeutic processes found in face-to-face self-help and support groups including social support, empathy, experiential knowledge, reduced isolation and the opportunity to share personal experiences (van Uden-Kraan *et al.*, 2008). Moreover, evidence suggests that online communication can lead to a number of psychosocial benefits including improvements in coping ability, a sense of empowerment and increased psychological well-being (Bartlett & Coulson, 2011; Lieberman *et al.*, 2003; van Uden-Kraan *et al.*, 2009). The extent to which online support communities may help benefit those affected by problem drinking remains unclear.

Online support groups are not without their potential limitations. For example, in many groups there is no moderation of the content of messages posted. As a result, there is the potential for misleading or inaccurate medical information appearing online (Winzelberg, 1997). With the relative anonymity conferred, members may be less inhibited and there is the potential to 'flame' or harass other members. Moreover, there is the potential to disrupt or deliberately deceive the group (Finn, 1999; Winzelberg, 1997). Furthermore, in the absence of typical cues present in face to face communication, it may be difficult for online groups participants to gauge the extent to which their fellow members can be trusted, particularly with regards advice, information and recommendations (Coulson & Knibb, 2007).

As yet, little is known about how individuals and families affected by problem drinking access and use online peer to peer support groups. Whilst there has been some preliminary work which has examined the content of messages posted to an alcohol online support group bullet board in North America (Cunningham et al., 2007) this considered only broad thematic areas and did not explore

the therapeutic potential of the interaction and communication between its members nor did it attempt to solicit the views and experiences of those who were accessing the online group. It is therefore timely that such an investigation takes place, not least to assess the motives for participation and online experience but also to assess the impact of participation and how, if at all, such peer to peer groups may support (or obstruct) the needs of those affected by alcohol and problem drinking.

Project Aims

The aims of the project were threefold:

- 1) To investigate the perceived advantages and disadvantages of alcohol-related online support groups from the perspective of those who access and participate within them. In particular, to explore how the informational and psychosocial needs of members may be met by online groups.
- 2) To explore the nature and extent to which participation in alcohol-related online support groups may empower members.
- 3) To explore the nature of the communication that takes place between members of alcohol-related online support groups. In particular, to explore the main topics of conversation which occur online as well as to examine whether these conversation may provide any self-help benefits.

PHASE 1: Online survey of users of alcohol-related online support groups (Aim 1 & 2)

Method

Procedure

Using a database of alcohol-related online support groups developed for this project the moderator/administrator for the most active 30 groups was contacted. The purpose and nature of the study was outlined and the views of the moderator/administrator towards the content of the survey invited. All groups (N=9) who responded positively to our initial contact were happy with the content of the survey and agreed that we could invite participants from their online group to participate in the study.

Recruitment into the study was either via the research team posting a 'news item' to the online group discussion forum or via the moderator uploading our 'news item'. Individuals who wished to participate in our survey were invited to visit a webpage (hosted by surveymonkey.com) which outlined, in lay terms, the nature and purpose of the study, their rights as a participant in the research process as well as information on what was involved. In addition, contact details for the author were made available both before and after electronic submission of their survey responses.

Measures

Background Information: Participants were asked to provide their age, gender and highest level of formal education.

Use of online support groups: Participants were asked to indicate through which alcohol-related online support group they accessed the online survey, how long they had been visiting the online group, frequency of visits, length of visits, activities online and whether they attended any face to face alcohol-related support groups. Participants were also invited to share their thoughts as to why they had decided to join an alcohol-related online support group.

Views regarding online support groups: Participants were also asked to share their views concerning the perceived advantages and disadvantages of online support groups.

Empowering processes: Participants were asked to complete a 29 item measure developed to examine the extent to which members of online support groups may experience a range of potentially empowering processes. For each item, participants indicated the extent to which they had experienced that event on a 4 point scale ranging from (1) 'seldom or never' to (4) 'often'. These 29 items measure 5 key processes: '*Exchanging information*'; '*Encountering emotional support*'; '*Finding recognition*'; '*Helping others*' and '*Sharing experiences*'.

Participants

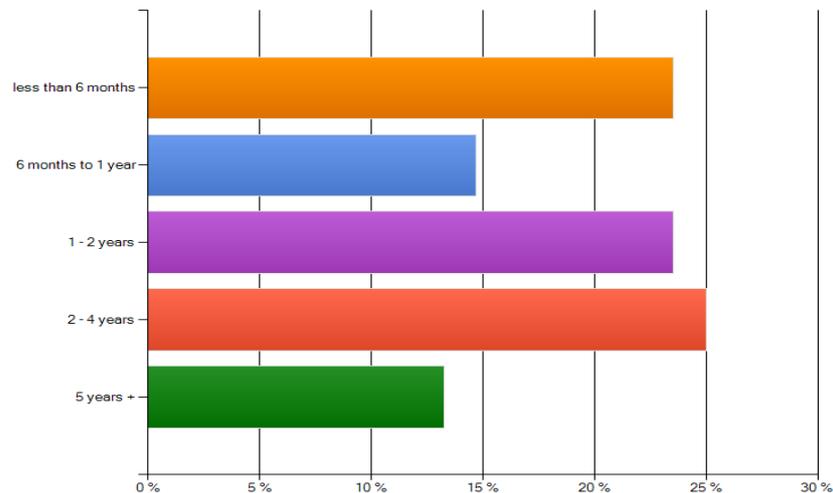
A total of 90 participants, drawn from 9 alcohol-related online support groups, completed the online survey, with ages ranging from 15 to 69 years (mean age = 42.2 years). Of the participants, 56% were female and 44% male.

Results

Use of online support groups

As can be seen from Figure 1, the majority (61.7%) of respondents reported that they had been accessing the alcohol-related online support group for at least 1 year.

Figure 1. Length of time accessing online alcohol-related support group



The majority of participants reported that they accessed the online support group at least daily (59.1%) with a further 22.7% indicating that they accessed it between 4-6 times a week. In terms of how long they spent online per visit, 11.8% reported that they spent less than 10 minutes, 39.7% between 10 and 30 minutes, 29.5% between 30 minutes and 1 hour with the remaining 25% reporting that they spent over 1 hour online per visit. In addition, the participants (86.7%) indicated that they either frequently or sometimes posted a message to the online discussion forum. The remainder reported that they either rarely or never posted a message. Finally, 67.7% of participants reported that they were not currently using any form of face to face support group.

Reasons for joining an alcohol-related online support group

Participants were invited to explain their reasons for deciding to join an alcohol-related online support group. The responses were analysed using thematic analysis which is a 'method of identifying, analysing and reporting patterns within data' (Braun & Clarke, 2006, p79.). It allows the researcher to identify salient issues whilst also gaining a deeper understanding of the phenomenon under study. It is thus ideal for exploring under-researched issues and identifying similarities and differences across a large dataset.

The responses can be described according to 6 main themes.

- **Dissatisfaction with AA**

Several members described how they felt towards AA and where this occurred it was always negative. This dissatisfaction with the ethos or principles of AA led some to seek alternatives, such as online support.

- **No face to face support option**

A number of participants described how they were not able to access face to face support groups either because there was nothing available locally, such as in a rural area, or they could not access a group, for example, due to transport difficulties.

- **Accessibility & convenience**

The ease and convenience with which individuals could access an online support group was very much valued by participants and was the reason they joined. In particular, they appreciated the fact that support was potentially available 24 hours a day, 7 days a week and an individual could access it whenever they needed to, including at home.

- **Anonymity**

The fact that the online group was private, confidential and anonymous was regarded as a very helpful thing for participants. For some, the ability to share one's thoughts and feelings by writing was seen as an advantage over discussing sensitive issues in a face to face context.

- **The membership of the online group**

Some participants described how they felt the size and heterogeneity of the online support group meant that they had even more support available and had access to a broader range of ideas, experiences and opinions. In addition, some participants described how they felt that those who accessed and participated in online support groups were likely to be similar to them.

- **To connect to others**

Participants described how the online group was a useful means through which they could connect with others and in so doing realise that they are not alone. Moreover, the ability to connect to others provided the opportunity to learn more about what others were going through and in turn help the individual with their own problems. For some, there was a wish to 'give back' as well as to personally benefit from their online 'friends'.

Advantages of alcohol-related online support groups

Participants described a range of potential advantages and these could be grouped into 5 main themes [Note: There was some overlap with responses to the explanations for joining].

- **Access & convenience**

The ease and convenience with which individuals could access online support groups was very much valued by participants. In particular, they valued the fact that support was potentially available 24 hours a day, 7 days a week and an individual could access it whenever they needed to.

- **Connecting with others**

For participants, the fact that through online support groups they could access others who were living with similar problems was very much valued. Indeed, many commented that there was great comfort in knowing that they were not alone and the group provided the opportunity to make new friends, learn from others and connect with people.

- **Anonymity**

The amount of information a group member chose to disclose was a very personal choice and so the anonymity conferred through the online environment was viewed as a positive feature, particularly when living with alcohol-related problems. This anonymity was seen as helpful in terms of being able to be quite frank and honest about a situation or topic as well as being able to discuss more personal, embarrassing or sensitive issues.

- **Information & advice**

The majority of participants noted the potential benefit of having so much information and advice available. The online group was seen as a venue through which members could both seek out information and advice as well as offer it to others. For many, it was seen as a valuable resource through which they could learn more about their problems.

- **Emotional support**

An important benefit for members was the ability to obtain emotional support and understanding, particularly in times of distress and upset. Members derived a great deal of comfort from being able to share their experiences and discuss with others *that truly understood* what they were going through.

Disadvantages of alcohol-related online support groups

Participants described a range of potential disadvantages and these could be grouped into 6 main themes.

- **Misunderstandings**

For some participants, the disadvantage of online support groups focussed on the potential for misunderstanding messages which were posted by other members. This may be the result of the absence of face to face contact (and reading body language) but also because others may not be very skilled at writing an articulate message. Indeed, for some members, it was hard to read others messages as they were sometimes jumbled, disjointed or convoluted.

- **Lack of social contact**

The fact that all communication was online was seen as a potential problem in that members might never get to meet their online friends in person. In particular, it was felt that the depth and quality of their online relationships might be limited and some questioned the extent to which one would ever really know their online friends.

- **Group dynamics and individual characters**

Sometimes cliques would form online and a number of participants described how this would impact on the group dynamic and overall experience. At the individual level, some participants felt that certain individuals would become 'self-made experts' and would attempt to assert their dominance and boost their status within the group.

- **Lack of response**

Sometimes, for example, over different time zones, an individual may post a request for help but receive no response for quite a while. Indeed, it was noted that at certain points the online group could be very quiet and some participants felt unsupported by the delay they experienced in receiving help online.

- **Addictive**

Some participants described how the online support group had taken over their lives and they felt addicted to it in such a way that they were now starting to favour their online environment and friends over their offline, face to face family and network of friends.

- **Disinhibited behaviour**

Some participants described how the online nature of the communication and interaction meant that some individuals could be more aggressive, offensive or forthright than might have been the case if they had been interacting face to face. Indeed, it was the anonymity of this communication medium which participants blamed for these occurrences.

Does participation in alcohol-related online support groups empower members?

Using the responses from participants to the 29 items, 5 sub scales were created and the mean scores, together with standard deviations are presented in Table 1.

Table 1. Self-reported experience of empowering processes within online support groups

	Mean score	Standard Deviation
Exchanging Information	3.11	.35
Encountering Emotional Support	2.79	.54
Finding Recognition	3.37	.26
Helping Others	2.91	.13
Sharing Experiences	3.19	.01

As can be seen, the most frequently experienced empowering process, as reported by participants, was ‘finding recognition’. This sub-scale captures the extent to which participants recognised themselves in the stories of other members, the sense of ‘not being the only one’, the extent to which others are seen as examples and the extent to which they realise that they are not as bad off as originally thought.

Next most frequently experienced was ‘sharing experiences’ which captures the extent to which participants shared their alcohol-related and everyday experiences with other members. This was closely followed by ‘exchanging information’ which captures the extent to which information that participants obtains online is considered valuable, new, usable, understandable, reliable, correct and applicable to their own specific situation.

Participants then rated ‘helping others’ as the next most frequently experienced empowering process. This captures the extent to which participants felt they could be an example to other participants as well as offering advice and support to them. Finally, the least frequently experienced process (though still in the range ‘sometimes’ and ‘regularly’) was that of ‘encountering emotional support’. This sub scale captures the extent to which participants felt that others in the group were able to support their emotional needs and provide empathy, comfort and understanding.

PHASE 2: Analysis of communication within alcohol-related online support groups (Aim 3)

Procedure

Using a database of alcohol-related online support groups developed for this project, three active UK based groups which were in the public domain (i.e. no login required to view messages) were selected for this phase of the project.

Description of selected groups and sampling procedures

Board 1

Board 1 consisted of 4 sub-boards, entitled 'General recovery' (101 threads/163377 messages), 'Physical and mental health' (91 threads/18048 messages), 'Relapse' (29 threads/7446 messages) and 'Relationships' (39 threads/3796 messages); a total of 260 threads /192667 messages. By and large, threads were created by moderators rather than by members and each thread related to a different issue or topic. The length of each thread varied greatly, from 2 messages to over 14000 messages, with the majority reaching several hundred messages.

Sampling procedure

A total of 50 threads were randomly selected, using a random number generator, 20 threads from each of the two largest sub-boards and 5 threads from each of the two smaller sub-boards. As each thread rarely represented a single on-going conversation (several conversations were often occurring simultaneously within a thread, overlapping each other), 5 random (not necessarily consecutive) messages were selected from each thread. A total of 250 messages were sampled.

Board 2

Only a sample of most recent messages was available to non-members within this board. Over 98000 messages were posted to this board. It comprised of 12 sub-boards covering variety of subjects, such as 'Daily Reflections', 'The BB (Big Book) discussions', 'Sobriety Journals', 'Help', 'Conventions', 'Al-Anon and A-Teens', 'AA Jokes' etc. Within each of the sub-boards a maximum of 50 most recent threads were available to read without a login (a total of 569 threads). The exact number of messages within each of these threads was not presented.

Sampling procedure

A random sampling procedure, using random number generator, was employed to select messages. All available threads were numbered, and to achieve a sample that represented the variety of subjects discussed within the board, a minimum of 5 threads was selected from each of the 12 sub-boards (additional threads were sampled if the initial 5 threads were particularly short). In total 75 threads were sampled. A minimum of 5 and a maximum of 10 messages were then sampled from each thread. If a thread was shorter than 5 messages – the entire thread was selected. A total of 254 messages were sampled from Board 2. As each of the selected threads tended to represent one on-going conversation, consecutive messages were selected, beginning with the first message whenever possible.

Board 3

Board 3 consisted of 4 sub-boards covering topics such as introductions (336 threads/2162 messages), general support (588 threads/3361 messages), treatment (2 threads, 13 messages) and off topic discussions (18 threads/96 messages). In total 944 threads were posted to board 3, containing over 5632 messages. Each thread contained between 1 and 286 messages.

Sampling procedure

A random sampling procedure, using a random number generator, was employed to select messages. Threads were numbered and 25 threads were randomly selected from the largest sub-board, 20 threads from the second largest and 5 threads from the two smallest sub-boards

(combined). A minimum of 5 and a maximum of 10 messages were then sampled from each thread. If a thread was shorter than 5 messages – the entire thread was selected. A total of 254 messages were sampled. As each of the selected threads tended to represent one on-going conversation, consecutive messages were selected, beginning with the first message.

Overall 758 messages were randomly selected for this study from three of the largest UK based online support groups for alcohol-related problems.

Data analysis: Messages were analysed using a ‘bottom up’ thematic analysis (Braun & Clarke, 2006). That is to say, the themes identified emerged from the data itself rather than the analysis being guided by any predetermined coding framework.

Results

The analysis of messages from the three discussion forums yielded 6 main themes: 1) requests for help; 2) drinking problem; 3) sobriety; 4) giving support; 5) chit chat and 6) other people’s drinking problem (see Table 1).

Table 1. Summary of main themes identified through qualitative analysis of messages

Theme	Subtheme	Description
<i>Requests for help</i>		Messages in which members posted requests for support, advice or information that could aid their sobriety
<i>Drinking problem</i>	Genesis of the drinking problem	Messages describing the reasons members started to drink, originating either in childhood and family history (alcohol related issues in the family, abuse); related to the individuals own psychosocial issues (shyness, feelings of inadequacy and/or worthlessness, depression, stress); partners’ and friends’ drinking habits (drinking to fit in, for company, because everyone in the environment drinks).
	Drinking patterns	Messages describing members own drinking patterns as well as discussing drinking patterns and habits of other members, including ‘undesirable drinking patterns’ (lack of control - long term, frequent drinking, binge drinking, drinking alone, always drinking till very drunk); and ‘more acceptable drinking patterns’ (drinking that indicates control over alcohol – cutting down, social drinking, having one drink). Falling off the wagon.
	Barriers to sobriety	Messages describing the things that make it difficult to avoid drinking and/or control the drink, such as physical compulsion, uncontrollable urge, withdrawal symptoms; psychosocial reasons such as escape from psychological (depression, anxiety) and social problems (family problems, stress, relationship issues); lack of support in sobriety from family.
	Alcohol related problems	Messages describing wide array of problems and disrupted functioning caused by excessive alcohol consumption, such as deterioration of physical and mental health; legal problems (drink driving); interpersonal problems, such as sexual and relational, embarrassment; engaging in reckless and dangerous behaviours; hangovers and guilt; stunt personal growth and lack of maturity).

Sobriety	Reasons for seeking sobriety	Messages describing members reasons for seeking and maintaining sobriety, including internal, personal reasons, where the person feels the need to change, desire to lead a new, better, healthier life and achieve freedom from the addiction; external or interpersonal reasons, where the person feels obliged to change, due to family situation, for the children, spouse, or when the person is/feels coerced or forced to change.
	Tools and mechanisms helping achieve and maintain sobriety	Messages where members describe a variety of tools and mechanisms helpful or potentially helpful in achieving or maintaining sobriety. These include the use of the online support group; professional help (rehab, AA meetings/sponsors/literature, counselling, doctor, medications); family support; situation management (e.g.: avoiding certain situations that lead to drinking); prayer; hobbies.
	Celebrating sobriety	Messages in which members celebrate own or other members sobriety – celebrating milestones such as 1 day, a year or a decade of sobriety. Apotheosis of sobriety – members describe how being sober enhanced their lives.
Giving support	Noting similarity	Messages in which members note similarity to other members (usually sober members note the similarity of their past to the situation an active alcoholic describes) , we all have or had the same problem, you are not alone.
	Advice and information	Messages in which members offer information or advice that relates to quitting alcohol or maintaining sobriety.
	Instilling hope and inspiration through personal stories	Messages in which members present own personal experiences describing their battle with the addiction and the means through which they achieved and subsequently maintained sobriety, in order to illustrate to active alcoholics that there is hope for everyone who wants to quit drinking.
	Emotional and esteem support	Messages in which members offer each other expressions of friendship, love, appreciation, empathy, sympathy, congratulations, welcome and gratitude.
Chit chat		Messages in which members discuss topics unrelated to drinking, alcoholism and sobriety, such as family, pets, hobbies. Also topics relating to technicalities of using and running the group, such as computers and technology; housekeeping issues (moderators, fees); announcements.
Other people's problem		Messages in which members discuss the alcohol problem of their family member or another close person.

Summary and conclusions

To date, there has been little attention given to exploring the role of online support groups for individuals living with alcohol-related problems. This project is one of the first in the UK to explore the reasons why people join such online support groups and how peer support may be viewed and experienced. Using an online survey together with an analysis of messages posted to alcohol-related online support groups this exploratory project provides important insights into this rapidly growing

phenomenon. The results have identified a number of ways in which online support groups can meet the support needs of individuals affected by problem drinking whilst also highlighting some potential limitations.

The findings of the online survey reveal a range of factors that may lead to an individual seeking online support. Moreover, it identifies a number of important advantages which members consider valuable in helping them address their alcohol-related problems. In addition, the survey identified a number of empowering processes which members may experience and suggest that the primary benefit of participation in an alcohol-related online support group is the ability to 'find recognition' of one's own experiences in the stories and experiences of others. However, participation in an online support group is not without potential difficulties and a range of these were identified from participant responses.

The findings of this small-scale project have important implications for both individuals as well as health professionals alike. As we see an increase in both the number of online support services being provided to individuals living with alcohol-related problems as well as a rise in the number of people choosing to access them, it is important that up to date, accurate and reliable information is available. For example, support services wishing to develop online peer support may wish to carefully consider both the potential advantages and disadvantages. The deployment of skilled moderators may well facilitate such groups and help address some of the limitations identified by members. Individuals themselves should also be aware of the pros and cons of online support and should be made aware of how this novel form of support may be helpful to some people, though not necessarily everyone.

Research Priorities

The following research recommendations are intended as helpful suggestions to Alcohol Research UK and other funding organisations. They arise from the findings of the current research project, the wider literature on online support groups as well as the experience of the author as an international expert in this area.

- How does participation in an alcohol-related online support group impact on both psychosocial and clinical outcomes. Note: Quantitative longitudinal and experimental work required.
- How do members of alcohol-related online support groups assess the credibility of information exchanged?
- What is the relationship between online support seeking and subsequent impact on offline relationships and offline support seeking?
- Why do members of alcohol-related online support groups leave?
- What are the support needs for those individuals who serve as moderators in alcohol-related online support groups?
- Does the perceived level of privacy within an alcohol-related online support group influence the processes of self-disclosure?
- What strategies do new members use to introduce and integrate themselves into an alcohol-related online support group?

References

Bartlett, K. & Coulson, N.S. (2011). An investigation into the empowerment effects of using online support groups and how this affects doctor/patient communication. *Patient Education & Counseling*, 83 (1), 113-119.

- Braun, V. & Clarke, V. (2006). Using thematic analysis in Psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Buchanan, H. & Coulson, N.S. (2007). Accessing dental anxiety online support groups: an exploratory qualitative study of motives and experiences. *Patient Education & Counseling*, 66, 263-269
- Braithwaite, D.O., Waldron, V.R. & Finn, J. (1999). Communication of social support in computer-mediated groups for people with disabilities. *Health Communication*, 11, 123-151.
- Coulson, N.S. (2005). Receiving social support online: An analysis of a computer-mediated support group for individuals living with Irritable Bowel Syndrome. *CyberPsychology & Behaviour*, 8, 580-584.
- Coulson, N.S. & Knibb, R.C. (2007). Coping with food allergy: Exploring the role of the online support group. *CyberPsychology & Behaviour*, 10, 145-148.
- Cunningham, J.A., van Mierlo, T. & Fournier, R. (2007). An online support group for problem drinkers: AlcoholHelpCenter.net. *Patient Education & Counseling*, 70, 193-198.
- Finn, J. (1999). An exploration of helping processes in an online self-help group focusing on issues of disability. *Health and Social Work*, 18, 109-117.
- Lieberman, M.A., Golant, M., Giese-Davis, J., Winzelberg, A., Benjamin, H., Humphreys, K. et al., (2003). Electronic support groups for breast carcinoma: a clinical trial of effectiveness. *Cancer*, 97, 920-925.
- Powell, J. & Clark, A. (2002). The WWW of the World Wide Web: Who, What and Why? *Journal of Medical Internet Research*, 4(1), e4.
- Van Uden-Kraan, C.F., Drossaert, C.H.C., Taal, E., Shaw, B.R., Seydel, E.R. & van de Laar, M.A.F.J. (2008). Empowering processes and outcomes of participation in online support groups for patients with breast cancer, arthritis or fibromyalgia. *Qualitative Health Research*, 18, 405-417.
- Van Uden-Kraan, C.F., Drossaert, C.H.C., Taal, E., Seydel, E.R., van de Laar, M.A.F.J. (2009). Participation in online patient support groups endorses patients' empowerment. *Patient Education & Counseling*, 74, 61-69.
- White, M. & Dorman, S.M. (2001). Receiving social support online: implications for health education. *Health Education Research: Theory & Practice*, 16 (6), 693-707
- Winzelberg, A. (1997). The analysis of an electronic support group for individuals with eating disorders. *Computers in Human Behaviour*, 13, 393-402.

Appendix 1 - Detailed qualitative analysis of messages (Aim 3)

1. Requests for help.
 - 1.1 Requests for help in achieving sobriety.

People with drinking problems, tended to turn to the online support groups in times of need, directly or indirectly seeking support and advice that would help them achieve or maintain sobriety. New members often described their worrisome drinking habits and declared the need or desire to stop

drinking or regain control over their alcohol consumption. For example one woman wrote in her first post to the group:

“Hi my name is [Name] and i am an alcoholic. I am 48 years old with two wonderful children .I guess I would consider myself a very depressed person cuz of money issues and everyday life. I drink probably about every other day and I get drunk always. I know I have severe problem and I really know that I am a great person although I really sometimes can’t see it. I really need help in battling this disease. I wish I could just talk to someone out there with the same problem and get some support in helping me stop before it kills me. I really hate the way that I am but I guess I’m not really sure on how to get the help I need. If there is anyone that would like to chat with me I would sure appreciate it thank you.” (B3)

1.2 Requests for help in maintaining sobriety

Some members who were working on or recently achieved sobriety posted requests for help when struggling with the cravings or loss of motivation, for example during difficult personal circumstances, such as illness in the family, separation or even when everyday life put additional stress upon them. A message, posted to Board 2 by a new member, 6 months sober, can help illustrate this:

“This is my first post. I honestly thought that after 6 months sober it would all be easy. I thought that I'd hardly ever think of a drink. A stressful week, a bored evening, a crisis, everyday life - it always seems to lead to a battle with the thought that a great big drink will make me feel normal. I've started taking valium and that's great because the outcome is very similar, but also makes me want to drink more. I don't want to do anything in life but to lay in bed. I have so many talents but I don't really see the point of living anymore - and yet I hang on to sobriety as if it's the most important thing in life [...] Why is it so bloody hard?” (B2)

1.3 Requests for help in working the AA path to sobriety and introduction to discuss the teachings of AA

1.4 Members of Board 2 also frequently logged on to discuss their last AA meeting, a quote from the Big Book, or ask for help in interpreting a step or prayer.

“It states in the BB about some of us have indulged in spiritual intoxication which was not useful or something like that. What does it mean? Has anyone fallen into it? If anyone could explain, I would be grateful.” (B2)

2. The drinking problem

Members of all three groups frequently described various aspects of their own present or past drinking problems. They often introduced themselves by presenting a brief description of what could be perceived as the genesis of their alcohol dependency. Many also described their own drinking patterns or discussed other members’ drinking habits. When discussing the drinking problem, members also often talked about the barriers to sobriety, things that made it hard for them to stop drinking. Finally, they discussed the problems excessive consumption of alcohol caused them throughout their drinking lives.

2.1 Genesis of the drinking problem.

- Family history/childhood.

New members of all three groups frequently described events and family lifestyle that could have potentially contributed to their own alcohol misuse. They included in their introduction descriptions of households where alcohol was freely available and drank at every possible special occasion, as well as living with alcoholic parents. One man, for example wrote:

“Hi, I'm 29 and an alcoholic. I started drinking at the age of 12 or 13. The booze was very accessible in my household as my mom drank a lot to deal with stress. I started using drugs when I was 15. By the time I was 20 I quit smoking pot, but started taking pain pills. I realized that I was drinking more than most people but denied I had a problem.” (B3)

A female member described how living with an alcoholic father and her perception of an alcoholic as a socially dysfunctional person delayed her recognition of her own problem with alcohol:

“Hi. I am a 30 year old female. I am an alcoholic. I grew up in a home with an alcoholic father, but it has taken me a long time to admit that I too am an alcoholic. I have always enjoyed drinking and knew I had some signs of alcoholism, but I always compared myself to my dad and we drank in totally different ways, so I wanted to believe I was okay. I thought I only drink at night. I have a good job and have never missed a day. (Excuses)” (B2)

In addition, in Board 1, some members described their childhood as lacking in acceptance and love without necessarily making references to alcohol misuse in their family home. This was less apparent in the messages posted to Boards 2 and 3. One person described her experiences from early childhood:

“Apparently when i was about three i used to have tantrums, which were utterly unmanageable, and my parents finally resorted to putting me outside the back door and just waiting for me to stop. i can't remember any of this, but i suppose before a child is screaming and writhing and kicking and screaming there's sommat wrong, a sense of frustration and what? injustice maybe, not being understood. something is very wrong though. i wonder what message i had internalised by the time i stopped having tantrums. that it's no use fighting? that nobody will listen? what's the point anyway? nobody understands me? you (my family/everyone) don't like me? (because i'm obviously unloveable the way that i am...) and i hate you back? toe the line, behave, or we're having none of it? i still fear authority. i am meek and obedient, even when i should be more assertive and stand up for myself, and i do still feel that from my mother in particular love is conditional on performing well. [...]i'm surprised i had tantrums actually. as a child i remember being very timid and shy, painfully so. that awkwardness has stayed with me, feeling socially inept, which is of course where the disinhibiting effects of alcohol come into play. crutchlike, hobble, hobble.”(B1)

Another person attributed the genesis of her drinking problem to growing in an area where drinking was a norm, but she also mentioned the role of her relationship with her mother:

“I've been drinking since I was 15. Just a part of growing up in my area. I think I also started because my mother inhibited me so much that I just wanted to rebel. Then it just escalated.” (B3)

- Escape from problems as a reason to start drinking. Many members started to drink alcohol to escape from their problems or perceived social inadequacies. They found that, at the beginning, alcohol helped them overcome shyness, relieved the symptoms of stress and anxiety.

“I drink because I like the feeling alcohol gives me the power to be carefree, social, and flirt with everyone. I drink because I feel that I am inferior to others and the real me is not lovable. I drink because the anxiety subsides away and it is fun cozy sitting on the couch by yourself drinking good wine or good beer.” (B3)

Some people admitted that they felt unlikeable and sought ways to feel accepted, others felt stressed and overwhelmed by life events and the alcohol helped them 'loosen up' and forget, for example one person who did not use to drink before her children were born, but described herself as a shy and tensed person, wrote:

"Then not long after my youngest was born I did start to get a bit preoccupied with drinking and how it 'loosened me up' and made everything seem so much simpler for a short while." (B3)

Another member started to drink to deal with family problems:

"I am 25, I have been a binge drinker since I was 17 and found out my Mum was having an affair. Alcohol has always been an escape for me, a way of hiding from my problems but nowadays it is the cause of my problems."(B1)

2.2 Drinking patterns

- Lack of control over alcohol consumption.

Members of all three groups frequently described and discussed the frequency and longevity of their drinking problem. Some members described themselves as 'binge drinkers' who remained sober throughout the working week but drank heavily at the weekends, others drank every night and many felt a physical or mental urge to drink at all times. The main factor that differentiated between casual, social drinker and an alcoholic was the issue of control. In general, members indicated that they were not concerned about their problem until it escalated beyond social drinking and they realised that they didn't have sufficient control over their habit. Although in all three groups uncontrollable or excessive drinking was perceived as undesirable, many members reported drinking excessively, with or without perceived control over their behaviour, for years before they were ready to reach for support:

"I drank without cravings for many years, though I tended to binge a lot. Once I started craving alcohol every day I began to worry, and I hoped this would pass. With time I progressed (digressed?) to being drunk every night and that's when I felt like an absolute prisoner to the bottle. I knew with certainty that I was an alcoholic, yet I could not stop or even curb my consumption and this bottom lasted over a year." (B3)

"I guess one thing we tend to forget, especially in early recovery is that thinking like this [obsessing about having a drink] is, unfortunately, normal, at least for an alcoholic. I always used those times to drive home the point that if I was a "normal" drinker, I wouldn't be obsessed with thoughts of drinking." (B3)

In Board 1, members often considered their lack of control as something that can be overcome. They discussed the possibility (and the benefits) of cutting down on drink or restricting their drinking to social occasions only as opposed to total abstinence, which can be illustrated by the following quotes, which were quite typical for Board 1:

"Tomorrow I am planning to drink socially - plan a big dinner beforehand (too often I have made the mistake of drinking on an empty stomach so confuse hunger with 'thirst'. Also plan to alternate and have healthy nibbles available (crudités not salty stuff)"(B1)

"Any reduction or day/evening /afternoon without alcohol is ALL GOOD - don't feel that if you can't abstain or stick exactly to your limits that it is not worth it - IT STILL IS. I still drink too much - at least from a medical point of view - but I drink much less and my life and physical and mental health is still soooo much better for it - even though I am not perfect. On the AFD [alcohol free days] days I always think of what I have to gain from not drinking - a clear head the next morning which I enjoy and it encourages to me to have more."(B1)

In Boards 2 and 3, however, where many members achieved sobriety through participation in AA and following the 12 steps and traditions, people often reminded each other of one of the AA teachings: an alcoholic is powerless against alcohol. Amongst those members cutting down was not considered to be a viable option for an alcoholic:

"I'm sorry you are having such a bad time. Unfortunately, as I think you have already seen, alcoholism is a progressive disease. It gets worse and worse. The only way to stop that progression is complete sobriety. At least that's the only one I can attest to." (B3)

- 'Falling off the wagon'

Some members described their experiences of 'falling off the wagon', going back to drinking after a period of sobriety. For some members it was something that was happening every now and then – they tried to clean up several times, but they always ended up drinking again. Some indicated this was happening because they were not ready, did not feel the internal need to stop; others admitted that they had an illusion of control, which led them to have 'just one drink' that ended up in a breakdown of sobriety:

"I do admit to being an alcoholic and know that I have a problem. I went to the in-patient rehab and we had 4 AA meetings a day. I have the big book and other AA literature. When I got out of the 30 day program I did find some meetings in my area. I really didn't absorb much from them. I went because I felt like I was supposed to. Most of the time I want to be sober but a few times I haven't been able to resist the urge to drink."(B3)

"Many times during this period I recognised it [excessive drinking] was becoming a problem and many times I decided to stop, made promises to myself etc. and even to my husband....but it was never very long before I broke those promises." (B3)

"Well I'm back to square one again. After few years in and out of alcoholics anonymous trying to do things my way with various lengths of sobriety the longest being year and a half but something inside me convinces me I'm not an alcoholic although I know deep down I am an alcoholic was coming up to my 90 days and was at a party (not doing what was suggested) for my closest non aa friend and ended up having a couple realising b4 it got to bad what i had done and was very lucky to remove myself from situation but in my crazy messed up head convinced me i would be fine and ended up at a music festival on a 15 hour nonstop drinking session. spoke to a close aa friend today and been advised to get straight back to meetings again but i dunno if i have it in me to go through it all again." (B2)

Within Boards 2 and 3 some members who achieved a long term sobriety (albeit not many within the messages sampled) wrote to admit that they have recently broken their sobriety. This was a humbling experience which they were very upset about and were hoping to be able to start all over again with help of the AA. One woman whose mother was dying in hospital wrote about how this experience affected her life as a senior member of the AA:

"I had nearly twenty years of sobriety and clean time when a week ago now I had a drink which became a drunk. Obviously I have had to hand in my many roles in AA and the girls that I sponsor. I am trying to ask for support for myself. I have been doing it for everyone else and have obviously forgotten about me. So its back to basics and very humbling. My mother is dying at the moment and I may have to cut her off life support. My partner just up and left, my brother who is the only family i have went overseas even tho his mum is dying .Although I knew I was struggling, did not take enough action obviously. Too many resentments hit me in one day and I went down like a ton of bricks. So now am trying to forgive myself, and get back on the horse. Thanks for listening....." (B3)

All members who struggled with staying sober received a lot of support, love and understanding from other members, they were encouraged to 'get back on the wagon' as soon as possible. The author of the above quote received the following response:

"I forgive you, we forgive you. You just did what an alcoholic does. All we have is today. I have 20 yrs sober and I know I am just as close to the next drink as the newcomer is. Humbling. Let the sponsorees take care of you now. That is "How It Works". Don't beat yourself up too much. Tomorrow is another day and your slate can be clean again. Work that program and I thank God that you shared with us all here." (B3)

Many members wrote about feeling the temptation to drink which they managed to curb.

"Feeling a bit chattier today. Thursday was a difficult day – lots of tension in the office resulting in a bad spat between two of my colleagues. Found myself affected quite badly by all the negative emotion so that by the end of the day I was feeling quite sad. Of course my thoughts immediately went to wanting to have a nice glass of wine to change that state of mind - but I managed to resist. It's interesting that my brain just wants to go that way from habit. I thought things through and realised that it was damaging to myself to feel sad about events that I can't control and that having a glass of wine might make me feel good in the short term but long term I would feel crap [posted by member at day 22 of sobriety]"(B1)

2.3 Barriers to sobriety

- Physical compulsion.

For many members who were drinking heavily for a long time, the physical, uncontrollable urge to drink, often combined with withdrawal symptoms such as shakes, delirium tremens, anxiety, sleeplessness and aches, were the most prominent barrier to achieving and maintaining sobriety:

"At the moment I can't go any more than 3 or 4 days without feeling an overwhelming urge to drink and I always act upon it and regularly drink alone at home." (B2)

For some members it was not just the physical cravings that makes sobriety difficult, but also the habits and routines related to drinking, such as drinking at the evenings or during weekends. The cravings became stronger and more difficult to fight off when certain triggers occurred, such as certain times, people or places:

"It was hard this week but I have to tell you today drinking is really really heavy on my mind and it is getting worse as the end of my work day approaches. Probably because I know how I usually live my weekends." (B3)

- Perceived lack of support.

Perceived lack of support from the family, who either had a drinking problem themselves or who did not understand what the person was going through, was also frequently mentioned as one of the factors hindering sobriety. Members often found it hard to oppose 'the family tradition' of excessive drinking at every occasion and struggled to be the odd one out. Also seeing a spouse drink in the house made it difficult for many newly sober to resist temptation. Lack of support from the family could be illustrated by the following quote:

"Well I have been not doing well with any of my recovery both with Alcohol and bulimia. I haven't talked to my sponsor in a while and haven't went to any meetings as I am ashamed. [...] 90% of my family is alcoholics/addicts and high percentage of them have eating disorders too. I don't have their

support and trying to be an exception in my dysfunctional family. Small steps I know I need to get to a meeting and call my sponsor. The other hard part is my hubby and his buddies do a lot of drinking when they get together and lately has been bothering me to. I don't know right now, ughhhh!" (B3)

- Personal problems.

Many members indicated that being faced with personal problems, such as health issues, work stress, family conflicts etc. exacerbated their desire to drink and break sobriety.

"I drink when I feel upset at others and am afraid to confront them with feelings of disappointment or anger." (B3)

Members often reflected that dealing with problems by 'drowning them in a drink' became habitual. A person who achieved 3 months sobriety wrote about the increasing nervous tension they were experiencing:

"I've been struggling with the recurrence of anxiety for the last month or so. What [Name] calls "that spring in the stomach" [...] Anyhow, last evening, the thought occurred to me that this feeling would go away with a drink. Just enough to calm my nerves. It is getting worse. The spring in my stomach is tightening. I have to try and hang on; ride it out. The feeling was there through the night and is still there this morning. The thoughts of a sedative from the doc are appealing but that's not the answer. I have to find out what's behind the feeling and deal with it. That's life. That's what I've signed up for. Growing up and dealing with it." (B3)

Another person described drinking as her way of dealing with mental health issues and personal stress:

"I was recently diagnosed with depression and have experienced a lot of trauma in my life and drinking takes away the negative thoughts and anxiety... until the next day when my problems are multiplied by 100 and I have felt suicidal because of it." (B2)

As these two quotes demonstrate, it was quite common for members, both sober and actively drinking, to have a clear understanding of the negative consequences of 'drowning problems'. Many members, however frequently fell into that trap nonetheless, finding it impossible to resist the urge.

2.4 Alcohol related problems

Members of all three boards described a wide array of problems relating to their excessive alcohol consumption. These included health related, legal, interpersonal or financial problems, engaging in reckless behaviours, disrupted functioning and stunt personal growth.

- Physical health.

The negative effect of alcohol on physical health was most widely discussed within Board 1, however this subject was prevalent to some extent across all three groups. Members discussed bodily problems caused by excessive drinking, most often relating to liver damage. Other health issues included oesophageal varicose vein, premature osteoporosis, suspected tumours, headaches, water retention, elevated blood pressure or redness of the nose. People warned each other about the ill effects drinking had on their bodies by giving accounts of own experiences. People also shared solutions to health problems, such as drinking more water, eating healthy snacks, drinking milk to prevent calcium deficits, as well as expressed hope that abstinence, permanent or temporary could fix a lot of the damage caused by drinking, for example – self healing of the liver.

"I only know from my own experience. i bruise easily and have pain in my side etc. my liver is in cirrhosis but if i stop drinking is saveable (so why cant i stop). when your liver gets damaged it backs

up and you get an enlarged spleen and your platelet levels (white blood cells) get low which thin the blood. hence the bruising.” (B1)

Female members within Board 1 discussed the issues of drinking and the need to abstain during pregnancy, effects of alcohol on the baby and breastfeeding. Some members discussed the potential role of alcohol misuse in infertility and miscarriage.

“I've had two miscarriages -- I stopped drinking immediately when I found out I was pregnant and had no cravings whatsoever -- lost the first at 9 weeks and I'm sure that was just one of those terrible things and not related to alcohol, but the second I lost at 5.5 weeks and didn't realize I was pregnant until after 4 weeks, and as I was drinking heavily during that time I feel a tremendous amount of guilt and self-loathing that I caused the 2nd miscarriage with my drinking.” (B1)

- Mental health

Members also frequently described the feelings of increased anxiety, depression, disassociation, dizziness, and other problems associated with the mind, personality, brain or mental health, which they contributed to excessive alcohol consumption. In Board 1, similar to the liver problems, the general belief is that abstinence/time should help ease these symptoms and the person will feel better with time if they abstain from alcohol.

“I have to say, the fact that you have realized that the alcohol has been worsening your anxiety so much is a good thing. Anxiety is an awful feeling. I have suffered with extreme anxiety myself.” (B1)

- Legal problems

The legal issue most often discussed by the members was drink-driving and losing their drivers licence as a result.

“Reasons that I decided to quit drinking: 1) I have driven drunk at least twice, never been caught. [...]3) Let people that were high or drunk drive me.” (B3)

“Never in my life did I think I would ever lose my driving licence, but I did. I thought it would be one of my two brothers who it would happen to, but it didn't. I lost my licence around 4 years ago for 2 years. I was mortified. I had drunk one bottle of wine already and decided I wanted another. The shop was only around the corner from my house, but I decided to jump in the car as it was dark! Unfortunately there were two police officers in the same queue who smelt alcohol on me, watched me get into my car, followed me home and arrested me once I had parked up. I spent the night in jail as they couldn't let me go until I blew clean on the breathaliser.” (B1)

- Financial problems.

Some members, particularly in Board 1, discussed financial issues that stemmed from their drinking problem. Some expressed surprise by the amount of money they spend on alcohol and cigarettes and some calculated what they could have saved if they did not drink:

“It was a real eye opener to have the figures there in black and white of how much I spent on booze (not that I told them). Honestly fags and all - about \$15,000 a year!”(B1)

Others suffered financial loss through days off due to being drunk or hangover, losing jobs, losing things when drunk etc.:

“Financially I have had a loss of earnings this month as I have had to have three days off sick after my last binge and my phone was stolen and ran up a £400 bill and I was still too drunk to cancel the

phone. Over the years I have also lost countless things whilst drunk. I think i also could of had a deposit for a house” (B1)

- Social/interpersonal problems.

Many members admitted to drinking so excessively that their relationships with other people were jeopardised – they were upsetting their partners, embarrassing themselves in front of family and friends, some admitted to being violent to their close ones whilst under influence of alcohol:

“Basically about a year ago I realised that I had a really serious problem with drinking. [...] And twice my daughter saw me VERY drunk and slumped on the floor.” (B1)

“At the age of 23 my girlfriend (whom now I am proudly married to)and one of my close friends watched me practically die one night from mixing beer pain killers and vailum. My breaths were several minutes apart and shallow, they couldn’t find my pulse. Age 27 my wife helped me beat the drug addiction and I haven’t abused any pills since then. I have also been wanting to quit drinking. Why is this so much harder than drug addiction? Please anybody who can give me advice. My daughter is now starting school. I don’t want her to grow up knowing me this way.” (B3)

“As you are aware [Boyfriend] has now left me. I hated the way he did it cos he planned it for 3 weeks then just left, I suspected something wasn’t right but I still didn’t now. We were only together 6 months and those months have been some happy some not, but all coursed by alcohol. We do talk on the phone, and he has said that he needs to get his head straight which I now understand. I put him through hell because of my issues and then when I had a drink I would become violent to him. He said he got to the stage that he was scared for his own life.” (B1)

Members also discussed the effects drink had on their intimate relationships. Some indicated that when abusing alcohol, they only had sex whilst drunk, others admitted to engaging in risky sexual behaviour when drunk, such as having sex with strangers. One 24 year-old woman, for example, admitted that excessive drinking not only caused her social embarrassment on numerous occasions but also led her to engage in sexual behaviour under heavy influence of alcohol:

“Reasons I quit drinking [...] 4)[I] Blacked out and had an emotional conversation with parents. [...] 6) [I] Got extremely drunk at my cousins wedding and puked on the carpet in the hotel room and family member had to pay to get carpet clean. [...] 9)[I] Lost my virginity one night when I was extremely drunk.” (B3)

Sober members advocated that sober sex is much better than drunken, as drink reduces libido and makes the person less attractive to their partner:

“Drink kills everything including your libido even sometimes if it's the other person doing the drinking. When you've had a drink and are feeling amorous you think the other person will too, I did, not the case. It took us a while but we got there and things are so much better for not drinking. Why oh why do we put drink before everything that we have. We all lose in the end especially in relationships.” (B1)

- Engaging in reckless and dangerous behaviours.

Several members indicated that their drinking problems led to decreased control over their own behaviour which put them in a vulnerable position, endangered their safety or life – people admitted to going to potentially dangerous places late at night to carry on partying, ‘ditching’ friends and going away with strangers during a night out, injuring themselves, taking part in fights, for example:

“Still have a scar from another teenage experience where I dropped a bottle of vodka on the way home and stuck my hand in the carrier bag to try and save the beers I had with it....” (B1)

“[I] wandered away from my friends, let people who were high or drunk drive me, [...] fell and bruised knee and nearly hurt face as well that was straight after I had jaw surgery” (B3)

- Stunt spiritual growth and lack of maturity. Particularly in Board 2, members discussed the effect drinking had on their spirituality and maturity – several felt that they ‘did not grow up’ since they started drinking, that they behaved childish, and immaturely when they were drunk. Sober members, especially those who achieved sobriety through working the 12 steps and other AA teachings were keen to progress spiritually, become a better, more dependable person. They often indicated that in order to lead a successful and happy life without alcohol, a person needs to work on their shortcomings, which led them to drink in the first place, as one member put it:

“It took me a bit to start looking at myself, in spite of the fact that i heard countless times that just taking away the booze from an angry, depressed and miserable drunk would result in an angry, depressed and miserable non-drinker. The key to substantive change in my life and my attitude had to come with a change in the way i thought. Those twelve steps have taken me there.” (B2)

3. Sobriety

3.1 Reasons for seeking sobriety

The members differentiated between external (feeling pressured by other people or wanting to do right by other people) and internal (having an honest desire to stop drinking for oneself) reasons for seeking sobriety. Many members indicated that in the past they attempted to stop drinking under the external pressure, but they inevitably failed. One man wrote about his two failed attempts to quit drinking. He was drinking so heavily that his boss confronted him and suggested that he sought help, which he did:

“The people at work where very supportive and understanding. The people at AA where the same. The only problem was, I wasn't ready to stop drinking.” (B2)

We went on to explain that this attempt, and then another one, failed. Recently, however, he felt that something changed within him – he felt the desire to stop drinking and he accepted that he needed help to achieve this – which gave him hope that this time would be the last time he quit alcohol:

“I had been stopping and starting for some months. Things came to a head just before this Easter. I was ready; I'd had enough pain and was sick of being sick. So I made the decision to stop and put it follow up by taking action. [...] The important things today are: I have the desire to stop drinking. I have become a member of AA and post to this forum. I have discovered that I can't stay sober by myself.” (B2)

3.2 Tools and mechanisms helping achieve and maintain sobriety.

- Online support group

Joining and participation in online support group was perceived by many members of all three groups as an important tool in managing their drinking problem. People felt that reading messages posted by others was comforting and helped them feel less alone:

“In the meantime, it has already been helpful reading through some of the posts on this forum. It may sound strange, but I feel almost relieved to be reading things that I can relate to and knowing others understand what I'm going through as they have been there themselves is comforting.”

Sometimes dealing with this makes me feel like I am going insane especially when the anxiety and guilt takes hold the day after drinking.” (B2)

Others found valuable information, advice and support that helped them through difficult times:

“I did some weird thoughts about when Lent finishes - sort of 'having to have' a drink to mark the end of it, but [Name]'s no nonsense 'there are no reasons to drink, only excuses' put a stop to that train of thought! “ (B1)

“You are so kind to everyone here and seeing you uplifting posts helps me so much in this battle which is getting easier and easier!” (B1)

Within Board 1, members also used the forum in a more practical way. There were threads dedicated to specific challenges and ‘games’ that aimed to aid people’s sobriety, for example Christmas and New Year Challenge, where people supported each other in order to stay sober through the festive season; Three Months Challenge, which helped people achieve their first three months of sobriety in a day by day, hour by hour fashion. People were posting to those threads about each step they achieved, about any difficulties they faced and were sure to find others completing the same challenge, and receive support if they needed it:

“My last drink was January 27, 3 months without a drink. Hard to believe. If someone would have told me that here in mid January when I joined, I would have said "no way, yeah right". Although my long term goals are moderate social drinking, I think this has been very valuable for me. I have really looked at and investigated my relationship with alcohol, and have learned a lot from people's posts here. My attitudes have changed. I like abstinence, but would still like to be able to have the occasional drink, so I don't know where I fit in. I've never fit into neat little categories too well anyway.” (B1)

One member explained ‘the game of hop’ the members were playing in order to deal with the urge to drink and achieve sobriety ‘one step at the time’:

“The hop can be really anything you want it to be! Some people decide to "hop" through a month sober or to "hop" through each day... a kind of affirmation of their daily intention. Others have been known to hop hourly if the EAF [evil alcohol fairy] comes a calling. So let's get hopping!” (B1)

- Professional help

Members of all three groups recognized the fact that often professional help is necessary to achieve, or ‘jump start’ the sobriety. They advised new members about the benefits of going to rehab or detoxing at home, visiting a GP, attending counselling or other therapy.

In Boards 2 and 3 the most frequently discussed professional organisation offering help to people addicted to alcohol was Alcoholics Anonymous (AA). Members shared their own experiences with the AA, including going to the meetings, the role of a sponsor, their relationship with other members, the techniques applied by the AA, such as the 12 steps and traditions, and the AA literature, such as The Big Book. Majority of the sober members within those two groups achieved sobriety through the AA and they believed that ‘AA saves lives’. Members within those two groups often relayed the teachings of the AA to the new members, advising them that sobriety had to come from within, had to be achieved step by step, one day at the time, that alcoholics were powerless against alcohol, always one step away from being a drunk again and could never drink if they wanted to remain sober. The new members were nearly always advised to try joining AA in their area. Sober members swore by the AA way and were keen to share their success as an inspiration and hope for

new members. For example, one female member who was sober for over a year wrote in response to another woman seeking support in her recovery:

“The only proven and successful way to get sober that i know of is through Alcoholics Anonymous. Problem is a lot of people judge the program without giving it a try...and end up suffering many, many years with this disease. AA is a program where you deal introspectively with your key issues that bring you down enough to want to escape and medicate through drinking and getting drunk. You work at your own pace with what's called a sponsor....someone who has thoroughly worked the 12 steps and has a lot of sobriety. Someone who's been where you're at and can help you dig out of your hole. My advice? If you want to talk to someone face-to-face who's been there? You'll find a whole room full of people in AA who can do just that several times a day in meetings of alcoholics anonymous. Make sure you latch on to women and not men though 'cause that's the way the program works. Goto a meeting and get some womens phone numbers and start your path to a new healthy life.” (B3)

People who were already AA members, but still struggled to achieve sustainable sobriety were advised to work the AA way in more depth – get a sponsor, talk to other members, become a part of the fellowship, not just an attendee, work through the 12 steps and read the Big Book., as this had the true potential to change people’s lives:

“I can relate to you, I have slipped many times and returned to AA, this is a safe place my friend. Though I lived as a dry drunk, OK sober but mentally unwell which is not a fun experience. Stopping drinking which I have done previously didn't change my life, stopping and getting involved with the programme, meetings, steps, sponsor etc. Has sorted my head out so far and life is a lot better, no more dark thoughts, no more wishing to step off the world.” (B2)

- Family support

Family support, especially from partner or spouse was a valuable tool in managing sobriety. Members of all three groups noted that understanding and supportive partners can aid recovery:

“Was out shopping with a friend yesterday and bought a dress - haven't bought anything new in so long [...] Going to wear it to the theatre tonight, always a mini challenge for me as theatre is associated with drinking for me, but taking my son along to the show too and driving so I will be fine on my soft drink, hubby can drink if he wants to but probably won't as he's v supportive of me.” (B1)

“I have a very supportive boyfriend who wants to help and support me through things and he has offered to drive me to a meeting somewhere away from where I live and he will wait in the car.” (B2)

“Age 27 my wife helped me beat the drug addiction and havent abused any pills since then. I have also been wanting to quit drinking.” (B2)

- Situation management

Members often discussed avoiding temptation to drink through situation management – for example by avoiding places and occasions with alcohol was believed to be beneficial for those in early stages of sobriety. Many members wrote about party invitations, planned nights out and family functions, asking for advice whether to go or avoid and how to ‘survive’ the evening without having a drink:

“Someone at my dad’s office is having a party today and i really want to go to the party because his parties are fun they have a lake and jet ski you can take out on the lake and you can swim and fish but at the same time I have been having bad drink cravings yesterday and today. I have been using

willpower to get through them. I am halfway tempted to not go but at the same time have a problem with doing that because that would be admitting that I am weak. If I decided to go does anyone have any tips on how to avoid picking up a drink.” (B3)

Creating situations where drinking would be impossible was also a way of managing temptations in situations that could trigger the urge:

“Was out shopping with a friend yesterday and bought a dress - haven't bought anything new in so long [...] Going to wear it to the theatre tonight, always a mini challenge for me as theatre is associated with drinking for me, but taking my son along to the show too and driving so I will be fine on my soft drink, hubby can drink if he wants to but probably won't as he's v supportive of me.” (B1)

- Achieving sobriety one day at the time.

Members of all three groups believed that an effective way to achieve sobriety was to take it one day at the time. This was a particularly useful tool for those in early stages of sobriety, as they could get through the initial withdrawal symptoms and cravings, but some veteran members, particularly AA members adopted this philosophy for life:

“Why do I kid myself that I must stay away from a drink for only one day, when I know perfectly well I must never drink again as long as I live? I am not kidding myself because one day at a time is probably the only way I can reach the long-range objective of staying sober. If I determine that I shall never drink again as long as I live, I set myself up. How can I be sure I won't drink when I have no idea what the future may hold? On a day-at-a-time basis, I am confident I can stay away from a drink for one day. So I set out with confidence. At the end of the day, I have the reward of achievement. Achievement feels good and that makes me want more.” (B2)

- Other

The members who attended the AA often referred to prayer, God and the Higher Power as the means through which they achieved and managed their sobriety:

“I don't know if you believe in a higher power or not but one way I have found to avoid temptation in situations such as these is to pray beforehand. I simply pray to have the temptation removed, sometimes I have to pray more than once.” (B3)

“What I used to do was just pray, pray, pray. I kept running the Serenity Prayer through my head over and over, even if the only words I could to were, "God grant me the serenity." It will get better, just keep up with your meetings, keep working the Steps, and face the fear and speak up at meetings.” (B3)

Other members also found their hobbies and passions useful in distracting their minds away from drinking. Physical exercise, relaxation, television, music and ‘me time’ also often served as valuable replacements of what used to be ‘drinking time’:

“I'm in alone tonight for first time in ages...planning on alcohol free night with facial and footspa...” (B1)

“Went to ashtanga yoga again last night and have been stretched a couple of inches!!! it is sooooo good. I am not missing the drink at all and have to remind myself to live in the day and not dwell on the future ie hubby's 50th birthday. (I am sure he would prefer me not to drink anyway).” (B1)

3.3 Celebrating sobriety

- Apotheosis of sobriety

Sober members were often stressing the superiority of sobriety over alcohol dependency – for many it was a new way of life whilst others felt they reclaimed their old life back, but majority agreed that sobriety meant health, happiness, light, freedom and life, while alcohol meant ill-health, mental anguish, darkness, lack of freedom and death (both physical and spiritual). This can be illustrated by the following quotes:

“In summary I love living now, it’s no longer a daily battle, you know only too well [Name] that living in the real world is far superior to a drink induced party in your own head.” (B2)

“Anyway, in other chripy news...as i was swimming this morning, i was reflecting on the fact that I am changing my life and feeling pretty smug about my own success. I indulge this as I need to feel good about myself and proud of myself. However, i stopped in the middle of the pool as I realised that I am not changing my life, I am reclaiming it, and everything I am doing is about giving alcohol a big middle finger and taking my life back. this new journey i am on, is actually picking up the old one, but improved me, because without all the experiences, I would not appreciate the beauty and gift that i get everyday of knowing how lucky I am. i have had such a great week.” (B1)

- Celebrating milestones

As sobriety was the most praised achievement amongst members of all groups, people very often took their time to celebrate successes with abstaining from drink. Newly sober members logged on in the morning to say they managed to last through the night without drink, others announced their first day, week or month of being sober. Several veteran members celebrated their anniversaries, as many as 20 or 30 years without drink. One man pondered on the fact that he was sober longer than he was drunk:

“I drank for 21 years. I haven't had a drink or a drug now for 22 years. It works when you work it. Imagine that, I've been sober longer than I was drunk.” (B3)

Some people celebrated their special anniversaries as if they were birthdays:

“As I reach one year sobriety, August 5th, how does one who is used to partying all the time celebrate???. My girlfriend suggested going to a rock concert, and Slayer is coming soon to my area. What better way to celebrate sobriety than to go to a Slayer concert, I've always wanted to see them live, and now is my chance. Happy sobriety everyone!” (B3)

All notices of any length of sobriety were celebrated by other members as well; a long string of congratulations, well wishes and encouragement to keep going followed each announcement, no matter how short or long the period of sobriety was.

4. Support

Offering emotional and informational support was one of the main aspects of all three groups. In Boards 2 and 3 the responses offering support and advice followed a common pattern throughout – after a new member posted a message detailing his or her problems and/or a desire to stop drinking, members who achieved sobriety (usually long term sober members answered first, but people who had couple of weeks of abstinence also joined in) would note some level of similarity between ‘their old self’ and the new member. They described their own struggles with alcoholism, failed attempts to give up drinking, hopelessness and despair. They then described the tools and mechanisms they used to achieve sobriety, mainly rehab, the AA, working the 12 steps, avoiding temptation and achieving sobriety one day at the time. They were often very honest about the hardships they encountered on their way to sobriety, but they always concluded that it was worth it, as the new life they found was far superior to the old one they led. Their personal stories were often inspirational,

describing a battle against all odds with a life-long habit, from which they emerged stronger and more in control of their own lives. Many were humble about their achievement, stressing that they were aware of their own weakness and had to be constantly vigilant not to fall into old habits. Finally they suggested or encouraged the new member to consider undertaking similar steps, i.e. detox first and then seek a local AA meeting, get a sponsor, get involved in the fellowship. The following quote represents a typical response to a person who found it difficult to give up drinking by himself for many years:

“Welcome [Name]! I am glad you are joining us. Wow, your story is almost exactly the same as mine except I was using all kinds of drugs. We have a lot in common. I finally stopped drinking when I turned 29.[...] I went to an AA meeting out of desperation because I didn't know where else to turn and I knew deep down that I would never be able to stop on my own. I was addicted. What I found at that meeting was a group of people who were in the same boat as me, but were not drinking. I wanted what they had so I kept going back. Today, years later, I can say without hesitation that AA saved my life. I strongly encourage you to give AA a chance. It forever changed my life. There are other options out there. You can go to a rehab to get dry and then to any other support group as well. There are also meds you can take to help. I stayed at a halfway house for women alcoholics for six weeks. But again, it was AA that worked for me, so give it a shot, you might find the way of living they offer something you want to change your life and end the drinking once and for all.” (B3)

Another member added some ideas of coping with temptations and triggers:

“I have to echo the sentiments about AA. It is so helpful to have a group of people who understand exactly what you're going through and who have no ulterior motives-just want to support your sobriety. Where else can you find such unconditional support? The other thing that helps in early sobriety is to change your patterns from when you were drinking so that you aren't triggered by the same times/places/etc. when you used to drink. Exercising instead of hitting happy hour or whatever you used to do is a great way to establish new, healthy patterns.” (B3)

In Board 1 member also often offered advice and suggestions about ways to avoid temptation and achieve or maintain sobriety, but they rarely related to the AA, and more often suggested medication, rehab, counselling or cognitive behavioural therapy and getting involved with the online community:

“Good to meet you and welcome to [Board 1]. Quite understand your problem as to how to stop. Everyone is different I suppose. Personally, I went to the doctor's where I got some tablets to keep me going for the first week or so - then it was up to me. I've fallen off the wagon a few times since then nothing to worry about. Think about it, what would be best for you? If you are going to stop now then it would be a good idea to join the 7 day thread, you'll find it under Sobriety Challenges.”

In Board 1 members were also more lenient about drinking and total sobriety was not the aim for everyone – therefore some advice was posted that suggested cutting down on drink or stopping the drinking for certain amount of time.

- Emotional support

Members often offered each other emotional support in the form of encouragement, reassurance, virtual affection, good wishes, expressions of friendship and love, empathy and sympathy. People frequently showed personal interest in other members, for example by asking if anyone heard from people who did not post for a while or offering people one-to-one contact. They expressed their acceptance of other members and their situation – drinking habits, falling off the wagon etc. without passing undue judgement. Members offered a warm welcome to all newcomers and congratulated each other on the achievements.

"I do hope that you are doing well [Name], my friend." (B1)

"Good luck with your decision for tonight, you will get loads of good advice and support from this forum, so give it a go. Xx" (B1)

"[Name], you sound really low - is that why you didn't go to work? I really feel for you, and don't like to think of you sitting there beating yourself up - try not to, it won't help. If you can, try to have a bath/shower, eat something, even if it's just some toast, drink lots of water, just try and be nice to yourself. [...] Take care of yourself x" (B1)

"I don't think those are stupid reasons for drinking. I don't think anyone will laugh at you. Congratulations on finding a sponsor [...]" (B3)

5. Chit chat

Chit chat, humour and off topic conversations played a particularly large role in the conversations of members within Board 1. In Boards 1 and 2 there were dedicated sub-boards for posting jokes, discussing personal interests such as photography, painting, music or film, but in Board 3 members did not overly engage in such exchanges. The vast majority of the jokes contained references to alcohol, drinking and AA, often even when such a reference was inconsequential for the punch line or the story.

In Board 1 members frequently talked about their children, family events, such as getting children ready for school in the morning, household issues, such as home improvements, gardening, pets, cooking etc. Many times these conversations involved a problem or a stressor – such as faulty kitchen installation or child being bullied at school.

Board 2 featured an online chat and online AA meetings facility, which had to be moderated by a British person with at least 5 years of sobriety. Housekeeping issues such as elections and rota of moderators and webmasters were frequently discussed within designated sub-boards. Meeting arrangements were also discussed on the public forum, and announcements for AA off-line conventions were posted to another sub-board.

Technical and IT issues, such as links, picture pasting, computer crashing etc. were also discussed within all three groups.

6. Other people's drinking problems.

Although all three groups were predominantly used by people who had alcohol dependency issues themselves, to all three groups some messages were posted by spouses, parents, children and other family members of alcoholics. They posted in hope to find some ideas how to cope with an alcoholic, who refuses to deal with their problem, and how to help them recover from their addiction. They expressed their distress and worry about their loved ones and sometimes about their own or their children's safety, for example:

"I am the mother of a 31 year old beautiful daughter. She is a severe alcoholic. I have tried interventions and she becomes very angry and lashes out. This is because she just wants to stay in denial and have me go away. She lost her Dad at 13. She lives with her sister because she cannot function on her own. She loses job after job. She has only ever been a roommate. She can't keep her things clean or together, her car same thing. At the present time she is working, but has already missed days. Her sister has had it and is going to move out. I don't know what to do. She has alcoholism on both sides of her family. Her father, both grandfathers, many cousins. She had a cousin die at 26. I just keep waiting for the other shoe to drop. If anyone has a suggestion i would welcome it." (B3)

In Boards 2 and 3 members tended to offer such people similar advice they gave to alcoholics – try joining Al-Anon. They also referred to alcoholism as a disease and reminded those in a relationship with an alcoholic that their close one would not change for them or the children, as change can only come from within. They stated that an alcoholic would not stop drinking because of nagging and pleading, and the only thing their close ones can do is look after their own safety and sanity (which would be aided by joining Al-Anon) and to support them when they are ready to change. The following messages were posted in reply to the above quote:

“Hi, welcome. The only suggestion I have for you is for you to try Alanon. It is a wonderful group that has given many, many people lots of peace during times like your own. You should be able to find a local group online or in the phone book. There is also a group on here for Family and Friends of Alcoholics which might help you. Welcome to [Board 3].” (B3)

“One thing to remember: no one can keep the alcoholic from drinking...only the alcoholic can make the decision to stop self-destructing. It's painful to watch a loved one continue the destruction, but enabling will only make matters worse.” (B3)

In Board 1, although advice to join Al-Anon was not as apparent and in Boards 2 and 3, members echoed the sentiment, that nobody can help an alcoholic but the alcoholic him or herself:

“Sorry to be so blunt, but I've just come out of a relationship very similar to yours. When I entered it however, I was drinking as much as he was. You're not. You can see the situation clearly. The central relationship in his life is drink. If you ask him to choose between drink and you, drink will win. If he wants to change, he will, but he won't do it for you - it will have to be between him and the drink. Right now he's not even choosing between right and wrong, is he? He's letting you pay for him to treat you like a sofa.” (B1)