Salud Mental 2015;38(3):159-166
ISSN: 0185-3325
DOI: 10.17711/SM.0185-3325.2015.023

Analysis of Alcoholics Anonymous' approach to hospitalized patients

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Original article

ABSTRACT

Background

According to the National Survey of Addictions, the percentage of alcohol dependents attending self-help groups increased from 33.4% in 2008 to 43.7% in 2011. Alcoholics Anonymous (AA) and their Twelve Steps program represent the main model for self-help in Mexico. The 12th Step or *carrying the message* is a common strategy to attract new members into AA groups and it is frequently done in hospital wards.

Objective

To describe the activity of *carrying the message* in a hospital context in order to identify the meanings involved and how AA members relate to the patients.

Method

An ethnographic approach was used to observe the activity of nine AA members in a third-level hospital in Mexico City over a ten-month period. The activity system model was used for data organization and interpretation.

Results

The activity of *carrying the message* consists of six core moments: 1. Self-introduction of the recovering alcoholic; 2. Defining alcoholism as an incurable disease; 3. AA's Twelve Steps as an alternative; 4. Self-diagnosis; 5. Asking about consumption; 6. Invitation to the hospital's AA group meetings. The AA member uses the story of their personal experience to convey AA's vision about alcoholism and recovery.

Discussion and conclusion

The activity of *carrying the message* is mainly oriented by the meaning of alcoholism denial. The AA's actions are designed to avoid denial and to promote disease acceptance. Furthermore, the hospital setting itself legitimizes AA's presence and their Twelve Steps. *Carrying the message* presents a strategy to diminish stigma related to alcohol dependency which is one of the main obstacles to seeking help.

Key words: Alcohol dependence, hospitals, Alcoholics Anonymous, carrying the message.

RESUMEN

Antecedentes

El porcentaje de dependientes alcohólicos que acude a los grupos de autoayuda aumentó del 33.4% en 2008 al 43.7% en 2011 según las Encuestas Nacionales de Adicciones. Alcohólicos Anónimos (AA) y su programa de Doce Pasos representa el principal modelo de autoayuda en México. El 12° Paso o *llevar el mensaje* es una estrategia común para atraer nuevos miembros a los grupos de AA y se realiza frecuentemente en salas hospitalarias.

Objetivo

Describir la actividad de *llevar el mensaje* en un contexto hospitalario para identificar los significados implicados y la manera de relacionarse con los pacientes.

Método

Se utilizó una aproximación etnográfica para observar la actividad de nueve miembros de AA en un hospital de tercer nivel de la Ciudad de México a lo largo de diez meses. Se aplicó el modelo del sistema de actividad para la organización e interpretación de los datos.

Resultados

La actividad de *llevar el mensaje* tiene seis momentos principales: 1. Autopresentación del alcohólico en recuperación; 2. Definición del alcoholismo como una enfermedad sin cura; 3. Los Doce Pasos de AA como una alternativa; 4. Autodiagnóstico; 5. Preguntar sobre el consumo; 6. Invitación a las juntas del grupo de AA en el hospital. Los miembros de AA utilizan sus relatos personales para comunicar la visión de AA sobre el alcoholismo y la recuperación.

Discusión y conclusión

Llevar el mensaje se orienta principalmente por el significado de la negación del alcoholismo. Las acciones de los AA están diseñadas para evitar la negación y promover la aceptación de la enfermedad. Además, el mismo contexto hospitalario legitima la presencia de AA y sus Doce Pasos. *Llevar el mensaje* nos presenta una estrategia para disminuir el estigma asociado con la dependencia alcohólica, el cual es uno de los principales obstáculos para solicitar ayuda.

Palabras clave: Dependencia alcohólica, hospital, Alcohólicos Anónimos, llevar el mensaje.

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Received first version: February 21, 2013. Second version: April 25, 2014. Accepted: August 8, 2014.

Translation of the original version published in spanish in: Salud Mental 2015, Vol. 38 Issue No. 3.

BACKGROUND

According to the 2011 National Survey on Addictions (ENA, in Spanish), 6.2% of the Mexican population aged 12-65 had alcohol dependence. It was also detected that only a low proportion of the population with consumption-dependence used any of the various treatment services. The 2008 ENA estimated that 7.6% of the dependent population had received some type of treatment, while in 2011 this was lowered 6.8%; in other words, almost 331,000 out of 4.9 million people with dependence.[1]

In terms of the types of support or treatment sought by the dependent population, these vary over time. At the end of the last century, Alcoholics Anonymous (AA) groups were indicated to be the most widely-used resource, even above public healthcare services.[2,3] However, this preference has not always been recorded in surveys. For example, in the National Survey on Psychiatric Epidemiology, it was observed that alcohol dependents preferred to attend health professionals, specifically psychiatrists, rather than self-help groups.[4] In the ENAs of 2008 and 2011, a preference was also noted for seeing a *professional*;* 44.5% and 44.7% respectively.[1] However, there was an increase in self-help from 33.4% in 2008 to 43.7% in 2011. The increase was double among women: from 15% to 31.2%, while in men, self-help became the first option in 2011.

Traditional AA groups are the main representations of self-help or mutual help with alcoholism in Mexico. The Central Mexican Association of General AA Services (Central Mexico) had some 14,600 groups in 2012,[5] while the Corporation of Traditional AA Services (Mexico Section) had 2,400 registered groups.[6]

The primary route to a person starting to participate in an AA group in Mexico is through an invite by another AA member, which happens 61% of the time.[7] The process of inviting a new participant to an AA group is known as the 12th Step, or *carrying the message*, which consists of an AA member telling another person about the experience they have had with alcoholism and how, though practicing the Twelve Steps, they managed to stay sober.[8] In 2012, it was estimated that 40% of AA members carried the message in the month prior to the survey.[7]

In the past decade, a line of research has developed into the various mutual help activities carried out by the AA community, both within and outside its structure, for example, *carrying the message* and the impact it has on the abstinence of those who practice its activities.[9] In general, it is observed that the more they help other alcoholics, the better their correlation with the increase in their number of days sober. As such, although there is a need for further investigation, the preliminary results support the idea that the 12th Step is an activity that contributes to personal recovery.

On the other hand, *carrying the message* is also a mechanism to grow the community since its origin in 1935. In an international study that analyzed the processes of the cultural adaptation of AA as a social movement, Eisenbach-Stangl et al. identified various forms of AA linking with other organizations as part of a strategy to attract new members.[10] It was seen that the AA community in Mexico had a high level of collaboration with healthcare institutions, addiction treatment centers, and prisons, allowing them to access a 'captive' dependent population. As such, 71% of Mexican AA members had carried the message, which is the second highest percentage of all participating countries.[11]

In particular, hospital rooms are a prime context for *carrying the message*. Between 2004 and 2012, some 130,000 admissions were recorded due to illnesses attributable to alcohol in hospitals in the healthcare sector.[12] It is because of this that the AA community establishes and renews its cooperation agreements with healthcare institutions and treatment centers; to have access to this population.[5]

Nowadays, the Central Mexican AA collaborates with the Mexican Institute for Social Security (IMSS) for the treatment and rehabilitation of rightful claimants who have problems with alcoholism.[13] On the other hand, in the Social and Security Institute for the Service of State Workers (ISSSTE), timely detection by healthcare staff is complemented by the broadcast of the AA message in hospital rooms.[14] Finally, since 2009, "National Hospitalized Alcoholic Week" is held in conjunction with the Health Secretary.[15]

In spite of the AA presence in hospitals, research which analyzes how the activity of *carrying the message* is firmly carried out is scarce. For example, Collins et al. only describe the existing types of collaboration between AA and hospitals, and their potential impact in the community,[16] while Blondell et al. assessed the effect of *carrying the message* of AA to patients hospitalized due to traumas related to alcohol consumption.[17] These authors observed that a brief intervention by a doctor, followed by an AA visit, was an experimental condition which correlated with a greater number of abstinent days and with patients who sought treatment or participated in a mutual help group in the year following the hospitalization.

Blondell et al. briefly described the AA intervention as a visit of 30-60 minutes' duration carried out in pairs. The AA members sought patients with similar characteristics to them (sex, race), and did not give advice or make recommendations about treatment. They were limited to sharing only their personal stories and their "experience, strength, and hope".

Given that the AA has a strong presence in healthcare institutions in Mexico, and that we do not have detailed information on its actions within hospital rooms, the aim of this paper is to offer an analytical description of the method of approach used by AA members when faced with hospital patients. The results form part of a wider investigation

* Includes partial and complete treatment with a professional.

which aims to describe the organizational structure of AA, its strategies to access and remain in hospital contexts, and to analyze the actions and meanings of *carrying the message* which make sense of the recovery process for AA members themselves.[18]

METHOD

An ethnographic method was used to observe, record, and analyze the activity of *carrying the message* by AA members in a hospital context, and understand what meanings they attributed to said activity based on their own experiences. In a broad sense, ethnography seeks to analyze and understand the meaning and significance of actions taken by people in socio-cultural contexts. It is an approach to the daily life of people in their surroundings which requires systematic, analytical observations, in-depth interviews, and analysis of the necessary texts and files.[19] The ethnographer seeks to understand human activity and respects the cultural constructs they observe; furthermore, they try to obtain an in-depth knowledge of the ways people behave and the ties that bind them, both in face-to-face encounters, as well as in the social structures that organize their actions. Ethnography allows us to understand and analyze how the AA community participated in a hospital context and how its members who *carried the message* to hospitalized patients managed to give meaning to their own sobriety at the same time as strengthening the image of AA as fundamental to the process of treatment for alcoholism. According to the above, an analysis was neither made of the hospitalized patients' reactions, nor of their feeling towards what the AA members had shared with them, given that our aim was to understand in depth the system of activity employed by the AA community in hospitals.

Hospital context and participants

The selection of participants was based on the following criteria: a) those who had experience in *carrying the message*; b) who were diverse participants: experts, novices, different years of participating in AA; and c) well-established collaboration between AA and the hospitals.

The hospital selected was a third-level hospital which provided general and specialized medical treatment to an open population. It is located in a central area of Mexico City and has collaborated with AA since the 1970s; an AA group meets in the hospital facilities three times a week.

Nine AA members agreed to be observed while they carried the message. The age range was between 25 and 65 years. Five of these had been with AA for eight years or fewer; one for 14 years, and three had been members for more than 20. In terms of their years *carrying the message*, three of them had been doing so for less than a year, three more had between two and three years, and the other three, six years. The specific information is presented in table 1.

Field work

The field access period took place between January and April 2008, and was characterized by a process of familiarization with the organization and language of AA. Later, between July 2008 and May 2009, the direct observations of *carrying the message* were made. No records were made while this activity was being carried out, with the aim of respecting the patients and the AA members, so the field notes were prepared after leaving the hospital rooms. Copies of the records were occasionally given to the AA members to be read and verified.

Activity system

Engeström's[20] activity system model was used as the analytical tool to organize the data from the field notes into seven theoretical categories which, according to the author, constitute human activity: subject, object, instruments, community, rules, division of work, and results. In the analysis, we highlight how the AA members used various material and cultural instruments (pamphlets, speeches, stories, records) to flesh out the activity systems of *carrying the message* to the hospitalized patients. Finally, the system was analyzed from two perspectives: that of the subject of the activity, and the external perspective of the system. For the first, a representation of *carrying the message* was made, based on the individual actions of the AA members, while the second allowed for an analysis of aspects of the relationship between the AA community and the hospital context. Engeström[19] proposes using both perspectives to generate a dialectic analysis between the subjective and systemic perspectives.

Ethical considerations

Voluntary participants were informed of the research proposal. Their anonymity and confidentiality in using their

Table 1. Age, years in the community, and years carrying the message of the nine AA members observed during this activity.

AA members	Age	Years in AA	Years carrying the message
1	40	5	<1
2	45	6	<1
3	25	4	<1
4	36	8	2
5	48	7	2
6	47	14	3
7	52	21	6
8	63	21	13
9	65	28	14

Translation of the original version published in spanish in: Salud Mental 2015, Vol. 38 Issue No. 3.

information was guaranteed. Verbal consent was sought to be accompanied and observed during their hospital visits.

RESULTS

The AA community has been *carrying the message* for decades in the hospital where the research was carried out, and as such, there were established days and schedules for the visits in certain departments. Around 30% of the meetings were follow-up visits;* that is, visits to patients previously identified as possible alcoholics by other patients or by healthcare staff, mainly nurses. The most common approach method was one-to-one, and less often AA members visited in pairs. On average, the meetings lasted around eight minutes and when a possible alcoholic was identified, this time was doubled. There were differences in members' ways of *carrying the message*, as some spoke more of their alcoholic past, while others preferred to speak about their recovery and the benefits of AA. On the other hand, there were different presentation styles between AA members: friendly, solemn, or humorous. There were also differences between novices and those with more experience, as the former were more formal, concerned with following the order of the presentation during their visits, while the 'veteran' members were more spontaneous, flexible, and more secure in their manner of speaking, with more expression of their emotions. However, whether novice or veteran, the activity of *carrying the message* had six defined moments: 1. Presentation, 2. Definition of alcoholism, 3. AA as an alternative, 4. Self-diagnosis, 5. Questioning consumption, and 6. Invitation to participate in a group. Each stage will be explained shortly.

1. I am a recovering alcoholic

When approaching the patients, AA members present themselves as recovering alcoholics. They are explicit in their gratitude to the healthcare staff for allowing them to be there to offer information about alcoholism and to help other alcoholics, for example, when they say:

> "*We are from AA. We appreciate the doctors allowing us to be here and share our experiences.*" Veteran, 13 years carrying the message.
>
> "*The hospital authorities allow us to come, because they are also concerned about this terrible disease.*" Novice, 2 years carrying the message.

While *carrying the message*, AA members pay attention to their personal appearance and commented that by being well-groomed and nicely presented in their appearance, they fought against common ideas about alcoholics. As such, they confirmed that even drinkers themselves had the idea that alcoholics are *drunken bums* or "*barflies*". *Carrying the message* is so structured and planned that even personal appearance is closely taken care of in order to not fuel negative ideas about the recovery process.

2. Alcoholism is a disease, not a vice

When talking about alcoholism with the patients, members always refer to it as a disease. They read or paraphrased definitions of alcoholism by other organizations, the most common being that of the World Health Organization from 1952: "Alcoholism is a physical, psychic, and social disease, which is progressive and mortal". They added a characteristic to this definition: the lack of will to control alcohol consumption. AA members explained that alcoholism was a type of "allergy" because it only took one drink of alcohol to generate an obsession and compulsion to drink.

The majority of AA members remembered and shared with patients, how they themselves reacted when they were told of alcoholism as a disease. They generally described how they felt relief when it was explained to them that an alcoholic cannot control their alcohol consumption. Some emphasized that in accepting their disease, they stopped fighting and blaming themselves for not being able to drink in moderation, as many people can.

They also mentioned that one of the main characteristics of alcoholism was denial of the disease. Again, when speaking about denial, they often did so by means of personal anecdotes. For example, one of the AA veterans explained that despite suffering the consequences, they could not see the origin of their alcohol consumption:

> "*The disease of alcoholism made me suffer. I lost work, money, friends, and family. It took a long time for me to understand that I had a disease. Fights, money problems, arguments, discomfort. When I drank, I felt like everyone was against me and wanted to do me harm. It took me a long time to react and accept it*". Veteran, 14 years.

They advised that anybody could become an alcoholic, regardless of age, sex, education, or socioeconomic status. Finally, they indicated that until now, there was no known treatment or medicine to cure alcoholism or to give the drinker back control to drink with no problems.

Presenting alcoholism and life circumstances in this way allowed a moral framework to be offered to the patients which did not devalue them, but which rather made them feel understood and able to change.

3. AA groups as a solution

After offering stories about their own lives, around how they managed to accept that they had a health problem, they started to talk about the AA Twelve Steps program. They did not describe the Steps, but instead spoke about life in the groups and how they shared experiences and ideas

* The follow-up process in AA does not necessarily need the same member to visit the patient on various occasions. In fact, it is recommended that various members visit in order to offer more recovery experiences to the possible alcoholic patient.

which helped them to stop drinking. Some shared their first impressions when attending the group:

> "*When an alcoholic wants to stop drinking, they can find a way in AA. Groups and members support the alcoholic to achieve sobriety*". Novice, less than a year.
>
> "*I could only stop drinking and understand my root problem through the group (...) It took a lot of hard work for me to understand that I could not control the way I drank alcohol*". Veteran, 13 years.

For AA members, it was important to clarify that the groups were not religious, nor were they retreats of any kind. There are religious organizations dedicated to addiction rehabilitation which sell handicrafts or food as a way to obtain funds, but the AA is not linked with them. They also stressed the difference to admission centers which use the Twelve Step program* and emphasized that people do not know the difference between AA groups and retreats, which causes misunderstanding and the belief that there is mistreatment in both:

> "*We don't capture, punish, or lock you up. There may be others that do, but not AA. Work is voluntary, we do not charge for what we do, nor do we expect donations from people. All we want is to provide valuable information about alcoholism*". Veteran, six years.

As such, AA members briefly explained how they managed to achieve sobriety by participating in a group, and that these were not places of mistreatment. In doing so, they implicitly sought to convince the hospitalized patient.

4. Self-diagnosis

Each patient visited was given a pamphlet with general information about AA and alcoholism. The pamphlet also contained a questionnaire which helped to tell if you are an alcoholic, with 12 questions about the consequences of drinking, loss of control, and thoughts which justified drunkenness.** Each question also had a reflection from AA's perspective. The questions had 'yes' or 'no' responses. At the end it indicated that four or more 'yes' responses showed the possibility of having a serious problem.

The pamphlet stated that questions must be answered individually. On presenting the pamphlet, the members clarified that they were not insinuating the patient was an alcoholic. They invited the patients to give the pamphlet to someone else if they did not have problems with alcohol.

5. And do you drink?

After giving the pamphlet, members asked about alcohol consumption. The questioning was neither aggressive nor incisive; it was done tactfully. Patients gave varying responses, ranging from abstinence to having one or two drinks with no problem, through to admitting being alcoholics. Around a quarter responded that they had a type of problem or that they were an alcoholic. AA members did not assess the type of problem or level of severity, but instead focused on the fact of acceptance itself.

From this point, different strategies were followed. Patients who advised that they did not have problems and who were not in follow-up were thanked for their attention and given a friendly goodbye. Patients who accepted that they had a problem or were alcoholic were told stories about the process of acceptance or arrival to a group. For example, one of the veterans told a patient that they had taken more than ten years to accept their alcoholism, until they hit rock bottom when they were hospitalized due to liver disease. The veteran said how difficult it was to recognize the disease, and how encouraging it was being assured that they had taken the first step.

On the other hand, patients who were believed to be in a state of denial were told more personal stories about the negative consequences of alcoholism (family violence, or loss of spouse and children; financial, work, or health problems; fights and problems with the police). One frequent type of story was telling about their first stay in hospital.

> "*I know what it's like being in hospital, I know how it feels to be in one of these beds. I had an accident and I was really bad. They intervened, it was a big surgery, but I am still alive, and I still don't touch it*". Veteran, six years.

Some referred to the patient's condition to relate it to alcohol and confront it. For example, while indicating an immobilized leg, they asked if they were in hospital due to alcohol. Others used humor or even sarcasm, with the aim of confronting the resistance the patient felt in relation to alcoholism. One of the novices referred to the time when he himself received a message:

> "*I have been sober for six years thanks to this program. If I weren't, I would be dead or in the hospital. Listen - they carried the message to me too, but honestly, I told them no, just like you: I'm not an alcoholic! Other dumb people are, but not me! And they said to me: So...do you want to die now, or what?*" Novice, less than a year.

On the other hand, if patients said how hard it was to stop drinking because of their friends' influence, members indicated their absence in the hospital:

> "*So where are your buddies now? I don't see anybody here. Have they come to visit you*?"

If, after two or three confrontations, the patient maintained that they did not have problems with alcohol, the AA members stopped persisting. Instead, they resumed the subject of the questionnaire and thanked the patient for their attention. In this sense, they showed respect for the patient's current situation.

6. Request patient's personal details and invite them to a group

Those who had problems or accepted their alcoholism were invited to voluntarily participate in a meeting of the insti-

* Although they are not explicitly mentioned, admission centers were referred to as "retreats".

** The self-diagnosis or questionnaires can be found at: http://www.aamexico.org.mx/Tieneproblemas.php.

Translation of the original version published in spanish in: Salud Mental 2015, Vol. 38 Issue No. 3.

tution's AA group at the hospital.* They were told that in these sessions, more experiences of alcoholism and recovery would be shared. They were advised that the meetings were independent of any medical treatment received, but that they needed the authorization of their treating clinician so that the patient could leave the hospital department. The intention for possible alcoholics to attend a meeting was to continue with the process of *carrying the message* and show the working dynamic of AA groups.

At the end of the activity, the AA members showed satisfaction even when they had not identified any alcoholic patients or anyone who could be added to the follow-up list. AA believes that the acceptance of alcoholism is a long process, and as such, many patients do not always recognize their disease. Their satisfaction lies in the fact that they have helped to accelerate the process, and they refer to "*the AA seed having been sown*".

DISCUSSION AND CONCLUSION

The AA community knows through tradition that hospitals are an obligatory step in the life journey of many alcohol dependents. Based on this, AA has developed an activity system to promote acceptance of alcoholism during hospitalization. *Carrying the message* has a logic similar to the public health strategy of *detection, intervention, and referral for treatment* in the sense that a stay in hospital is seen as an opportunity to encourage change.[21]

AA makes contact with patients via the use of personal stories loaded with meaning about alcoholism and the processes of recovery. These narrative instruments present life stories that can be interpreted by the patients to establish a feeling of themselves and their relationship with alcohol. In a few words, AA offers the patients an explanatory framework about their hospitalization.

On the other hand, the intention of the activity of *carrying the message* anticipates the denial of alcoholism - the attitude taken by many hospitalized patients. Denial alerts AA members about what to say and how to say it; they are cautious. Indicating that a patient is an alcoholic without them doing so is walking into a trap: if they deny it, the member will not know if they are telling the truth of if they are in denial about being alcoholic. As the members themselves indicated, in order to avoid heightening the patient's denial of their alcoholism, they had very careful strategies to know up to what point they should persist in their reflections on the consequences to their health, and when to stop so that the patient did not feel that they were forcing the issue. As such, one of the expected results of *carrying the message* is that the AA members felt that they had *sown the seed of doubt* without causing tension during their talk with the patient.

AA members presented themselves as alcoholics in recovery, which sought to attract the attention of possible alcoholics. AA believes that alcoholics do not accept their alcoholism because it causes them guilt, anger, and shame because of their inability to control their drinking. This reasoning is associated with the idea of *vice*, which has to do with the moral dimension of behavior and the lack of will to be able to drink like a person who can control themselves.

In their stories, AA members included episodes of hospitalization and the denial of alcoholism in order to caution the patient and make them understand that their current condition is also part of the journey of alcoholism. In this narrative context, *hospitalization* exists as a signal of alcoholism and the step before an AA group. Therefore, personal stories are used as instruments to describe the process of acceptance and the start of recovery.

Another strategy to mitigate denial by the hospitalized patient is the use of the questionnaire for the process of self-diagnosis. The questionnaire presents a characterization of an alcoholic to encourage personal identification in patients. AA recognizes that few alcoholics accept their disease in the first encounter, and therefore they leave the questionnaire as a way of helping the patient to focus on the process of self-acceptance (as differentiated from acceptance or confession in front of others). In this way, *carrying the message* is an activity that empathizes with the slow process of self-acceptance of alcoholism.

Finally, they use concepts established by recognized health institutions to define alcoholism as a disease; as a condition outside of personal will. The argument for alcoholism as a disease is implicit in the very presence of AA in the hospital. For example, one of the novice AA members presented it thus: "*Alcoholism is a disease, not a vice. If it wasn't, why would they let us come here [to the hospital]?*". Access to hospital rooms legitimizes the actions and conceptions of the AA on alcoholism. As such, in presenting themselves as alcoholics and alcoholism as a disease, they seek to diminish denial and promote acceptance by the patients.

In the medical context, the hospitalized patients are only treated in relation to the health consequences brought about by alcohol, while AA offers alternatives to maintain sobriety, which also legitimizes it as a community. In this sense, the hospital context validates and promotes the Twelve Steps program by allowing an AA group into the hospital and even by channeling patients towards these groups.

The relationship with the hospital establishes a meaningful context for those who carry the message. It produces value by sharing knowledge around alcoholism which health professionals may not have. As such, those who did not previously receive medical help to stop drinking now help doctors to help other alcoholics.

* The institute's group refers both to the physical space that facilitates public or private institutions other than AA, and to the AA members who hold weekly meetings.

The present article has focused on an analysis of the activity of AA members *carrying the message*, and we would argue that this activity has positive implications both for the AA members individually, who say that doing it helps them stay sober (an aspect that has not been analyzed in the line of research into help and abstinence behaviors developed by Zemore et al.),[9] as well as for the growth of the community in general. In particular, it shows a way of tackling the stigma associated with alcoholism, which represents an obstacle to receiving help or starting treatment.[22,23] We conclude that *carrying the message* is a very structured activity that covers both the rules of participating in the AA community, as well as the styles that the members themselves achieve in experiencing participation with hospitalized patients.

The absence of data on the female population is a limitation of this investigation, as access to female departments was not permitted. Finally, we consider it fitting to suggest the effect of *carrying the message* on patients who receive it as an area for future research; in other words, the processes of motivation for change generated through AA visits in circumstances of hospitalization.

Funding

None.

Conflict of interest

The authors do not declare any conflict of interest.

Acknowledgements

A grant from the National Council of Science and Technology was given to carry out this research. Grateful acknowledgement is also given to the institution's AA group, which collaborated with us during this investigation.

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Translation of the original version published in spanish in: Salud Mental 2015, Vol. 38 Issue No. 3.

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