

The strength of connection: The virtual adaptation of Twelve-Step programs' meetings

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ABSTRACT

The global crisis engendered by the COVID-19 pandemic brought about profound changes in various aspects of daily life, one of which pertains to how group therapies and support meetings are conducted. Of particular interest in this paper is the Alcoholics Anonymous (AA) program, a globally recognized initiative known for its efficacy in helping individuals cope with alcoholism through mutual, peer support in group meetings. The advent of the pandemic, however, challenged this very structure of the program, enforcing a radical transition from in-person meetings to virtual environments, which has posed several hurdles for both organizers and participants. Notably, these changes triggered by restrictive mobility measures have called for innovative adaptations to continue to provide the support needed for recovery and to reduce relapses fuelled by pandemic-induced loneliness and isolation.

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DEAR EDITOR

Recently, the World Health Organization (WHO) has announced that COVID-19 is no longer an international health emergency [1], 1,191 days (three years and three months) after declaring the state of alarm and with nearly 7 million deaths according to the official count.

"[The] COVID-19 [pandemic] has turned our world upside down" said Tedros Adhanom Ghebreyesus, Director-General of the WHO." But COVID-19 has been so much more than a health crisis. It has caused severe economic upheaval, erasing trillions from GDP, disrupting travel and trade, shuttering businesses, and plunging millions into poverty. It has caused severe social upheaval, with borders closed, movement restricted, schools shut and millions of people experiencing loneliness, isolation, anxiety and depression." he added, emphasizing that the threat to

public health posed by the coronavirus continues. Indeed, the world has changed during and after the pandemic, and we have resiliently adapted to exceptional situations. It would be a shame not to leverage this hard-earned knowledge to improve.

Reading Dr. Montazeri's article on e-health [2], recently published in this journal, has prompted us to reflect on the impact on vulnerable patient groups, especially those with socially stigmatized diseases, and how the lessons learned can help us enhance their physical and mental treatment.

Personal development groups, based on the twelve-step program, were created in the United States in 1935 by Bill W. and Doctor Bob. They were originally designed to provide a non-judgemental space for individuals who struggled with alcohol addiction. Through the non-profit organization Alcoholics Anonymous, the initial objective was to assist

individuals suffering from alcoholism in recovering from this disease. Building on this framework, various groups emerged later to address other types of dependencies, such as support for drug addiction, obesity, compulsive gambling, or disordered sexuality. The term "twelve steps" refers to the chronological sequence proposed by these therapies to cope with or overcome such addictions [3]. Regular attendance has been linked to improved health outcomes, particularly in tandem with formal clinics treatment [4-5].

Following the onset of the COVID-19 pandemic, nations and governments were compelled to implement strict confinement and restriction measures to prevent the spread of the disease. This situation directly impacted groups based on the twelve-step program, as the size of gatherings had to be reduced [6].

In Alcoholics Anonymous, patient care for individuals grappling with alcoholism was impacted due to the urgency of these measures' implementation. Various sources, documented a significant increase in average alcohol consumption during the early stages of social isolation [7], highlighting that the population at higher risk within this index was vulnerable adults [8]. This figure was reflected in the records of recovery groups, where the number of telephone calls received by intergroup offices significantly increased [9]. It is estimated that some members experienced relapses during the period of social isolation.

However, the pandemic did not lead to the complete closure of twelve-step groups in all countries at the same time. In an article for the Los Angeles Times [6], Marisa Gerber interviewed various activists from groups in the United States, who agreed that these groups could not cease functioning entirely, as it was impossible to predict when someone in desperate need would require assistance. Some groups, therefore, implemented necessary precautions, such as avoiding handshakes and reducing the provision of snacks during meetings. Others began developing contingency plans in case they were unable to gather in person, such as exchanging phone numbers, email addresses, and social media accounts so that members could stay connected with each other.

The most immediate difficulty encountered during this transition has been the abrupt shift from face-to-face meetings to digital platforms, which has necessitated rapid technological adaptation. This new modality involves not only the acquisition of necessary technical skills by the participants but also the procurement of appropriate devices and stable internet connectivity. Moreover, it has also implied dealing with issues related to confidentiality, which is a fundamental principle of AA [10]. It is noteworthy, however, that this challenge has been met with innovative solutions [11]. One such solution was the

use of encrypted and secure virtual meeting platforms that offer user anonymity, thereby maintaining the essence of confidentiality.

Yet, the hurdle does not end with merely accessing the virtual space; the environment itself poses challenges in creating the traditional atmosphere of fellowship and shared understanding inherent in AA meetings. It is well recognized that the therapeutic essence of these meetings often stems from the shared physical presence and mutual empathy that are rather difficult to translate into the virtual domain [12]. In response to this challenge, organizers have introduced session structures that encourage active participation, such as the shared reading of AA literature, and facilitated open discussion, to foster the sense of connectedness among members.

Nevertheless, one of the most pressing concerns that have emerged during this transition to online meetings is the exacerbation of feelings of loneliness and isolation due to the lack of physical interaction. Loneliness, as a construct, can significantly influence the well-being of individuals and has been found to contribute to relapses among recovering alcoholics [13]. The shift to online meetings has inadvertently led to a reduction in interpersonal connections and support, potentially intensifying feelings of solitude. To counter this, AA groups have deployed specific strategies such as creating virtual 'rooms' where members can linger before and after meetings, mirroring the socializing aspect of physical meetings. Additionally, individual outreach initiatives have been undertaken by group members, such as daily check-ins and one-on-one virtual meetings, to maintain personal connections and provide continuous support.

While these solutions have been efficacious in mitigating the isolation, they may not entirely supplant the comfort derived from physical proximity. Therefore, an emerging hybrid model of meetings, where participants who can maintain social distancing attend physical meetings, while others join virtually, has been proposed and adopted in several places [14]. This model aims to provide a balanced approach that benefits both online and offline participants.

Notwithstanding the challenges and complexities, it is remarkable how Twelve-Step programs' meetings have adapted and evolved in the face of the pandemic, exemplifying the resilience of human beings and their capacity to maintain therapeutic communities in spite of profound disruption. In doing so, they have reaffirmed the central tenets of AA, underlining the significance of fellowship, service, and shared experience in the journey towards recovery [3].

In conclusion, while the pandemic and the consequent mobility restrictions have posed significant challenges to conducting Twelve-Step

programs' meetings, these hurdles have been addressed by leveraging technology and implementing innovative practices. Nonetheless, the journey is far from over. As the situation continues to evolve, it should be interesting to carry out systematic research to evaluate the efficacy and impact of these virtual or hybrid [15] Twelve-Step programs' meetings on participants' recovery processes, while continuing to explore creative solutions to meet emerging challenges in this field of Community Health services.

AUTHOR'S CONTRIBUTION

All authors contributed to the literature review, design, data collection and analysis, drafting the manuscript, read and approved the final manuscript.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest regarding the publication of this study.

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No financial interests related to the material of this manuscript have been declared.

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