ALCOHOLICS ANONYMOUS FROM A CLINICAL PSYCHOLOGY PERSPECTIVE

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The sick man on the bed

Philosophy (Weegmann, 2018)

- A number of social, cultural and philosophical influences on AA
- Early discourses about alcoholism focused on sinfulness; excessive drinking seen as akin to excessive eating (i.e. sin of Gluttony).
- AA has no views on 'nature of alcoholism' or addiction, but generally this is seen as an *illness*
- AA a blending of biomedical, psychosocial and spiritual ideas (Miller & Kurtz, 1994)
- An invitation to rigorously explore of past behaviors and the self, addressing old bad habit and patterns, defences, etc. ('*time to change your playmates, playground and playthings*')
- Not just treatment but a way of living one's life
- Reaching 'rock bottom' = *kenosis* (an 'emptying out' of the person) and an invitation to change (Kemp, 2013)
- Surrender in this context not about passivity or abandonment of responsibility but actually the opposite

The 12 Steps

The 12 Steps

- Most models of change or recovery tend to be;

    i. **Phase**-based (have multiple phases, stages, steps, rungs on the ladder, etc.)
    ii. **Sequential** (recovery occurs in a sequence)
    iii. And **orderly** (occurs in a particular order with each stage completed before moving on to the next)

The 12 Steps

1. We admitted we were powerless over alcohol and that our lives had become unmanageable
2. Came to believe that a Power greater than ourselves could restore us to sanity
3. Made a decision to turn our lives over to the care of God
4. Made a searching moral inventory of ourselves
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs
6. We are entirely ready to have God remove all these defects of character
7. Humbly ask him to remove our shortcomings
8. Made a list of all the persons we had harmed and became willing to make amends to them
9. Made direct amends to such people whenever possible, except when to do so would injure them or others
10. Continued to take a personal inventory and, when we were wrong, promptly admitted it
11. Sought, through prayer and meditation, to improve our conscious contact with God, praying only for knowledge of His will for us and the power to carry that out
12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to (alcoholics) and to practice these principles in all our affairs

UNITY
SERVICE
AA
RECOVERY

AA: what is good for?

AA: Proposed Active Ingredients (Moos, 2008)

- **Social control therapy**: bonding, goal direction, structure
- **Social learning theory**: importance of norms and role models
- **Behavioral economics and behavioral choice theory**: involvement in other rewarding activities
- **Stress and coping theory**: building efficacy and effective coping skills

Factors involved in relapse avoidance in ‘natural recovery’

(Vaillant, 2005; 1988; Stall & Biernacki,1986)

- New love relationships
- External supervision
- Ritual dependency on a competing behavior
- Deepened spirituality

New Love Relationships

- Alcoholics need to bond with people they have not hurt in the past and to whom they are not deeply emotionally in debt ("*alcoholics don't form relationships; they take hostages*")

- Substitute drugs with fulfilling human attachment and relationships

External Supervision

- Conscious motivation (the myth of *willpower*) to stop drinking is not associated with good outcome

- The need for almost daily involuntary reminders that alcohol / drug is an ‘enemy’, not a friend

- Non-judgmental / non-confrontational external supervision (e.g. the sponsor) helps ‘*keep the memory green*’

At an early AA meeting in 1942 in Ohio, some participants opted to wear masks for a press photo

Ritual dependency on a competing behaviour

- Punishment alone is no deterrent to alcohol or substance use
- Removing an undesirable behaviour without replacing the hole left by that behaviour rarely succeeds
- "*bad habits need substitutes*"

AA members in New York circa 1930s

Deepened Spirituality

- Controversial – can be found in religion but not exclusive to it; religiosity itself is a protective factor in addiction and relapse

- May help alcoholics deal with the 'insurmountable guilt from the torture that they have inflicted on others'

- May help alcoholics deal with and help the 'other' as opposed to a 'me' focus

- 'spirituality, like human attachment – both mediated by limbic circuitry and the temporal lobe – may be a worthy substitute for drugs'

- *Spiriticus contra spirtitum* ('*spirits drive out spirituality*'); Carl Jung's view of alcoholism

AA: overlap with Group Therapy (Weegman, 2018)

- All groups have own norms, notions of leadership, speech acts etc.
- Discursive norms and structures within a typical AA meeting (O'Halloran, 2008):
  i. A typical meeting often begins with the reading of the AA Preamble
  ii. This is followed by a 'main share' by a nominated speaker (around 15 minutes)
  iii. Meeting is opened by the chair (all AA posts rotate through a democratic process) inviting members to share 'experience, strength and hope'
  iv. Ritualized speech acts e.g. 'hello my name is … and I am an alcoholic'
  v. There is no debate or 'cross talk'
  vi. Hat is passed around to collect contributions (each group is self-funding)
  vii. The meeting ends with members holding hands in a circle and reciting the 'serenity prayer'.
- 'Group therapy without a group therapist'
- An emphasis on similarities not differences (cf compassion focused approaches)

Attachment

- Flores (2004) has highlighted the potential benefits of the 12 Steps in the recovery of alcoholic who have had difficult or aversive attachment histories

- In some cases the damage (disruption to the attachment system) may have been too severe or may have occurred too early (during a sensitive period) in development for individual therapy to be truly curative

- AA may therefore represent a long term, perhaps even a lifelong, 'holding environment' for some clients (Flores, 2004); as one residential treatment client coming to the end of his programme once put it 'if only I could take the ward with me' (Weegman, 2018, p.231)

Compassion & forgiveness

- Shame (a self-attacking process) and guilt (driven by caring for others) can complicate the treatment of alcoholism and other disorders.

- Alcoholics, stigmatised by society and isolated from their loved ones, can experience tremendous feelings of shame and guilt, which may become triggers for relapse.

- By working through the 12 Steps (particularly **Steps 4, 5, 8** and **9**; making a 'fearless moral inventory' of wrongs committed and seeking to make amends for those wrongs) alcoholics are offered formalised mechanisms by which they may address crippling feelings of guilt and shame (Worthington *et al*., 2005)

- AA's conception of God ('as we understand him' or her) bears striking similarities to Deborah Lee's (2005) 'prefect nurturer'

Personality Disorders

- AA as an intervention for ‘personality disorders’?

- Explicitly stated in **Step 6**, which requires the alcoholic to be “entirely ready to have God remove all these **defects of character**”

- Platter and Cabral (2010) argue that Dialectical Behaviour Therapy (DBT; Linehan, 1993) and AA share many key elements in common (including Mindfulness) and that the 5 targets in DBT are mirrored in the philosophy of AA. Common ground also with Acceptance & Commitment Therapy (ACT) (Wilson, Hayes, & Byrd, 2000).

- Like the 12 Steps, DBT taps into a large store of folksy slogans and metaphors (Palmer, 2002)

- Both approaches have a shared focus on *acceptance* and *change* (the most important dialectic in DBT) (Dimeff & Linehan, 2008); encapsulated in the recitation of the ‘serenity prayer’

Common critique of the 12 Step

- An emphasis on ‘God’ or a higher power (religious? cult?)
- Use of slogan or ‘folk’ sayings; seen by some as formulaic or platitudes
- “Drunkalogues”
- No ‘cross talk’ rule
- Addiction as a disease and a life-long condition (chronic / relapsing)
- Abstinence as only long term option
- Recovery – conceptually available?
- Allergy metaphor – automatic loss of control?
- Implicit assumption of treatment infallibility; ‘*get with the programme*’
- ‘One day at a time’ is the best / only target or goal
- Labelling – ‘alcoholic’ / ‘addict’
- Freudian / Jungian language (‘acting out’; ‘ego’; ‘denial’ etc.)
- Discouragement of ‘critical thinking’ (‘*analysis is paralysis*’)

Defence of the 12 Steps

- Both religiosity and public pledges of abstinence protective factors
- God – a reference to *narcissistic* defences; a role in 'ego-deflation'
- Use of slogans – recognition that cognitive functions need time to recover ("*keep it simple, stupid*"; "*slogans are wisdom in shorthand*")
- Most treatments assume infallibility
- Labelling – creating sense of identity; avoid complacency (not "*romancing the drink*"; "*keeping the memory green*")
- Overlap between 12 Steps, psychoanalytic and attachment approaches
- Sharing & "curative group processes" (Yalom, 1995)
- Formalised approaches to forgiveness (compassion-focused) (Worthington *et al*, 2005)
- Trauma and PD treatment (Step 6)
- AA and the Attachment model – role as 'holding environment'

A Plea and Invitation to Professionals

- AA is a whole life philosophy for positive change not just for addressing alcoholism
- Like other models of recovery, the 12 Steps are multi-phasic
- In an age of austerity and tight public sector budgets, AA is **a free resource**; all AA meetings are autonomous ('*whoever pays the piper, picks the tunes*')
- Barriers to professionals accessing AA; there are a lot of myths and misconceptions
- The 'God' word (even in qualified form; 'as we understand him') can engender strong reactions but its main function is to highlight the role of *narcissistic* defences and help the alcoholic envisage resources beyond the self alone; '*AA can help you if you believe in God; AA can help you if you don't believe in God; but AA can't help you if you think you are God*!'

A Plea and Invitation to Professionals

- A plea to professionals, including psychologists 'to be open and willing to learn from traditions with which they are … unfamiliar, to appreciate the resources clients use to achieve change' (Weegman, 2018)
- Approach criticism of AA with empathy and reflection; avoid CPTI ('*Contempt Prior To Investigation*')
- Ask 'how does my clients see it (AA)?'; 'why do they have that reaction?'; 'what does this say about their defences'?
- What can you do? Some suggestions:
    i. Use motivational enhancement approaches to address client resistance
    ii. Familiarise yourself with AA literature, traditions and practises
    iii. Encourage your client to attend AA
    iv. Show curiosity about your client's experiences of above
    v. Attend open meetings of AA and offer to go with reluctant clients

The End

"Mr. Osborne, may I be excused?
My brain is full."

Any questions or comments?