Alcoholics Anonymous as Medical Treatment for Alcoholism

A Group-analytic Perspective on How it Works

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1. Purpose of this paper

Despite the widely acknowledged efficacy of Alcoholics Anonymous (AA), the original and best known of the Twelve Step programs, little systematic attention has been given to its mechanism of action. If we conceptualize AA as a 'pharmacological' intervention in the treatment of alcoholism, we might raise questions about appropriate doses of AA, frequency of administering doses, and different brands of the AA medication. If the alcoholic patient stopped taking the AA medication, the clinician might attempt to understand this noncompliance in terms of side effects that the patient experienced from this treatment.

In terms of dose alone, units of AA may occur in meetings of varying duration, usually sixty to ninety minutes per meeting. The units may be taken at widely varying frequencies, from once per month, once per week, once per day, to multiple units per day. Dosing strategies are available as part of the oral tradition of AA; the most common prescription at the beginning of recovery is to attend ninety meetings in ninety days.

Further complicating this pharmacological picture, AA meetings come in different brands. Some meetings consist of a speaker sharing a personal story
maintaining the Twelve Step group as a well functioning, task-oriented system. Like the Twelve Steps, the group of early pioneers who were recovering from alcoholism developed the Twelve Traditions (see Table I). Because the traditions relate specifically to group-level functions, an understanding of the traditions from a group-analytic perspective may illuminate the mechanism of action of the Twelve Step groups. As described in the introduction, Twelve Step meetings may be like a class of therapeutic agents with different specificities, dose-response curves, etc. Some Twelve Step meetings may function less than ideally, and the specific liabilities of these meetings may impact different patients in widely varying ways. This paper examines the ideal Twelve Step group, which operates in accord with the Twelve Traditions, while acknowledging that any meeting inevitably operates imperfectly. Significantly, the traditions are explicitly suggested as guidelines for group functioning with the understanding that they will be followed imperfectly. This imperfection in group function mirrors the expectation that the recovery of any individual AA member will be imperfect.

Table I: AA Traditions

During its first decade, AA as a fellowship accumulated substantial experience, which indicated that certain group attitudes and principles were particularly valuable in assuring survival of the informal structure of the Fellowship. In 1946, in the Fellowship’s international journal, the *AA Grapevine*, these principles were formulated in writing by the founders and early members as the “Twelve Traditions of Alcoholics Anonymous.” They were accepted and endorsed by the membership as a whole at the International Convention of AA at Cleveland, Ohio, in 1950.

1. Our common welfare should come first; personal recovery depends upon AA unity.

2. For our group purpose there is but one ultimate authority — a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.

3. The only requirement for AA membership is a desire to stop drinking.

4. Each group should be autonomous except in matters affecting other groups or AA as a whole.
5. Each group has but one primary purpose – to carry its message to the alcoholic who still suffers.

6. An AA group ought never endorse, finance or lend the AA name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.

7. Every AA group ought to be fully self-supporting, declining outside contributions.

8. Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.

9. AA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

10. Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never be drawn into public controversy.

11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.

12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

While the Twelve Traditions are not specifically binding on any group or groups, an overwhelming majority of members have adopted them as the basis for AA's expanding 'internal' and public relationships.

6. Bion's Group Psychology

The model of group psychological functioning has been proposed by Wilfred Bion and developed at the Tavistock Clinic in London and the A. K. Rice Institute in the US. Bion described groups functioning at two levels (Bion, 1961), explicit and implicit, which correspond roughly to the two levels of individual psychological functioning, conscious and unconscious. Any group is explicit parameters defining task, roles for its members, and boundaries within which to accomplish its work. The clarity of these parameters determines the group's ability to function in an adaptive manner, which Bion termed as a work group. Bion also described three potential disturbances in a group's availability to perform its work, which he called basic assumptions, because the group acts as if its primary task were something other than perform its work. In basic assumption, dependency, the group elects a leader and the group members who then experience being helpless and
mobilize the group to attack or retreat from some imagined enemy. In basic assumption pairing, the group elects a pair to join with each other with the goal of producing offspring, which represent the group's hope for its future.

Bion's work has frequently been misinterpreted as suggesting that the healthy group operates exclusively in the work-group mode (Lippman 1993). Bion states explicitly that depending on the task of the work group, the group may need to mobilize different basic assumptions in support of its task. For instance, the church relies on basic assumption dependence, the military on basic assumption fight-flight, and the aristocracy on pairing. Health is defined, therefore, not in the exclusion of basic assumptions, but in the degree of success in making them explicit and harnessing them in the service of the task. Another misinterpretation posits the existence of the basic assumption in pure form. Just as the work group inevitably incorporates elements of the basic assumptions, the basic assumptions themselves represent extreme positions, which do not necessarily appear in pure form in natural settings. Bion describes usual group function in a fluid manner, with groups becoming dysfunctional in their stickiness in one basic assumption.

V. Applying Bion's framework to AA

Let us now turn to the examination of group psychological functioning as guided by the traditions of the Twelve Step programs. Just as Bion recognized that the basic assumptions might rarely be found in pure culture, one would expect that the traditions, to the extent that they concern basic assumption functioning, would overlap one, two or all of them. For the sake of simplicity, then, the following discussion divides the Twelve Traditions into three groups to illustrate their major emphasis on each of the three basic assumptions. A vignette illustrating the traditions will follow the description of each tradition. These vignettes have been collected from patients and colleagues. They are presented in first person to protect the anonymity of their originators.

A. Basic assumption dependence

Critics of Twelve Step programs frequently argue that the success of these programs is simply the result of substituting a pathological dependence on the Twelve Step program for the addiction (Ragge 1998). Tradition Two addresses this argument directly: 'For our group purpose, there is but one
timate authority, a loving God as expressed in the group conscience. Our elders are but trusted servants. This tradition, therefore, specifically warns against basic assumption dependence, which relies on the group electing an elder who is powerful and omniscient. All members of AA have admitted through the First Step their powerlessness over alcohol. And each member of AA is assumed to have something of value to offer as a ‘trusted servant’ of the group.

Twelve Step groups may founder or stagnate if they fail to follow this tradition. Meetings do occasionally form under the leadership of a charismatic leader, and these particular groups may, in their allegiance to a personifying Higher Power, become rigid, cult-like and unavailable to support sobriety. Thus the deviation from this tradition towards basic assumption dependence is the source of its dysfunction. Well-functioning Twelve Step meetings typically rotate leadership positions on a regular basis, with the implicit understanding that the experience of serving the group in this way is essential part of recovery.

At my first Twelve Step meeting, which was in Al-Anon, an older woman approached me and asked who was the alcoholic in my life. When I told her that I did not know if there were alcoholism in my family, and that I was a psychiatrist, she looked at me skeptically and stated that professionals were not ordinarily welcome at this meeting, but I could stay for this meeting if I wanted. I became aware of shame with the accompanying message that I was intruding in a place that I did not belong. Only when I became aware of the traditions did I realize that this woman was not authorized by the group to exclude me. Indeed, I have come to believe that I elected her as my Higher Power at that moment as my defense against becoming dependent on the group. Once I had acknowledged my own ambivalence about joining the fellowship, I was never again challenged by anyone with regard to my right to be a member of the group.

I was suggested that dependence be established on a Higher Power interred through the group rather than through the individual, the traditions locate three safeguards to ensure that dependence on authority does not lead to abuse of the individual member or the group. Tradition Four suggests that each Twelve Step group within the fellowship is autonomous, except in matters affecting the fellowship as a whole. Thus, the rights and prerogatives
within the fellowship, are given the widest possible scope of freedom consistent with the safety of others. For instance, critics of AA sometimes assume that in order to attend an AA meeting, the potential member must already have stopped drinking. While a particular AA group may decide not to include intoxicated members, most AA groups welcome the intoxicated member provided that the intoxication is not accompanied by behavior that disrupts the meeting and thereby threatens the utility of the meeting to others. In this way the Higher Power of the group provides a means of becoming dependent that is not jealous, punitive, or critical of other dependencies.

This Higher Power stands in contrast to basic assumption dependence, where individual needs and dependencies become subservient to the group's need to depend on an idealized leader. Thus basic assumption dependence leads to the distortion and obliteration of individual identities and differences between individuals in the group. The Higher Power of the Twelve Step group, on the other hand, values individual differences as necessary to support the healthy collaborative function of the group. This dependence on the Higher Power of the group does not distort, threaten or obliterate identities and differences between individuals and groups.

I had often heard in meetings of Overeaters Anonymous the preference that members avoid mentioning specific foods to minimize the risk of triggering others in the group. I was surprised, therefore, when I started attending noon hour meetings that members of the group ate their lunch at the meeting. As a recovering anorexic, I was particularly attuned to the importance for me to abstain from skipping lunch. I was also in a distinct minority, as most of the other group members were overeaters. I believed that if I brought my lunch to eat at the meeting, I would be discovered to be eating 'bad' food. Only when I shared this belief explicitly at a meeting did I hear from other members that all of them suffered intense shame in relation to eating in front of the group. Indeed, the process of eating at the meeting contained significant benefit for most of them.

Tradition Seven states that each group is self-supporting through its own contributions. This tradition further promotes the autonomy of each group. The group and fellowship as a whole do not accept outside contributions, which might foster dependence on any source other than the Higher Power manifest
ough the group conscience. The stance of the group is one of mutual inter-
endence rather than helplessness. Contributions are always voluntary and
not affect the member's status within the group.
This tradition also has important implications for the relationship
ween health care professionals and the addicts whom they treat. If AA is
ved as the medication prescribed for alcoholism, then the task of the
ment provider is to recommend appropriate treatment and work with the
holic to understand whatever resistance emerges to engaging in the
scribed course of treatment. Some treatment providers may blur the dis-
tion between the process of prescribing the medication and the
ication itself. For instance, institutions frequently host Twelve Step
ings. These meetings may be open to the public or restricted to those in
ent at the institution. The restricted meetings depend for their existence
outside contribution of membership from the institution. They
fore carry the attendant risk of violating Tradition Seven, which may

to enacting basic assumption dependence.

I was assigned the role of hero as a child in my dysfunctional family. So
early in my recovery I made an effort to contribute something profound
wise at every meeting I attended. As I became aware of this pattern, I
nderstood that I had taken responsibility for supporting the meeting as if
were the Higher Power of the group. I began to appreciate the usefulness
remaining silent at some meetings, allowing myself to be supported by
the comments of others without obeying the compulsion to give
something back. Only by actively taking the freedom whether to
tribute or not could I become truly dependent. At that point my contrib-
tions were voluntary and I could begin the process of letting go of my
role as group hero.

is also not accorded to professionals within the fellowship, who are
 frequently attending meetings only for their own benefit. Tradition Eight,
which defines Twelfth Step work as non-professional, guards both the
ship and recovering professionals from basic assumption dependence.
covering professionals (also known as two-hatters) are protected from
their ability to depend upon the group subverted by being cast in the
of all knowing dispensers of truth. The fellowship is also free to grow
ving harm determined by the collective experience, strength and hope of its
leadership that would arise from professional training. This freedom from theory and orthodoxy is strikingly parallel to the ideal espoused by Bion for the group analyst, whose commitment is to remaining attached to the here-and-now experience of the group (Bion 1961).

Conversely, Tradition Eight also offers both the fellowship and recovering professionals the opportunity to benefit from each other. AA maintains as part of its service structure a committee responsible for outreach to treatment providers and institutions. This service structure represents the tangible manifestation of AA's commitment to cooperate with the profession's community. Likewise, recovering professionals may receive substantial benefits through their potentially enhanced ability to identify with the struggles of their recovering patients.

One challenge for me as a two-hatter has been encountering my clients at the Twelve Step meetings I attend. Aside from the technical issues in therapy that are common to any extra-therapeutic contact (remaining alert to the client's thoughts, feelings and fantasies about the encounter), I have needed to remain focused on making sure that I am open to receiving support for my own recovery. Since the number of meetings in my area is limited, I became aware that attempting to avoid my clients would severely compromise receiving support essential to my recovery. I explored this issue with my sponsor and my therapist. I examined whether having clients at my meetings impaired my ability to share honestly. I have come to believe that the critical issue for me is not the presence of clients at a meeting, but the presence of enough group member over whom I have no authority. The diversity of people I hear at meetings protects me from being held hostage by the dogma of my disease.

B. Basic assumption fight-flight

Another source of criticism of Twelve Step programs arises from the mistaken idea that AA, for example, has temperance as its agenda. These criticisms assume that in recovery, the substance of abuse is the enemy. Such a stance would pull the Twelve Step group into a basic assumption fight-flight. For fight-flight processes to be successfully incorporated into the task of the Twelve Step group, the traditions provide for a clear statement of the group's membership requirements. Tradition Three states that the only requirement
or membership in AA is a desire to stop drinking. In this manner, the group is mobilized to fight and flee from the disease process, not each other, other people, or substances.

The successful harnessing of basic assumptions fight-flight toward the disease of alcoholism also provides a model for letting go of power struggles in the process of treatment. The role of treatment is transformed from fighting with the alcoholic to stop drinking to working with the alcoholic to join a process of recovery. This transformation finds expression in the folk wisdom of AA: ‘AA may not stop you from drinking, but it may stop you from enjoying.’ To the extent that the alcoholic uses drinking in order to engage in power struggles, Tradition Three provides an alternative means of relating to the group.

When I was drinking, I had a love-hate relationship with alcohol. Sometimes alcohol was my best friend; sometimes it was my worst enemy. I broke up with alcohol and got back together with alcohol more times than I can count. Coming to AA was like getting an amicable divorce. I no longer hate myself for the life I had as a drunk, and I do not resent alcohol. Instead I recognize that if it were not for alcohol, I could not have gotten the benefit of the love and support I receive from the fellowship of AA. Today I recognize that I have a disease, and that this disease can bite my behind whether I pick up that first drink or not. All I need to start my crazy thinking is to forget that I am an alcoholic and to believe that I can handle alcohol by myself.

Tradition Five extends this principle. The primary purpose of the group is defined as carrying the message of recovery to the addict who still suffers. This tradition, therefore, promotes cohesion in the group to engage in a fight against the disease and in attachment to those who suffer from the disease. Importantly, those who still suffer include current members of the meeting as well as prospective newcomers, since all members are considered equally vulnerable to relapsing into the disease behavior.

Newcomers to AA are encouraged to ask someone at a meeting to be their sponsor. The process of sponsorship is a microcosm of the process in any Twelve Step meeting. Meetings are defined as any two people joining together for the purpose of recovering from the disease of addiction. Therefore any meeting between sponsor and sponsee is a Twelve Step
recovery, the relationship is not hierarchical in the fight-flight style of the military. The sponsor may be fired at any time, and a member may work with more than one sponsor.

For my first several years in recovery I wondered why my sponsor would listen to my whining about everything and anything. When would he get sick of me? What kind of crazy person must he be to listen to my drivel? Only when I began to sponsor others did I understand that being a sponsor is entirely selfish. If I opened up to listening to someone else’s crazy thinking, and I identified with his insanity rather than judging it, I became more accepting of my disease. I was no longer struggling alone. Being a sponsor offers me the gift of serenity. If I am not getting tangible benefits from sponsoring someone, I talk to my sponsor about the situation. I get the support I need to change my attitude or let go of sponsoring the person I cannot handle.

A further protection from primitive fight-flight dynamics is provided by Tradition Nine. Twelve Step programs are not organized. No hierarchical structure exists. Service boards function as clearing houses for information about meeting times and places. World service organizations function as clearing houses for gathering information on group conscience within the fellowship as a whole. Neither local committees nor world service organizations exercise any executive authority over the individual Twelve Step groups or members. The fight is therefore transacted via service rather than conscription.

Service includes any activity that a recovering member performs that supports the function of the group. Attending meetings, being a sponsor, chairing a meeting, taking the role of treasurer, setting up chairs, making coffee and ordering literature are all considered service to the group. All of these activities are understood as enhancing the recovery of the individual. Indeed, the primary motivation for service is to support the individual’s recovery. The energy of each individual fighting the disease through service to the group is thus harnessed and usable to support the work of the group. No one is coerced to serve the group because service is a valued, selfish activity. This dynamic of voluntary participation has been called ‘obedience to the
My whole concept of leadership has changed as a result of my recovery. I used to think that being a leader was an opportunity to control other people or take on overwhelming responsibility. As I watched other people chair different Twelve Step meetings, I saw how some leaders regularly sought group feedback in order to make decisions. Frequently these leaders would be gently supported to make a decision on the group's behalf. Other leaders would charge ahead heedless of feelings among group members. These leaders would inevitably be challenged on their dictatorial styles. When I developed the courage to chair meetings, I found that my own leadership style began to change effortlessly. The service that I gave the group by leading was repaid abundantly in my growing capacity to exercise leadership sanely.

Fighting among group members who might compete for leadership is protected against by Tradition Twelve. Anonymity is sometimes only understood as a means of protecting the recovering addict from gossip or shame. The more useful role of anonymity, that of preserving healthy individual and group function, may then be overlooked. Anonymity, operationally defined in the group as placing principles before personalities, offers each group member an opportunity to experience humility. This emphasis on service rather than competition supports the adaptive use of fight-flight basic emotion impulses.

Anonymity is often confused with secrecy. To the extent that the Twelve Step group respects the anonymity of its members, the need for secrecy within the meeting may relax enough for members to share painful and shame-filled experiences. Honesty, openness, and willingness to share become the hallmarks of recovery, and these traits are utilizable in the service of fighting the disease. Conflict avoidance through intoxication gives way to conflict resolution through commitment to open sharing of feelings.