Making Meaning of Alcoholics Anonymous for Social Workers: Myths, Metaphors, and Realities

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Alcoholics Anonymous (AA), the increasingly popular mutual-help program for alcoholics, is often criticized for being just another substitute addiction, emphasizing "powerlessness" to already disenfranchised groups, being a religion or cult, adhering to a medical model of disease instead of a strengths perspective, and other such areas of concern to social workers. Many of these interpretations are based on viewing AA as an alternative treatment model or a rational service delivery model. This article addresses common critiques of AA by offering a way of understanding it as a "normative narrative community," where identity transformation takes place through the use of metaphor and storytelling. The article suggests alternative meanings of key metaphors, such as "powerlessness," describes areas of program strength and potential barriers for social workers, and reviews current research on AA effectiveness.

Key words: *Alcoholics Anonymous; mutual-help groups; narrative communities; referrals; self-help groups*

The meaning of the term "Alcoholics Anonymous" (AA) varies, depending on how one sees oneself in relation to this increasingly popular mutual-help program for alcoholics. (The word "alcoholic" is used in this article to refer to someone dependent on alcohol, consistent with its use in the AA program.) Social workers have variously described AA as "a set of principles developed by alcohol-dependent men" (Nelson-Zlupko, Kauffman, & Dore, 1995), "a very successful model for self-help groups" (Borkman, 1989, p. 63), and disempowering to women (Rhodes & Johnson, 1994). Some feminists (Kasl, 1992) have dismissed it as another white, middle-class male organization that enjoins women to depend on "having a High Power, which is usually described as an all-powerful male God" (p. 150) and to follow one specific journey to recovery "as defined by privileged males" (p. 147). For other feminists, the meaning of AA is quite different; Covington (1994) saw it as a "model for mutual-help programs" within which "women can find the most powerful resources for healing" (p. 4). Some researchers have concluded that "without question AA involvement has been associated with

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vast numbers of alcohol-dependent individuals becoming abstinent for long periods of time" (Emrick, 1987, p. 421), although others have questioned whether it is even possible to assess the effectiveness of this organization in any kind of scientific manner ("Treatment of Alcoholism," 1996). Perhaps the greatest meaning of AA, from the vantage point of the individual sober member, is that "through its program he (she) attained sobriety" (Kurtz, 1979, p. 157).

Social workers may need more information about Alcoholics Anonymous to determine their own meanings and interpretations of the controversies surrounding this program. Although related disciplines have published many articles to inform their members about AA and about ways to use this organization to benefit their clients, a review of the literature reveals little recent information on this topic in social work journals. Sometimes the information that is offered is too limited, such as the statement in the recent *NASW News* article (Landers, 1996) that "the traditional Alcoholics Anonymous program, well-known as an effective recovery program for men, does not work as well for women, according to experts in the treatment field" (p. 3). This statement, which implies that AA is not very effective for women, does not identify the "experts" and does not take into account the steadily increasing membership of women in AA. In 1992, women under 30 constituted an estimated 43 percent of AA members, and women of all ages constituted an estimated 35 percent of members, compared with 30 percent in 1983 and 22 percent in 1968 (AA World Services, 1993).

This article addresses concerns about women and other criticisms social workers may have of AA by reframing the meaning of AA from an alternative treatment or service delivery model to an understanding of AA based on metaphor, using Rappaport's (1993) concept of "normative narrative communities" (p. 239). The article describes areas of program strength and potential barriers for social workers (and consequently for their clients) and reviews the research findings on the efficacy of this program.

We chose to focus on Alcoholics Anonymous for two reasons. First, it is the prototype for other mutual help groups that have adopted the 12 Steps and Traditions, and second, it offers help for the least exotic and most prevalent (except nicotine)—but very damaging—addiction. We draw from a variety of professional and personal experiences, including work with paraprofessional helpers, refugee women, disenfranchised people, and addicted individuals, and from years of sitting in many hundreds of AA meetings, as well as from an increasing body of literature dedicated to a deeper understanding of Alcoholics Anonymous. It should be understood that the authors do not and cannot speak for AA (AA literature on various topics can be obtained by writing to Alcoholics Anonymous, Box 459, Grand Central Station, New York, NY 10163).

Thumbnail Sketch of Alcoholics Anonymous

Alcoholics Anonymous is an approach to recovery from alcoholism developed by and for alcoholics around 1935, at a time when alcoholism was considered hopeless by the medical profession and a moral failing by almost everyone. Bill Wilson and Dr. Bob Smith, both late-stage alcoholics and desperate for an alternative, joined to create anonymous support meetings that borrowed principles from the Oxford Group (a nondenominational Christian movement) and created other principles important to the recovery from alcoholism as they experienced it. Their ideas were eventually written in a book so thick and bulky that the original volume of *Alcoholics Anonymous* (AA World Services, 1939) was called "the Big Book," a title affectionately, and perhaps metaphorically, used by AA members ever since, even though after several revisions it is now a regular-sized book (Kurtz, 1979).

At the heart of the AA program are the following 12 principles "suggested" for recovery, called the 12 Steps of Alcoholics Anonymous:

1. We admitted we were powerless over alcohol—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 will and our lives over to the care of God *as we understood Him.*

4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and, when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, 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. (AA World Services, 1976, pp. 59–60)

These are specific individual actions, spiritual in nature, and "guides to progress, not perfection" (AA World Services, 1976, p. 60). They were painstakingly designed by fellow alcoholics to help a person obtain sobriety and make the spiritual transformation necessary to create a sober life worth living. For the developing AA groups to survive and function effectively, a set of principles called the 12 Traditions evolved to set forth a working philosophy for this mutual help community. The foreword to the second edition of *Alcoholics Anonymous* (AA World Services, 1955) explained the 12 Traditions as they apply to community:

> No alcoholic man or woman could be excluded from our Society. . . . Our leaders might serve but never govern. . . . Each group was to be autonomous and there was to be no professional class of therapy. . . . There were to be no fees or dues. . . . There was to be the least possible organization, even in our service centers. . . . Our public relations were to be based upon attraction rather than promotion. . . . All members ought to be anonymous at the level of press, radio, TV and films . . . and in no circumstances should we give endorsements, make alliances, or enter public controversies. (p. vii)

These 12 guidelines for a "nonorganization," although not so familiar as the 12 Steps, have facilitated the creation and stability of more than 87,000 groups with more than 1.5 million members throughout the world at last count (AA World Services, 1993). The program is recognized by many professionals as one of the most effective and user-friendly resources for helping alcoholics (Riordin & Walsh, 1994).

Attributes of the program important to many social workers include the lack of dues or fees, its availability in small towns, and the fact that in medium to large cities the program usually offers an array of options for a variety of groups (such as women, veterans, elders, Native Americans, Hispanics, gay men, lesbians, newcomers, and even a group for Grateful "Deadheads" called the "Wharf Rats" [Epstein & Sardiello, 1990]). Also, transportation for house-bound people or out-of-town visitors is frequently arranged through voluntary help from members who are "on-call" for such circumstances.

Realities of the Research Knowledge Base

In spite of methodological problems aggravated by the anonymous, voluntary, self-selection of AA membership, there is evidence to indicate that AA is a very useful approach for alcoholics who are trying to stop drinking. Emrick's (1987) review of surveys and outcome evaluations of AA alone or AA as an adjunct to professional treatment indicated that 40 percent to 50 percent of alcoholics who maintain long-term, active membership in AA have several years of total abstinence while involved; 60 percent to 68 percent improve, drinking less or not at all during AA participation. A meta-analysis by Emrick, Tonigan, Montgomery, and Little (1993) of 107 previously published studies found that greater AA involvement could modestly predict reduced alcohol consumption.

Involvement or active participation in AA processes (such as "working the 12 Steps"), rather than just attendance at AA meetings, was related to positive outcomes in these findings and supported in other studies (Montgomery, Miller, & Tonigan, 1995; Snow, Prochaska, & Rossi, 1994).

Recent findings also suggest that length of AA attendance is correlated with months of abstinence (McBride, 1991). Combined with formal treatment programs, attendance at AA was found to be the only significant predictor of length of sobriety in a 10-year follow-up study of male and female patients, suggesting successful outcomes for people involved with both (Cross, Morgan, Mooney, Martin, & Rapter, 1990). Other studies support the idea that AA is beneficial as an adjunct to formal treatment and when used as a form of after care (Alford, Koehler, & Leonard, 1991; Walsh et al.,1991).

These positive findings do not satisfy the skeptics. Major criticisms include the large percentage of alcoholics who drop out of AA (according to AA's own survey, 50 percent after three months) (Chappel, 1993; Galaif & Sussman, 1995); contradictory studies indicating that AA works no better than other approaches, including no treatment (Miller & Hester, 1986, Peele, 1992); and findings that indicate no significant relationship between AA attendence and outcomes (McLatchie & Lomp, 1988; Miller, Leckman, Delaney, & Tinkcorn, 1992). In addition, methodological problems endemic to research on AA lead some researchers to dismiss such attempts as mere exercises in speculation ("Treatment," 1996). For example, despite years of research, no definitive picture has emerged of the personal characteristics that can predict a positive or negative outcome with AA (Tonigan & Hiller-Sturmhofel, 1994).

In the meantime, there is adequate (although not perfect) evidence to suggest that many alcoholics who become involved in AA find something they can use to improve their lives on a long-term basis (Chappel, 1993) and, consequently, that social work professionals and their clients can benefit from more knowledge of this potentially valuable resource. Emrick (1987), after his extensive review of the findings from the empirical literature, concluded that although AA is not for everyone (particularly not for those who just want to reduce their drinking), "nevertheless, AA has been demonstrated to be associated with abstinence for many alcohol-dependent individuals and thus the professional who comes in contact with alcoholics should become familiar with AA and utilize this self-help resource whenever possible" (p. 421).

Myths and Metaphors of Alcoholics Anonymous

Alcoholics Anonymous describes itself as a "simple program" that has only one requirement for membership—"a desire to stop drinking"—and one primary purpose—"to carry its message to the alcoholic who still suffers" (AA World Services, 1976, pp. 58, 564). The apparent single-mindedness of this nonpolitical, self-supporting program masks a remarkably subtle and, in some ways, counterestablishment worldview that challenges dominant cultural expectations regarding hierarchy, power, and models of helping. Because the language of AA is the language of narrative and metaphor, it is easily misunderstood outside the context of lived experience and of the meaning-making of the membership as a whole. It is not surprising that AA is miscomprehended and misinterpreted. Flores (1988) noted that many critics of AA "fail to understand the subtleties of the AA program and often erroneously attribute qualities and characteristics to the organization that are one-dimensional, misleading, and even border on slanderous" (p. 203). AA has been called a "cult," as well as "unscientific," "totalitarian," and "coercive" (Flores, 1988). Common criticisms include the following:

- that AA takes power away from groups that are already disenfranchised (such as women)
- that AA adheres to the medical model of disease, not a strengths perspective of wellness
- that the program is a substitute addiction
- that AA requires total abstinence
- that AA is a religion or cult with a suspiciously white, male, dominant-culture, Christian God

- that AA forces people to constantly degrade themselves by introducing themselves as alcoholics
- that AA meetings are undependable because the meetings are run by nonprofessionals.

Because a lack of information and understanding is the most important factor in social workers' reluctance to refer clients to self-help groups (Kurtz & Chambon, 1987), these criticisms require examination. What follows is an attempt to increase social workers' understanding of the AA program that aims to avoid the pitfalls of what Wallace (1983) called the unwary translator of AA who "may find himself banging away at the concrete rather than flowing with the analogy" (p. 301).

Framing AA as a Narrative Community

Professional service providers who conceptualize their work as consisting of treatment, clients, and service models often understand AA as an alternative treatment model. This understanding, according to Rappaport (1993), is limited for gaining insight into what AA means to those who join. For a different understanding, he proposed reframing the meaning of AA (and other mutual help groups) in terms of a narrative perspective: "In its simplest form, the narrative approach means understanding life to be experienced as a constructed story. The stories that people tell and are told are powerful forms of communication to both others and one's self. Stories order experience, give coherence and meaning to events and provide a sense of history and of the future" (Rappaport, 1993, p. 240).

The stories are told in community, and these communities have powerful narratives about change and about themselves and their members. In this sense AA can be seen as a "normative structure in social experience" (Rappaport, 1993, p. 246). It is a "normative structure" because it is more comparable to other voluntary associations of people "living lives," such as religious organizations, professional organizations, political parties, and even families, than it is to a social services agency setting where clients come to receive services from professional helpers. In the narrative framework, people joining AA are not help seekers in search of treatment, but story tellers who through telling and listening transform their lives. Personal stories become narratives that define a "caring and sharing community of givers as well as receivers, with hope, and with a sense of their own capacity for positive change" (Rappaport, 1993, p. 245).

Consistent with postmodern thought, the narrative perspective embraces the idea that personal reality is itself constructed, as in a life story, and therefore has the capacity to be reconstructed throughout a person's life. In other words, as narrative therapists would say, "people make meaning, meaning is not made for us" (Monk, Winslade, Crocket, & Epston, 1997, p. 33). The AA community provides a safe harbor and a rich tradition of stories one can use to reconstruct one's life story from that of a "hopeless alcoholic" to a person with "experience, strength, and hope." Hearing things in the stories of others can offer hope that one's own life can be changed. For example, Smith (1993) cited one woman's experience in her early days in AA: "A man I met told me that if I didn't think I belonged, I should hang around and I'd hear my story. Then a few weeks later, this girl got up and as she spoke, it started to dawn on me. I was so engrossed. . . . Every word she said I could relate to where I had come from. Here was this woman with seven or eight years in the program telling my story (p. 696)!"

Smith (1993) elaborated on the process of individual integration into the "social world" of AA by describing how each step in the process of affiliation (attending meetings, sharing "experience, strength, and hope" in meetings, getting a sponsor, working the 12 Steps of recovery, doing service work to help other alcoholics) enhances the person's comfort level in forming new relationships with others. It makes it possible for them to take some risks and experience small successes, enhances self-esteem, and leads to futher commitment to the community. Understanding AA in a narrative framework—as a context where people tell stories about their lives within a community—implies a conceptual shift from a rational (service delivery) model to a metaphorical (spiritual) understanding. This shift to the metaphorical is the

framework for the following interpretations of the meanings of AA.

Metaphor of Powerlessness

"Giving in is the greatest form of control" is a *koan* (a mental puzzle used by practicing Buddhists as meditation material to further enlightenment) created by "solution-focused" therapists to help a practicing Buddhist client translate the first step of AA into something consistent with her Buddhist beliefs (Berg & Miller, 1992, p. 5). It is also a good example of how the language of AA can be understood as metaphorical. A parallel metaphor more familiar to Christians might be, "to gain your life you must first lose it."

Step 1 of the 12 Steps of Alcoholics Anonymous—"We admitted we were powerless over alcohol—that our lives had become unmanageable"—is the foundation of recovery for alcoholics trying to get well through the AA program (AA World Services, 1976; Chappel, 1992; Covington, 1994; Kurtz, 1979). However, from a rational viewpoint, it is also the stumbling block for many professionals concerned that AA pushes "powerlessness" on people who are already powerless in the dominant culture. Wetzel (1991) voiced the following concern regarding women: "The 12-step program reinforces one's belief in one's powerlessness and the necessity to relinquish the self to a 'higher power' (something most women have been doing all their lives in a secular sense)" (p. 23).

For someone who is not addicted to make sense of step 1, it is helpful to view it from inside the experience of addiction and to look at the miserable state of affairs most women and men face when they first begin the road to recovery. The lived experience of the alcoholic, as one woman observed, is "an endless cycle of 'I'll do better tomorrow' and of course I was always drunk again by 9 o'clock that night" (Davis, 1996, p. 154). A study of recovering alcoholics attending AA revealed an extremely high rate of psychological distress in the first three months of recovery comparable to that of psychiatric inpatients (DeSoto, O'Donnell, & DeSoto, 1989). The authors commented, "with a life situation in disarray, suffering a protracted withdrawal syndrome, and experiencing cognitive deficits, it is a challenge indeed for an alcoholic to abstain from the drug that promises at least temporary relief" (p. 697).

The hard facts of being out of control with the addiction, no matter what one tries to do, and recognizing that one's life is in shambles roughly translates to the understanding of "powerlessness" that is the starting point in the AA program. AA invites people who declare themselves eligible to survey their world and to embrace the idea of step 1: "I am powerless over alcohol, and my life has become unmanageable" (AA World Services, 1976, p. 59). In other words, step 1 says face the reality and give up the illusion that you are in control. If people have doubts about their status, the Big Book suggests that they figure it out for themselves, experientially: "Step over to the nearest barroom and try some controlled drinking. Try to drink and stop abruptly. Try it more than once. It will not take long for you to decide, if you are honest about it. It may be worth a bad case of the jitters if you get a full knowledge of your condition" (AA World Services, 1976, p. 31). The organization invites those who have "lost the power of choice in drink" and have "a desire to stop drinking" to join the fellowship (AA World Services, 1976, pp. 24, 58).

Accepting the metaphor of powerlessness, and thereby accepting individual limitations, goes against the dominant Western cultural message of "pulling yourself up by the bootstraps," independence, competition, and will power. Bateson (1972) suggested that AA provides a paradoxical metaphor (much like the koan at the beginning of this section) in that "the experience of defeat not only serves to convince the alcoholic that change is necessary; it *is* the first step in that change. . . . To be defeated by the bottle and to know it is the first 'spiritual' experience" (p. 313). Kurtz (1979) interpreted this as a necessary step for alcoholics to alter their views of themselves from omniscient to "not God": "Every alcoholic's problem had first been, according to this insight, claiming God-like powers, especially that of 'control.' But the alcoholic at least, the message insists, is not in control, even of himself; and the first step toward recovery from alcoholism must be admission and acceptance of this fact that is so

blatantly obvious to others but so tenaciously denied by the obsessive–compulsive drinker" (p. 3).

The AA notion of powerlessness in the context of such group narratives transforms the alcoholic's competitive stance with those who have tried to force him or her to stop drinking into complementary relationships with other alcoholics who are in the same boat, in the same meeting, and weaving and sharing similar stories of "experience, strength, and hope." Therefore, powerlessness in this context is a metaphor of connectedness, not isolation. Brown (1994) called AA's concept of powerlessness a "power from within model" instead of a "power over" model (p. 26). Similarly, Riessman (1985) called it "self-help induced empowerment"; he stated that "when people join together with others who have similar problems to deal with those problems . . . they feel empowered; they are able to control some aspect of their lives. The help is not given to them from the outside, from an expert, a professional, a politician" (p. 2).

AA's concept of powerlessness is very different from the meanings of powerlessness associated with contemporary social and behavioral sciences, such as alienation, anomie, victimization, oppression, discrimination, and poverty (Borkman, 1989). Understanding this alternative meaning of powerlessness is helpful in resisting the temptation to oversimplify and interpret AA language in terms of social science terminology instead of the language of transformation.

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Metaphor of Disease

AA is often criticized for its support and promulgation of the "disease concept" of alcoholism (Rhodes & Johnson, 1994; Riordan & Walsh, 1994), especially by some social workers who adhere to the strengths perspective. These two concepts have been presented as competing metaphors. The disease concept is negatively described as emphasizing the pathological, not the healthy; physicians and clinicians assume an expert role, clients are in denial and not responsible for their predicament, and recovery goals are designed and directed by treatment staff. The strengths perspective is optimistically portrayed as emphasizing wellness; helping relationships are nonhierarchical and collaborative, and recovery goals are coconstructed by facilitators and clients (Evans & Sullivan, 1990; Rapp, 1997).

Although these comparisons may not do justice to either metaphor, the discourse continues to be fueled by the current interest in collaborative models of helping (feminist, narrative, solution-focused, and motivational interviewing models) and perhaps a desire to set these models apart from the medical model of helping. Further obscuring the issue of alcoholism as disease is the general inability to agree on just what "alcoholism" is, to achieve consensus on what constitutes "disease," or to agree on a single theory that adequately describes the etiology of alcoholism (McNeece & DiNitto, 1994). Apart from the controversy, the disease concept has provided a means of expanding the diagnosis and treatment (and funding of treatment and research) of alcoholism and has done a great service in relieving the burden of guilt from both alcoholics and their family members (Burman, 1994).

In theory the AA program leaves the debate to the professionals; it treats the controversy of alcoholism as disease simply as an "outside issue," following the principle of the 10th Tradition of AA, which states, "Alcoholics Anonymous has no opinions on outside issues; hence the AA name ought never to be drawn into public controversy" (AA World Services, 1976, p. 564). Although the Big Book avoids the term "disease," it does use the terms "malady," "illness," and "allergy" to suggest the hopelessness of the condition of active alcoholism. Kurtz (1979), in his historical analysis, stated that Bill Wilson (cofounder of AA) "always remained wary of referring to alcoholism as a 'disease'

because he wished to avoid the medical controversy over the existence or non-existence of a specific 'disease-entity'" (p. 22). It is somewhat ironic that in many current versions of the controversy, AA is linked firmly to the promulgation of the disease concept (for example, Burman, 1994; Rhodes & Johnson, 1994).

However, as Kurtz (1979) suggested, "the Alcoholics Anonymous understanding of alcoholism begs for exploration within the insight that disease can also be metaphor" (p. 200). Disease as metaphor has been prevalent throughout history, including leprosy as "sin," the black plague of decaying Europe, the "white death" of tuberculosis in the slums of industrial cities, and the malignancy of cancer in the post-modern era of uncontrolled growth and greed. "Alcoholism" and "addiction" are similarly metaphors for modern-day isolation and despair.

Many individual members of AA see "alcoholism" as a three-fold "disease" involving spiritual, mental, and physical factors. This view implies a holistic frame familiar to adherents of Native American traditions, Christian creationist philosophy, and Buddhist meditation, among others. Modern isolation and disconnectedness can be understood as arising from a foolish and doomed attempt to separate these unified parts of the whole person. To be fully human (and in the case of the alcoholic, to want to live sober), the physical, mental, and especially spiritual parts must be integrated. AA members attempt to live out this metaphor on a practical level by working on a spiritual program that attends to the physical, mental, and spiritual needs of the alcoholic who still suffers.

Metaphors of Dependence, Independence, and Interdependence

Another major criticism of AA is that it promotes dependency in the alcoholic by providing a substitute addiction or "crutch" (Walant, 1995). This is assumed to be bad, because it goes against the modern idea that the cure for dependence is absolute and total independence (Kurtz, 1979). Inherent in the metaphor of the dominant culture is the notion of self-reliance. In contrast, the AA approach to extreme dependence (alcoholism) is to embrace the metaphor of connectedness. AA teaches that humans are limited and dependent on other humans. Connecting with others through the fellowship of meetings, sponsors, and AA-sponsored events are ways to strengthen one's identity, not shrink it. As one woman remembered, "by the end of the meeting I knew I was at home. I belonged there. Someone told their story and more than anything I felt connected to people again that I hadn't done in so long" (Lundy, 1985, p. 137). According to Van Den Bergh (1991), the opportunity for human connection may explain some of the increase in participation in 12-step groups today: "Patriarchy engenders isolation and anomie; recovery groups provide an antidote to the pain and angst of believing one is alone. Individuals come together to share their 'experience, strength and hope'; through that process a feeling of personal empowerment as well as community affiliation is experienced" (p. 27).

The same criticisms about "creating dependence" are aimed at psychotherapy, welfare assistance, certain religious communities, mothers, or any other entity that offers a port in the storm of life. In spite of the dominant cultural suspicion that there is "something undesirable about all dependence" (Riordan & Walsh, 1994, p. 352), levels of dependence usually shift naturally as a person becomes more stable. In AA newcomers may spend entire days in meeting after meeting, and it is routinely suggested that they attend "90 meetings in 90 days." As the length of sobriety and stability increase, participation generally shifts to helping others (making coffee, chairing meetings, sponsoring others). Many "old-timers" with years of sobriety continue participating to provide sponsorship and support for newcomers, and they depend on AA meetings to help them maintain their spiritual program, not just their sobriety. Independence in the American sense of "doing it alone" is not the goal; instead, the individual (isolated by alcoholism and an array of negative social consequences) is taught in small steps how to depend on others and how to allow others to depend on him or her.

One Day at a Time

The basic text of Alcoholics Anonymous (AA World Services, 1976) suggests that "for those

who are unable to drink moderately the question is how to stop altogether. . . . We are assuming, of course, that the reader desires to stop" (p. 34). A fundamental concept of the AA program is the need for self-assessment; its basis is the belief that all alcoholics want to stop drinking precisely because their own experience and numerous experiments tell them they can no longer control it once they start. The voluntariness of this approach is often not emphasized by alcohol treatment programs, court systems, licensing boards, and certain employers who require abstinence, drug testing, and attendance at AA meetings. In contrast, AA members who begin working with other alcoholics are advised to "be careful not to brand him as an alcoholic. . . . Let him draw his own conclusion" (AA World Services, 1976, p. 92). AA recommends their program only to those who realize, as a result of their own self-assessment, that they can no longer control their drinking.

However, abstinence (in the sense of "never drink again") was considered too unrealistic, too absolute, and perhaps too frightening to the alcoholics who created the AA program. Instead, they developed the idea of limited control, that is, not drinking "one day at a time," instead of forever. According to Kurtz (1979), this message serves both to "protect against grandiosity and to affirm the sense of individual worthwhileness so especially important to the drinking alcoholic mired in self-hatred over his failure to achieve absolute control over his drinking" (p. 105).

The concept of limited control and the embracing of human fallibility are other examples of how the AA program stands apart from the dominant culture's obsessive drive for perfection. Several AA slogans underscore the concept of limited control, such as "progress not perfection," "easy does it," and "one day at a time." Recovery is seen as an ongoing process, more in tune with the feminist principle of emphasizing "process not product" (Van Den Bergh, 1991).

The AA premise of stopping drinking "one day at a time" is certainly not the only approach to recovery. Other approaches and resources that have had some reported positive outcomes include acupuncture, biofeedback, pharmacotherapy (such as methadone maintenance for heroin addiction and antabuse and naltrexone for alcoholics), behavior modification, cognitive restructuring, and traditional Minnesota model treatment programs that range from intensive inpatient to outpatient services and that are usually abstinence oriented. The problems, consequences, and social context associated with alcoholism are so varied that a single treatment strategy is unwise ("Treatment," 1996). The AA program does not take a stand on various treatment strategies, saying instead "upon therapy for the alcoholic himself, we surely have no monopoly" (AA World Services, 1976, p. xxi).

In the addictions field, programs or research that suggest that an alcoholic can return to "controlled drinking" are seen as diametrically opposed to the AA premise of stopping drinking (McNeece & DiNitto, 1994; Riordan & Walsh, 1994). On one level of meaning, it is not surprising that the idea of teaching an alcoholic controlled drinking strikes the AA member as absurd, because in AA the alcoholic is self-defined as a person who cannot control his or her drinking. For those who can control it (through whatever means), the message is "our hats are off to him" (AA World Services, 1976, p. 31).

On another level of meaning, focusing on controlling drinking misses the point. According to AA, the alcoholic that has lost control does not just have a bad habit and does not just need to stop drinking. That is only the first step in eliminating an "alcoholic" lifestyle based on self-centeredness, immaturity, and spiritual bankruptcy (Flores, 1988; Kurtz, 1979). Because AA views the alcoholic as having a three-fold problem, involving mental, spiritual, and physical suffering, eliminating drinking is only the first step, although it is both necessary and essential, to begin the process of recovery.

Metaphor of a Higher Power

Lamb of God, Ancient Thing, Buddha, Yahweh, Love, Truth, Oneness, the Light, Mother God, Mother Nature, God, the Thursday evening "Insanity to Serenity" AA meeting, the Friday 7 A.M. "Eye-Opener" meeting: All of these terms and many others may describe an AA member's Higher Power. The encouragement to choose

the nature of this power is a freedom that underlies the spiritual nature of the AA program and distinguishes it from an organized religious program. The emphasis is not on what kind of Higher Power is embraced, but rather an acceptance of the idea of human limitations and "a Power greater than ourselves." In AA meetings, this is often expressed by a variation on step 2 ("Came to believe that a Power greater than ourselves could restore us to sanity"): "We *came,* we came *to,* we came to *believe.*"

For some, the Higher Power is located within the self. For example, in Covington (1994), Maureen described how important it was to let go of the "ego" on the outside and seek the "bigger self" inside: "Developing a sense of self is critical to my well-being. . . . There is a power in me that's greater than the small self I've been accustomed to; it's larger than the way I've been trained to think about who I am. It's my soul-self. In cooperating with it, I surrender to a part of me that carries wisdom and truth. It brings me back into harmony and balance with myself—that's what spirituality is for me" (p. 35).

Step 2 and step 3 ("Made a decision to turn our will and our life over to the care of God *as we understood Him*") (AA World Services, 1976, p. 59) are the spiritual cornerstones of the AA program. These two steps suggest that alcoholics connect with the healing energy ("grace," "Godness") of the world and within themselves and become receptive to spiritual guidance, whether the source be the wisdom of their AA group on staying sober or some other version of a power greater than themselves. A literal reading of these two steps has been interpreted by some feminists (Kasl, 1992) as sacrificing and martyring oneself for the sake of others, notably men. However, as Clemmons (1991) noted, step 3 "does not promote this kind of detrimental repression, but it does suggest that we must be willing to let go of people and situations outside of our control. . . . 'Letting go' halts the alcoholic/addict's efforts to control the uncontrollable and focuses on developing and listening to the true self" (p. 104). In other words, power is seen not in relational terms with other people, but vis-à-vis the addiction. The power of the alcohol or the "small self," as Maureen put it, is "let go" through the shift to accepting a Higher Power.

AA is fundamentally a spiritual program (Kurtz, 1979). Many social workers have difficulty with this position; as a profession, they have historically focused rationally on the temporal conditions of clients and their environments, excluding the spiritual. In that mindset it is easy to misconstrue AA's concept of Higher Power as religion and the metaphor of "letting go" of "things we cannot change" as passive dependence.

Storytelling as Metaphor

Many observers of AA fail to grasp the complex and metaphorical meanings of common terms and practices as they are used by AA members. Wallace (1983) noted that "the extended meanings that characterize the AA language system will continue to elude external observers who remain at literal, concrete levels of analysis and fail to consider the nature of symbolic communication and the purposes it serves in complex social contexts and transactions" (p. 302). For example, it is common practice (but not required) to introduce oneself in AA meetings with one's name, followed by, "and I'm an alcoholic." As members talk, they identify themselves by their first name only, not their profession, not their family name, not where they live. The practice of anonymity is considered by many AA members to be a spiritual necessity for recovery (Chappel, 1992).

This greeting has been interpreted by some critics to be a countertherapeutic reinforcement of a negative label ("alcoholic"), but as Smith (1993) pointed out, "it is understood by AA members that the word takes on a different and positive meaning in the context of AA" (p. 702). Using Wallace's idea of illustrating how a common AA slogan can have various meanings depending on the context, the meaning of the "I'm Joe, and I'm an alcoholic" greeting in the context of an AA meeting could be any or all or none of the following:

1. I have faced the reality that I am an alcoholic and cannot control my drinking.
2. I have suffered and caused others to suffer, just like you.

3. I don't buy in to the shame attached to this label by the outside world.
4. Even though I am an alcoholic and my natural state would be to be drinking, I'm sober today and participating in this meeting to help my mental, spiritual, and physical recovery.
5. Even though I'm not drinking today, there is a part of me that is immature and self-centered, spiritually bankrupt, egotistical, superficial—that is, an "alcoholic personality" that sometimes operates in the world in a "drunk mode" or "dry drunk mode." I claim this part of myself instead of trying to hide my problems by living under a superficial sheen of perfection.
6. I'm grateful to be an alcoholic because having this condition put me on a spiritual path that I never would have found otherwise.
7. I'm not unique, better than, worse off, or any different from any of the rest of you in this meeting. We are here to confront a common problem and to help each other.

This list illustrates the extended meanings that can occur within the context of a particular meeting, depending on the circumstances and histories of the individuals introducing themselves. Central to the meanings of AA phrases and language is a redefinition of the experience of being an alcoholic. A "practicing alcoholic" (one who is currently drinking) may be better understood in AA as practicing a flawed way of life dominated by self-centeredness, superficiality in relationships with others, and spiritual bankruptcy. The personal stories told in AA, "what we used to be like, what happened, and what we are like now" (AA World Services, 1976, p. 58), are vehicles for making sense of the chaos of the typical alcoholic's life by redefining it within this logic. As Marion described the process in Maracle (1989),

> The more I went to meetings, the more I heard what other people said, I'd come home and think about it. I'd reflect on my own life, far back, up close, when I started drinking, what happened, how much of my life was related to alcohol, drinking. That's how I began to connect the depression and the drinking. I began to connect information, to put pieces together. I'd really LISTEN at meetings. HEAR what people said. And think about it all. And about me. I got real serious about trying to understand. (p. 154)

Thune's (1977) analysis of AA from a phenomenological perspective argued that it is precisely because AA members are taught to reinterpret their alcoholic life stories as spiritually bankrupt that they can give meaning to a past filled with degradation and chaos and have hope for the creation of a different future. Thus, the AA approach to recovery, which aims for a transformed life based on spiritual principles instead of "alcoholic" strategies, is quite different from approaches to alcoholism as merely a disease or a bad habit to be reformed. The alcoholic's deeply individual transformation, within the context of the narrative community, transcends the dichotomies of self–other, exemplifying the embedded interdependence of these communities.

An Invitation

Rappaport (1993) posited that it is through the telling and listening of stories that members of AA transform their lives; it thus is important for social workers to put themselves in a position—that is, to go to a meeting—to hear these stories and observe the context of the AA "narrative community" to understand it better. Attending one "open" AA meeting may not be sufficient to get a good idea of the range of ways the AA program is implemented. Montgomery and colleagues (1995) found a wide variation among AA groups in terms of their social structure and characteristics, such as cohesiveness, agressiveness, and expressiveness. Visitors are invited to attend any meeting identified as "open." "Closed" meetings are reserved for those who wish to stop drinking.

Information regarding meeting times and schedules (which change frequently) can be found in the yellow pages of the phone book under "Alcoholism" or in the classified ads in the local newspaper. In larger towns, the volunteers (never paid staff) of the AA central office for the area can provide the meeting schedule.

Visitors and newcomers may be asked to identify themselves by their first names only when they attend an open meeting. As a respectful visitor, a social worker must honor this tradition (for further descriptions of AA steps, traditions, and meetings, see Chappel, 1992; Riordan & Walsh, 1994).

Conclusion

Much more could be said about the Alcoholics Anonymous process of recovery, but this article is limited to introducing social workers to the organization as a narrative community where identity transformation takes place through the telling of stories and the identification of personal meanings of metaphors. Instead of viewing AA as an alternative treatment model or a rational service delivery model, social workers are invited to shift their understanding of AA to a metaphorical and transformative (spiritual) framework. Making this shift is difficult for a profession that adheres to a practice model of "regarding people as recipients of services" and the principle that "the alternatives available to them are viewed as treatments or programs" (Rappaport, 1993, p. 241). In addition, the reality ("always there and typically ignored," according to Riessman, 1985, p. 2) is that the help given by our profession is embedded in the context of paid services, whereas the help provided by mutual aid groups such as AA is free of charge.

Although the habits of context and practice are very different between professional social workers and members of AA, there is some common ground. Both systems embrace empowerment, connectedness, and interdependence and, most important, the principle that people can change, regardless of how oppressed they find themselves by their circumstances. To better advise clients on their options, social workers are encouraged to discover their own meanings in the similarities and differences between their professional practice and the mutual help offered by AA by experiencing firsthand the narrative community of AA and the hope it offers to many. ■

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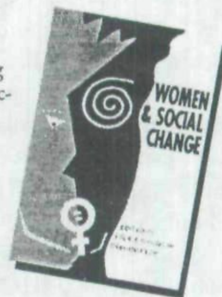

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