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Pergamon Press each year puts out an Annual Review of Addictions Research and Treatment*. Each volume consists of many topical areas on each of which several scholarly essays offer comment or report research. In order to help readers better understand the significance of the individual articles, each topical area is introduced by a* Commentary *that attempts to set the context for understanding the significance of the pieces that follow.*

For the 1992 edition, the Rutgers-based editors incautiously–or perhaps mischievously–prevailed on me to offer the Commentary *on the section on "Lay Treatment," which to most of the contributors meant Alcoholics Anonymous. Although the articles on which I comment are here referenced rather than reproduced, I trust that there is enough context for this essay to stand on its own.*

Commentary on "Lay Treatment"

by Ernest Kurtz

Examining Alcoholics Anonymous under the heading of "treatment" is like studying the formation patterns of bears flying South for the winter. Reality constrained into the wrong category is reality distorted. Both bears and Canadian geese change their usual activities with the onset of winter. Both Alcoholics Anonymous and alcoholism treatment can benefit people whose lives are disrupted by the drinking of alcohol. But to leap from either observation of shared likeness to a larger equation that implies identity is as false in one case as in the other.

More than any phenomenon in recent history, Alcoholics Anonymous resembles the fabled elephant described by the

legendary blind men. Each commentator reports what is seen through the lens of his or her particular discipline. Psychologists discover a behavioral or a cognitive program (Miller & Hester, 1980); those psychoanalytically-inclined uncover a psycho-dynamic program (Mack, 1981); those enamored of the medical model detect a living out of the disease-concept of alcoholism (Vaillant, 1983); sociologists find "interpersonal factors" dominant (Maxwell, 1951), or discern a manifestation of a "social movement" (Room, 1992), or a "self-help" enterprise (Mäkelä, 1992); those spooked by religion find "cult" or other manifestation of sectarianism (Jones, 1970; Galanter, 1989, 1990); those enthralled with "New Age" insight discover expressions of a "postmodern spirituality" (Corrington, 1989); and it goes on. As an historian, I too bring the lens of my discipline: and so rather than claiming to describe what Alcoholics Anonymous is, I will content myself with detailing how well the accompanying articles remain true to what A.A. has been.

Let's begin by admitting that the term, *lay treatment*, is oxymoronic. Such mixing of the religious and the medical metaphors does not work. The term *lay* means simply "of the ordinary people," and therefore lacking the set-apart-ness of special qualification (Onions, 1969; Shipley, 1984). The term *treatment*, on the other hand, necessarily denotes some degree of expertise and professionalism – as concern over licensing laws, certification procedures and credentialing of various kinds consistently confirms.

Efforts to overcome the confusion are not new. In 1970, the General Service Conference of Alcoholics Anonymous rejected as inappropriate the term "A.A. counselor." Reporting a "consensus reached on terminology," the 1975 Conference extended its disapproval to the term, "two-hatter" (Kurtz, 1991, p. 291). Both actions attest to the dissonance in all such concepts, of which "lay treatment" is a particularly mischievous example.

The first A.A.-connected usage of the term *treatment* was by Akron's Sister Ignatia, who began using the word as early as 1939 on the alcoholic ward of St. Thomas Hospital as a way of emphasizing that that hospital and ward had no "cure" for alcoholism (Darrah,

1992). Members of Alcoholics Anonymous visited the ward and were indeed its sole source of admissions: the St. Thomas program was in fact for a time called "the A.A. ward," in that era before the Twelve Traditions were even conceived. But despite that confusion, those earliest members of Alcoholics Anonymous knew as well as did Sister Ignatia and the medical staff of St. Thomas that A.A. was neither "cure," for there was none, nor "treatment," for that was why they needed the medical setting of a hospital. Consistently, then, Alcoholics Anonymous has been most usually described by those who know it most intimately as a "program of recovery," or, more recently, as "relapse prevention" (Nowinski, 1992).

How do A.A. and treatment differ? "The Twelve Steps are philosophy, not technology," a psychologist recently observed (Beutler, 1992). At least since 1979, when analyses by Kurtz and by Antze from two very different directions drew attention to the philosophical underpinnings of what A.A. prefers to term its "way of life" ([Anonymous], 1953, p. 15), evidence has been available that Alcoholics Anonymous is more than treatment. But could it *also* be "treatment"? And if Alcoholics Anonymous is not treatment, what are some of the relationships between A.A. and treatment?

Mäkelä brings to these questions not only sociological skills, but an anthropological perspective. Both Alcoholics Anonymous and alcoholism treatment, as specifically American innovations, can be observed most accurately by someone who stands outside the assumptions of American culture. Mäkelä's Finnish background and cross-cultural research permit him to avoid with equal adeptness the biases of behavioral researchers, of treatment marketers, and of mystical enthusiasts. His phenomenological approach, as in seeing A.A. meetings as "speech events," discovers several differences between A.A. and treatment. True to the religious practice of its Oxford Group origins, for example, traditional A.A. discourse involves a form of "disclosing secrets" in a setting that guarantees the absence of cross-talk.

The treatment approach may seem similar, but its confrontational style and aim of "searching for the authentic self" impose quests far

more daunting than A.A.'s simple emphasis on "honesty." Anderson and Gilbert take up the same point with their observation that "mere self-disclosure is not enough." No, it is not . . . for the treatment setting, which is what they investigate. Their "communication training" is technique, not philosophy.

As Mäkelä points out, "treatment A.A." is not *real* A.A. – Alcoholics Anonymous as handed down by the alcoholics who produced the book, *Alcoholics Anonymous*. This issue is important, for it is a confusion unfortunately common among researchers . . . almost as common as mistaking court-mandated A.A. for A.A. as it is usually lived in most groups.

In reality, of course, treatment and A.A. are often mixed together, and so each does influence the other. The articles presented here thus address a valid question: ***How well*** *do treatment and Alcoholics Anonymous mix?* Many early "treatment" programs employed individuals whose sole credential was that they themselves were sober alcoholics – almost invariably through their participation in Alcoholics Anonymous (Anderson, 1981). Even in those earliest days, as expressed wariness over "appearing to sell the Twelfth Step" and the quick rejection of the term "A.A. counselor" for the name "two-hatter" (also eventually rejected) suggest, the distinction between Alcoholics Anonymous and even those primitive treatment programs was perceived to be very real. In time, however, as pressures toward validation for the acceptance of third-party payments became paramount, concern over credentialing and certification led to the explicit professionalization of alcoholism counselors – and some practitioners of this "new profession" (Royce, 1989) began less to bring their A.A. understandings into their treatment practice and more to import their treatment ideology into their Alcoholics Anonymous participation.

The effects of confusing Alcoholics Anonymous and treatment have become ever more clear in the codependency crusade. In a process not yet detailed in the literature, when economic imperatives became more important than philosophy in moving treatment providers to broaden the concept of addiction, that process led

inevitably to an ever-increasing proliferation of therapy-oriented progeny such as the "adult children" movement.

Some of the tensions between the two insights have been pointed out by Robin Room (1992). The ideology of codependence emphasizes self-regard and self-sufficiency, teaching a "quintessentially individualistic" ideology that undermines altruistic behavior, thus subverting such important features of traditional Alcoholics Anonymous as 12th-stepping, sponsorship, and the service ethic. But the ideology of treatment (and of the "co-" movements that derive from the therapeutic world-view) conflicts even more directly with traditional A.A. practice. A.A. members learn to be wary of rationalizations of their behavior; the "co-" movements start from a rationalization that interprets one's own behavior in terms of external factors – the behavior of others. And while most A.A. members cherish co-founder Dr. Bob Smith's final injunction – "Let's not louse it all up with psychiatry" (Darrah, 1992) – the thinking of the "co-" movements has always been dominated by professional, even if at times dubiously credentialed, therapists.

Mäkelä adduces data showing how treatment has changed the pattern of A.A.'s international diffusion. His Swedish example – the openness to expressed affect and the language of "sharing" – adds useful perspective. More significantly for the future of "self-help" groups, Mäkelä's highlighting of the difference between *necessity* and *choice* as the source of affiliation provides a helpful way to distinguish between groups genuinely Twelve-Step and feel-good manifestations of "the triumph of the therapeutic" (Rieff 1966).

A benefit of examining other groups is that they may suggest measurable realities to assess in observing the changes that take place within Alcoholics Anonymous as that fellowship is ever more overwhelmed by treatment ideology. But the benefit carries with it a danger: to impose on A.A. any Procrustean pattern such as "cult" is as unhelpful as forcing it into the category of "treatment." Perhaps the most telling point of Galanter *et al*. (1990) for our purpose is that

their emphasis on the importance of Alcoholics Anonymous *for* therapy may be seen as a recognition that A.A. is not *itself* therapy.

Mäkelä's strictures about Corrington's implicit assumption of “the new American spirituality” are perceptive and well taken, but there is a deeper problem here than the use of research scales modeled on “New Age” notions. Corrington tells us that he obtained volunteers for his study at meetings of Alcoholics Anonymous. Although such recruitment is not a clear violation of A.A.'s “Guidelines,” some members would find in that practice less than full respect for the A.A. traditions, and so they would not participate. Thus, any sample derived in this way is already sorted and so necessarily weighted, biased. And it is biased toward those who would not recognize that violation, and so most likely toward those who came to A.A. by way of treatment and who have not yet internalized something as basic to Alcoholics Anonymous as its Twelve Traditions. Given the centrality of A.A.’s Traditions to *its* spirituality, such members are not the best representatives of A.A. spirituality.

Where does all this leave us – or, more importantly, where does the research reported here leave our understanding of Alcoholics Anonymous as “lay treatment”? Hopefully, the diverse points of view so well represented in the articles presented here, in Mäkelä's review, and in this “Commentary,” will finally lay that confusion to rest – to the benefit of both Alcoholics Anonymous and the very real treatments that are available. Perhaps we may then better see *why* we best serve *both* by refusing the temptation to measure either against the other.

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