

## **‘A daily reprieve contingent on the maintenance of our spiritual condition.’ [1]**

A commentary on *Is Alcoholics Anonymous religious, spiritual, neither? Findings from 25 years of mechanisms of behavior change research.*

By John F Kelly PhD

Dr Wendy Dossett BA, PhD (Wales), PGCE, PGCertHE, FHEA

Department of Theology and Religious Studies

University of Chester

CHESTER CH1 4BJ, UK

Email: [w.dossett@chester.ac.uk](mailto:w.dossett@chester.ac.uk)

Declaration of Interests: None

*Beliefs and emotions are commonly accepted features of spirituality, but spirituality also includes 'disciplines' and 'practices'. Whilst 'professional' language and the 'spiritual' practices of twelve step may be framed differently, they are not substantively different discourses.*

In setting the ‘spiritual programme’ of Alcoholics Anonymous (AA) alongside the evidence for AA’s mechanisms of behavior change (MOBCs), John F Kelly illuminates the problematic interface between secular professional treatment and twelve-step mutual aid. Research undertaken in the UK by Ed Day *et al* [2, 3] demonstrates that its apparently ‘religious’ nature is a significant factor in skepticism about twelve-step mutual aid amongst professionals and their clients. As a result, the number of people availing themselves of what Kelly aptly describes as ‘the closest thing... to a free lunch in public health’ is reduced. In that context, the effort to understand what, if anything, spirituality might add to AA’s MOBCs is important. The MOBC for which there is the best evidence is the facilitation of adaptive social network changes. Kelly identifies spirituality as the ‘scaffold’ which mobilizes or catalyzes this and other social, cognitive and affective mechanisms. This, he argues, is effective in part because of its inherent pragmatism: the ‘whatever works’ approach in relation to the God concept, and the development of positive emotions.

Spirituality is, however, as much to do with disciplines and practices as with beliefs, attitudes or emotions. Key to AA’s approach is a ‘daily programme.’ This is embedded in the steps themselves. The daily inventory and renewal of a commitment to abstinence and altruism is explicitly religious or spiritual for a minority, and may involve prayer or meditation for some. However, for most participants interviewed in the Higher Power Project [4], a UK qualitative study of the spirituality of people in twelve-step recovery, the daily programme is simple common sense.

AA presents problematic substance use as symptomatic of a deeper malaise. On this understanding, someone aspiring to long term abstinence must address underlying emotional difficulties. Fear, resentment, guilt and shame are characterized as drivers of addictive behaviour to be countered by detecting their effects through moral inventory in Steps Four and Ten, by an ongoing commitment to change in Steps Six and Seven, and by making amends without further damage in Step Nine. Whilst this language in which this expressed in AA texts and meetings seems religious, even pious or moralistic, it can be re-framed entirely in psychological and affective terms. Challenges are faced by

people whose addictive behaviour has led to the dissolution of their recovery capital, in terms of financial security, positive family and community relationships, self-esteem and self-efficacy. These challenges diminish when responsibility is assumed and resulting issues are practically addressed. Without an ongoing effort to do this it is easy to see why abstinence is so difficult to maintain. External problems, combined with lack of personal resources to face them, sabotage efforts towards recovery. Thus, the (spiritual) *discipline* of working the Steps in the context of a daily programme provides the mechanism for recovery. It may help to identify this discipline as one of the MOBCs – additional to beliefs and emotions.

The findings of the Higher Power Project [5, 6] entirely support Kelly's answer 'yes' to the question of whether AA is religious, spiritual or neither; though spirituality may have more affective features than Kelly's treatment here explores. However, the root of the troubled interface between professional treatment and twelve step mutual aid also lies in the failure of professional treatment to appreciate the relationship between what anthropologist Clifford Geertz described as 'experience near' and 'experience distant' concepts [7]. Twelve steppers describe defects, fellowship, spirituality; and professionals describe recovery capital deficits, adaptive social networks, and self-efficacy. They are not substantively different concepts; they are merely expressed differently. Kelly implies the professional conceptual framework is 'terrestrial' in contrast with the spiritual language of AA. Perhaps, *pace* Geertz, one framework is not superior to the other.

## References

1. Alcoholics Anonymous World Services. Alcoholics Anonymous. The story of how many thousands of men and women have recovered from alcoholism. New York: Alcoholics Anonymous World Services. (1939, 2001) p.85
2. Day, E., Wall, R., Chohan, G., & Seddon, J. Perceptions of professional drug treatment staff in England about client barriers to narcotics anonymous attendance. *Addiction Research & Theory* 2015; 23: 223–230.
3. Day, E., Gaston, R. L., Furlong, E., Murali, V., & Copello, A. United Kingdom substance misuse treatment workers' attitudes toward 12-step self-help groups. *Journal of Substance Abuse Treatment* 2005; 29: 321–327.
4. <http://csarsg.org.uk/research/the-higher-power-project/>
5. Dossett, W. Addiction, spirituality and 12-step programmes. *International Social Work* 2013; 56: 369–383.
6. Dossett, W. Reflections on the Language of Salvation in Twelve Step Recovery. In H. Bacon, W. Dossett, & S. Knowles (Eds.), *Alternative Salvations: Engaging the Sacred and the Secular*. London: Bloomsbury Academic. (2015).
7. Geertz, C. "From the Native's Point of View": On the Nature of Anthropological Understanding. *Bulletin of the American Academy of Arts and Sciences* 1974; 28: 26–45