

Study Detects 'Heretics' Among the AA Faithful

Many one-time participants rarely attend meetings but believe the organization helps keep them sober.

BY BETSY BATES
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SANTA BARBARA, CALIF. — A comprehensive 10-year study of Alcoholics Anonymous participants has unveiled several surprising, sometimes counterintuitive findings about the program's influence over a membership that numbers more than 1.2 million in the United States and 2 million worldwide.

Perhaps most notably, J. Scott Tonigan, Ph.D., and his associates at the University of New Mexico, Albuquerque, found that many one-time AA participants rarely or never attend meetings and may not place much stock in a higher power's role in their recovery, yet continue to read AA literature and believe that the organization helps them stay sober.

One of the underlying premises of AA is that, to be successful, members must commit to lifelong abstinence and meeting attendance, as well as dedication to a "spiritual awakening" that includes turning over to "a power greater than themselves" the control alcohol holds over their lives.

Eight of the 12 steps forming AA's core framework mention a higher power, "God, as we understand Him," and/or prayer. "It's a little bit of heresy to say one can benefit from a 12-step program without believing in a higher power, but there

are people who do just that," Dr. Tonigan said in an interview after his presentation of 10 posters detailing his study at the annual meeting of the Research Society on Alcoholism.

Study's 10-Year Follow-Up

Dr. Tonigan and his associates at the university's Center on Alcoholism, Substance Abuse, and Addictions followed up on participants in the Matching Alcoholism Treatments to Client Heterogeneity (Project MATCH) study, which, in the mid-1990s, recruited 226 heavy drinkers and randomly assigned them to one of three manual-guided, therapist-client therapies: cognitive-behavioral therapy (CBT), motivational enhancement training (MET), or 12-step facilitation aimed at "engaging clients into the lifelong program of AA."

In the ensuing 10 years, some participants died and others were lost to follow-up, but investigators achieved a remarkable 85% follow-up rate among 175 eligible subjects. They conducted lengthy interviews and obtained detailed drinking and lifestyle information from 50 participants who had undergone CBT, 48 who received MET, and 52 assigned to 12-step facilitation.

"This study offered a rare, long-term view of treatment outcome," Dr. Tonigan and coinvestigator William R. Miller, Ph.D., also of the University of New Mex-

ico, noted in a poster. Dr. Tonigan and Dr. Miller found that people in all three groups were doing quite well 10 years after the intervention, both in terms of the number of days they remained abstinent and in their total number of drinks per drinking day, compared with baseline drinking patterns. There was no relationship, however, between which therapy they had received and their current abstinence or drinking intensity.

"In fact, while at the end of year 1 and year 3, 12-step facilitation clients reported significantly higher rates of complete abstinence relative to CBT and MET, this advantage was lost such that the 12-step facilitation clients reported the lowest rates of abstinence (24%) at 10-year follow-up," they reported. Total abstinence rates in the CBT group and MET group were 31% and 35%, respectively.

AA Viewed as Valuable Resource

A closer look at 51 of the clients originally assigned to the 12-step group found that just 5 achieved sustained and regular 10-year attendance at AA meetings. Sixteen more attended erratically over the years, but at the time of follow-up fewer than half were attending AA meetings.

Dr. Tonigan stressed that meeting attendance is "but one dimension of the AA experience."

Members of the original 12-step group still drew on AA for support, with 22 of 51 reporting that they still read AA core literature and 25 saying that they considered themselves members of AA.

Moreover, AA appeared to be "an important resource" for study participants assigned to the non-12-step arms of the study, he said.

Overall, 66% of all 151 Project MATCH clients who participated in the follow-up said they attended AA during or after the original study.

Recent AA attendance was reported by 39%. This percentage increased to 49% when non-AA meeting behaviors and beliefs were included to define commitment to AA doctrine, for example, reading core AA literature. "It is clear, therefore, that problem drinkers view AA as a valuable resource regardless of formal treatment orientation," Dr. Tonigan wrote.

A separate analysis found that regular attendees of AA meetings were more likely than were erratic or former attendees to express commitment to core elements of the program, including making amends, believing in and deferring to a higher power, and participating in fellowship and step activities of AA. Some of these activities predicted abstinence or total alcohol consumed among consistent AA attendees, but belief in a higher power and deferring to that power did not.

Among erratic or former attendees of AA, no relationship could be seen between commitment to the core elements of the program and abstinence or a reduction in drinking, despite the fact that one in four said AA was "pretty helpful" or "very helpful" in helping them to combat their drinking problems.

In his interview, Dr. Tonigan said it is important to find out which elements of

Program Focuses On 'Higher Power'

Eight of the 12 steps forming Alcoholics Anonymous' core framework mention a higher power, "God, as we understand Him," and/or prayer. The 12 steps describe the experience of the organization's early members:

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.

Source: Alcoholics Anonymous

Positive Thinking Helped Mentally Ill Cut Alcohol Use

BY BETSY BATES
Los Angeles Bureau

SANTA BARBARA, CALIF. — Enhancing positive thinking may be the best way to help severely mentally ill alcohol abusers reduce their dependence on alcohol, a State University of New York at Buffalo study suggests.

Clara M. Bradizza, Ph.D., and her associates at the Research Institute on Addictions at the State University of New York at Buffalo studied the relationship between coping behaviors and substance abuse recovery in 171 patients with bipolar disorder or schizophrenia-spectrum disorder. Participants came from a university-affiliated, mental health center, dual-diagnosis treatment program.

At the completion of 6 months of substance abuse treatment, they were asked which of four coping strategies they used most to avoid alcohol relapse:

- ▶ Positive thinking (e.g., "Thinking how much better off I am without drinking")
- ▶ Negative thinking (e.g., "Thinking of the mess I've got myself in because of drinking")
- ▶ Avoidance/distraction (e.g., "Keeping away from people who drink")
- ▶ Seeking social support (e.g., "Going to an AA meeting")

Positive thinking was negatively related to the total number of drinks over the previous 60 days, the percentage of days patients consumed alcohol, and the average number of drinks during the 60-day period, and was positively related to the percentage of days abstinent from alcohol, Dr. Bradizza and her associates reported at the annual meeting of the Research Society on Alcoholism.

In other words, participants who drew on positive thinking most often during their recovery were doing a better job of reducing their alcohol consumption.

Negative thinking was associated with higher rates of drinking on two outcome measures: total number of drinks during the 60-day period and average number of drinks over the 60-day period.

Social support was marginally correlated with a reduction in drug use and abstinence from drugs, although the researchers said the connections need "further exploration."

"Overall, these results indicate that alcohol-specific coping strategies may be a productive avenue of research aimed at improving treatments for seriously mentally ill individuals diagnosed with an alcohol or drug-use disorder," the authors concluded in a poster presented at the meeting. ■

AA are successful and which are not, so that those elements can be integrated into therapy for people who choose not to remain in the formal AA program.

"We have a lot of work to do to understand why people move into, through, and out of AA, and why," he said. "Is it the program that helps people stop drinking, or is it the fellowship? That's the \$64 million question."

One piece of advice he gave to clinicians was to suggest that patients sample several AA groups and not make a decision to quit based on a few meetings with one group. Some are highly structured and focused on formal AA principles; others offer relaxed fellowship and support. With more than 50,000 groups in the United States, people with a desire to stop drinking are highly likely to find a group with which they feel comfortable and can get the help they need, Dr. Tonigan said. ■