Alcoholics and narcotics anonymous: A radical movement under threat

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Abstract

In recent decades, the considerable proliferation of the self-help groups (especially those of the Alcoholics Anonymous and Narcotics Anonymous) has attracted the interest of those engaged in the social sciences as well as of those responsible for mapping out health policies. The present paper is based on the ten year involvement of the authors into a participatory action research project for the promotion of self help groups in Greece as well as to an extensive literature review of the AA and NA movements. Based on this methodology the objective of the paper is twofold. First it identifies the radical perspective of self-help groups, as the main source for their effectiveness, while it attempts an assessment of their effect on traditional professional attitudes. Second it raises concerns over the radical perspective of these initiatives in the framework of their transition from an alternative stance towards their integration in formal Health Systems. This transition process is manifested in the following developments: 1. The constantly increasing number of old members who quit the role of the volunteer sponsor and undertake the financially beneficial role of (para-) professional addiction counselor. 2. The instrumentalization of 12 steps. 3. The increasing number of members who adopt the nosological perspective of addiction. 4. The various adverse effects of dominant culture on the internal working
of the groups. Moreover the paper attempts a comparative assessment of the produced experience with the AA and NA movements in Greece and abroad.

Key words – Alcoholics Anonymous, Narcotics Anonymous, self-help groups, addiction

INTRODUCTION
The ideas of self-help and mutual aid, already existent for well over the last 150 years, have begun, in recent decades, to be widely discussed in academic circles and amongst those working in the National Health Services. In this direction, two events were of particular significance: The first is the weakness in confronting contemporary psycho-social problems using traditional structures and professional approaches (Albee, 1985; Bickman, 2008; De Leon, 2004; Gartner & Riessman, 1984; Melton, 2010; Orford, 2001; Zafiridis, Lainas, 2007). The second is the substantial development in the role of self-help groups in dealing with mental and physical health problems (Archibald, 2007; Borkman, 1999; Davison, Pennebaker, & Dickerson, 2000; Katz et al., 1992; Kelly, 2003; Levine, 1988; Matzat, 2002; Powell, 1994).

The authors’ viewpoints expressed in this article result from their ten-year involvement with the Self-Help Promotion Program (SHPP) which is organized by the Psychology Department of the Aristotle University of Thessaloniki. The SHPP, which is unique in its kind in Greece, has been running since 2001 under the academic and scientific supervision by the first of the authors. The aims of this program focus on research, application and the training of health staff working in the field of self-help. It is in this framework that the psychosocial support of the members of the Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups represents the
most important role of the program. This support is achieved through the utmost respect for the autonomy and the traditions of these groups while gap filling in relative fields such as vocational training and creative engagement with leisure time activities. Up to now 2800 service users (drug or alcohol addicts and their family members) received psychosocial services from the program (Greek Reitox Focal Point & University Mental Health Research Institute, 2010; SHPP, 2011). Its operation is based on participatory action research methodology (Fals-Borda & Rahman, 1991; Kagan, Burton, Siddiquee, 2008; Winter & Munn-Giddings, 2001). Based on this methodology the organization and improvement of program’s activities as well as theory development, presuppose the use of data from a variety of sources such as: personal interviews, focus groups, staff diaries, minutes of the meetings and program’s documents and continuous reflection upon these data. Through this experience, the authors gained a clear picture of the issues involved in the operation of self-help groups.

SUBSTANCE ABUSE TREATMENT IN GREECE: THE ROLE OF TREATMENT PROGRAMS AND SELF-HELP GROUPS

A wide spectrum of public services dealing with substance (mainly illegal psychoactive) abuse problems, is available in Greece. This spectrum covers both drug-free treatment and opiate substitution programs. The drug-free treatment programs were the first to be created in this country and they still represent a significant percentage of treatment places. After all, there is KETHEA, one of the largest organizations of structured therapeutic communities in Europe (Kooyman, 2001) which was founded, by the first of the authors during the 1980s. This organization is publicly funded and provides indiscriminately free services to all
addicts. Drug-free treatment programs are supplemented by two major hospital programs in the country’s two largest cities (Greek Reitox Focal Point &University Mental Health Research Institute, 2010).

The first opiate substitution programs were initiated during the early 1990s. These provide the largest number of treatment places available in the country today (Gasgalidis, 2006; Greek Reitox Focal Point and University Mental Health Research Institute, 2010). With regard to the problem of alcohol addiction, a lack of fully developed and integrated services is identified (Greek Reitox Focal Point &University Mental Health Research Institute, 2010).

The first self-help 12-step groups appeared towards the end of the 1980s. They were English-speaking, because they were formed by foreigners who lived permanently in this country. Nowadays there are around eighty 12-step groups (AA, NA, FA and Al-Anon. groups), including those addressing specific target groups such as women groups (AA Greece, 2010; Flora & Raftopoulos, 2007; Lainas, 2007; NA Greece, 2010). One of the most distinctive characteristics of the Greek groups is the fact that the NA has twice as many groups compared to that of the AA, which, in itself, is in contrast with the situation abroad (AA 2010; AA Greece, 2010; NA 2010; NA Greece, 2010). This fact is probably associated with the dominant alcohol abuse pattern in Greece. Alcohol abuse in Greece usually takes place in social gatherings and events. This contributes to the control of the extent of abuse resulting in relatively small number of dysfunctional alcohol addicts in comparison with northern European countries (Anderson &Baumberg, 2006; Hemström, Leifman, & Ramstedt 2001).

THE RADICAL NATURE OF THE SELF-HELP MOVEMENT AND ITS IMPACT ON THE PROFESSIONAL MODELS.
The concepts of self-help and mutual aid are by no means new. Practices of solidarity and mutual aid have been recorded in all societies at all times (Butterfoss, 2007; Moeller, 1999). There are theorists who claim that these practices are a basic driving force in the evolution of mankind and of modern societies (Glassman, 2000; Kropotkin, 1955). However, during the last 150 years, we observe organized endeavours based on the principles of solidarity and mutual aid by ordinary citizens to resolve problems or other issues which were of concern to them (White, 1998).

The historical review of self-help movements and initiatives shows the significant role, that these have played to the confrontation of addiction (Kelly, 2003; Kurtz, 1991; White, 1998) and mental health problems (Bairaktaris, 1994; Beers, 1908; Brown & Wituk, 2010; Nocross, 2000; Raiff, 1984). Nowadays, the development of 12-steps self-help groups related to addiction problems is impressive both in terms of the number of participant members and their geographical dispersion over many countries around the world (Chapel, 1997; Humphreys et al., 2004; Humphreys & Moss, 1996; Kessler, Mickelson & Zhao, 1997; Makela et al., 1996). In addition there are numerous local self-help movements in Europe which are based on a different from 12 step philosophy (Kurube, 1992; Makela et al., 1996). In the field of mental health, there has also been substantial growth in self-help initiatives, with the creation of networks of (ex) Users and Survivors of Psychiatry in both the USA and Europe (Chamberlin, 1978; Chamberlin, Rogers, & Ellison, 1996; Goldstrom et al., 2006; Stastny & Lehman, 2007).

Despite their variety, the self-help initiatives have characteristics in common. This has allowed a number of researchers to speak of a self-help movement (Katz, 1981; Makela et al., 1996; Room, 1993). This new movement has made many innovations, especially in the field of mental health. The authors propose to focus on three of these
innovations, since they believe that they form the common ground for all the different manifestations of the movement.

1. The alternative approach to health problems

The traditional forms of community structure systematically cultivated the values of solidarity, mutual interest and justice. These are the values which ensured and promoted the mental and physical health of the community (Albee 1983; Granfield, 2004; Rapoport, 1960; Sarason 1974; Wilkinson & Pickett, 2009). Contemporary western societies appear not only to be unaware of this reality, but also to be sacrificing systematically the social cohesion that promotes these values on the altar of more rapid economic growth and greater profits. In so doing, abandoning the goal of creating a cohesive environment which could contribute to the prevention and confrontation of pathogenetic factors behind health related problems, they are constrained to a managerial/symptom-based approach (Navarro, 2002; Wilkinson & Pickett, 2009; Zafiridis, 2009).

In contrast to the prevailing trend, self-help groups attempt to recover and utilize the lost community tradition (with its inherent morality), in order to deal with the mental and physical health problems which concern them (Borkman, 1999; Jacobs & Goodman, 1989; Moeller, 1999; Rappaport, 1993; Riessman, 1997). This is no coincidence. These groups consist of suffering citizens, who are the first ones to pay with their own health the price of the dissolution of social support networks and the general deregulation brought about by free market in modern societies. (Alexander, 2008;). After all it is the same people who have undoubtedly experienced the inadequacy of the social and health-care services in dealing with their problems (Levine, 1988; Zafiridis, 1990).
It is natural, therefore, that by following the model of action research, and through the undertaking of personal responsibility and the individual experiences of their members, the groups of those directly involved arrive at a new awareness of the causes and ways of dealing with psycho-social problems. This new awareness is opposed to the prevalent currents of egocentricity and alienation. In the “secret school” of self-help, the members learn, through exchanging experiences, the vital importance of equality in a relationship, of dignity and honour, of justice and solidarity, so that they can forge genuine ties, and confront together the problems they share (Kurtz, 1997; Riessman, 1997). In the present era of social ties dissolution (Putnam, 2000), self-help groups constitute islands for the re-activation of these lost bonds (Katz, 1981, Levine, 1988), which are so much needed for human existence (Casriel, 1972; Fromm, 1954; Maslow, 1954; Rogers, 1980).

In conjunction with the above, the authors suggest that any efficacy of self-help groups should be attributed to the empirical understanding of the significance for Health of community values and traditions (Kawachi & Berkman, 2000), and the adoption of these values as the building block of their operation. Thanks to these values self help groups manage to develop an optimum supportive/therapeutic environment for all group members irrespective of the specific long-term health problem in question (Banks, 1997; Jacobs & Goodman, 1989; Levine, 1988; Matton, 1988; Riessman, 1997). In this regard, the initiative of self help groups consists of an informal reconstruction of community life at the micro-social level, which manages to provide a therapeutical function for the particular problem while promoting health in general. The question here is whether this informal communal function is a real solution to the accumulative problems of citizens, or another “diet supplement” for the bulimic postmodern society.
However at this point it is significant to note that the adoption of community values and traditions by self help groups has taken place long before recent scientific studies highlighted the close relationship between these values and mental and physical health (Berkman & Glass, 2000; Campbell & Jovchelovitch, 2000; Chavis & Wandersman, 1990; Kawachi & Berkman, 2000; Wilkinson, 1996). Consequently, self-help groups, driven by the needs of their members and by the knowledge gained through their experience (Borkman, 1976, 1990) become innovators. They correct the mistakes of the impersonal and faceless health services. The latter, by being obedient to the positivist scientific model, objectify human existence, tend to consider the psychosocial needs of their users (i.e. the need for social bonding) as irrelevant for their health problems (Moeller, 1999; Mullan, 1992).

Thus self help groups in their majority follow their own alternative roots while not being indifferent towards scientific progress and not rejecting official health services. In contrast, they function complementary to them. Co-operation with scientific agencies and services is more apparent among self-help groups which are dealing with physical health problems, but can also be found in the AA and NA groups. It is a fact that a growing number of oncologists and specialists in diabetes and haematology, as well as addiction therapists and counsellors of all specialties are now collaborating closely with self-help groups in their field, or even encouraging their creation (Archibald, 2007; Katz et al, 1992; Matzat, 2002). Apart from the benefits to both sides, this close co-operation harbours risks to both. The danger for the health services is that they may depend too lazily on the complementary functioning of the self-help groups. By failing to appreciate the inadequacy of their own narrow scientific approach they may never reform their own failed practices. With regard to the self-help groups, the danger is that they may
gradually forfeit their independence and communal characteristics, become bureaucratized, and eventually incorporated into the instrumental logic of the health services (Borkman, 1990; Matzat, 2002).

The new knowledge and awareness produced by the self help movement has influenced traditional models of treatment. These influences are particularly manifested in the fields of addiction and psycho-social problems. First of all, there is a tendency by those professionals treating addiction to replace individual with group therapy, thus utilizing the powerful therapeutic dynamic unleashed by the development of close human relationships amongst the group members (Flores, 1997; Kooyman, 1993; Rogers, 1970; Yablonsky, 1994). For the first time, AA introduced with its 12-step programme the spiritual and existential dimension of addiction, turning the attention of the scientific community to an area which had hitherto been understudied (Flores, 1997; Makela et al., 1996; White, 1998). Nowadays, there is far more discussion of the spiritual and existential dimensions in respect to both the aetiology and treatment of addictions (Connors, Walitzer, & Tonnigan, 2008; Du Plock & Fisher, 2005; Fingarette, 1988; Flores, 1997; Ford, 1996; Galanter, 2008; Peele, 1987; Zafiridis, in press).

2. The formation of self-help groups

In contrast to traditional top–down institutions which are designed, founded and led by centrally planned governmental policies, self–help groups are established by directly involved citizens who decide to take responsibility for their own health. It is this kind of bottom–up organizational approach which underlies the anthropocentric, anti-bureaucratic and anti-hierarchical character of these groups (Borkman, 1999; Jacobs & Goodman, 1989; Riessman, 1997).
Typical examples of such bottom-up structures are illustrated by the Anonymous groups. The absence of any hierarchy or central supervision and guidance, the emphasis on collective endeavour, the active involvement of all members, the complete autonomy of each group, and the anonymity and refusal to take funding from any external source – as all these principles are set out in the 12 traditions of Anonymous groups – make AA and NA two of the organizational frameworks which are most innovative and worthy of study (Brafman & Beckstrom, 2006; Buffe, 1991; Makela et. al, 1996; Seabright, Delacroix, 1996).

3. Shift in the help provision model

In the traditional model of help provision, it is the professional specialist who is the authority on the subject; in other words, the specialist is the active transmitter, and the user is the passive receiver of the services in question (Borkman, 1999; Katz, 1984; Klingemann & Bergmark, 2006; Prilleltensky & Nelson, 2002). Especially in the field of addiction, this particular model is responsible for the ineffectiveness of most professional therapies, precisely because the passivity and failure to accept responsibility are basic causal factors in the aetiology of the addiction. On the contrary, within the self-help groups, thanks to the active involvement of members and their development of initiative, not only passivity is not reinforced, but it is actually radically challenged (Zafiridis, in press). Critical approaches to psychology most emphatically underline the need to change the dominant model of provision of help, replacing it with approaches which are based on the active and leading roles of those directly involved (Nelson, Lord & Ochocka, 2001; Prilleltensky & Nelson, 2002).
THE FACTORS WHICH PLACE UNDER THREAT THE RADICAL NATURE OF THE AA AND NA SELF-HELP GROUPS.

Studying the Greek experience, the authors identified a number of factors which, if not given due attention now, could eventually lead to the loss of radical content of these groups. Given the cultural differences and differing traditions of self help groups in each country, documenting this experience can significantly contribute to the discussion on the trajectory of self help groups at the international level. Such an exchange could prove valuable not only for self help groups but also for health services which— as already mentioned— benefit from the radical component of these groups.

1. The threat from private treatment centres

For the past three decades at the international level (Makela et al., 1996, White, 2010), and for the last few years in Greece, there has been a steep increase in the number of private, profit-making centres which offer treatment for addiction, and base their methods on the AA and NA 12-step programme. The propaganda which supports the function of these private programmes relies, on the one hand, on the need for a change of setting, and, on the other, on the intensive attempts to raise awareness of the 12-step method. As a rule, and regardless of whether they are founded by AA or NA members or by entrepreneurs, these centres hire experienced AA or NA members as their therapists. These AA or NA members even though they are well rewarded for their services, as professional or para-professional counsellors, they still continue to participate in the evening meetings of their AA or NA groups ii. The criterion used in hiring these individuals is not only their knowledge of the 12–steps, but also their ability to attract wealthy members of the AA or NA groups to the
private treatment centre where they are working. Hence their regular participation in AA and NA groups is the condition which assures their employment position. Although these treatment centres do not claim to be genuine AA or NA self-help groups, their operations as a whole, the staffing and the therapeutic methods they use are all taken from the Anonymous system.

The vast increase in the number of private treatment centres has led to the appearance of a veritable army of addiction counsellors. These are people who have already dealt with their own addiction problem within the AA or NA system, and, therefore, base their methodology of approaching and motivating addicts, on the new ‘tool’ in their possession, which is none other than the 12-step programme. These counsellors - some of whom have some form of training and certification as counsellors, and some of whom do not (depending on the law of the country where they live) – either work in one of the addiction treatment centres mentioned above, or from their own premises on a free-lance basis. These new para-professionals, in order to earn credibility and legitimacy in the eyes of the addicts and their families, over-emphasize the value of the therapeutic method they employ (i.e. the 12-step programme), and the value of their own experiential knowledge they possess. The worst aspect of this development is that these members in order to earn a living detach the twelve step method from its natural environment, that is self help groups, and transfer it in their professional environments as if this method is an autonomous therapeutic instrument.

Just because the 12-step method was effective within a self-help group, this does not mean that it will remain so when it is transferred to a private context. First of all the 12-step method is a guide for spiritual awakening developed in the context of the solidarity and selflessness of the initial AA and NA groups. This context cannot be artificially transplanted in a private setting where the main motive is material profit.
making. The teaching of 12-step method in private treatment centers is likely to be as effective in the spiritual awakening of AA and NA members as a large profit making company would be in awakening our religious consciousness.

Second, neither the social networks surrounding the self help group (Kaskutas, Bond, Humphreys, 2002; Humphreys et al., 1999), nor the potential of self determination for each individual member (Rappaport, 1993; Wilson, 1995) can flourish in private treatment centers which, by definition, select their clients on the basis of their ability to pay and not on their need of and motivation for treatment (Kurtz, 2004; Peele, 1989). It is in this framework that the self help “ethos”, which according to Riessman (1997) is the driving force of self help groups’ efficacy, cannot be reproduced.

Apart from the above mentioned consequences, there are also negative side effects from the operation of private 12-step treatment centers. One of these is the change in the way AA and NA members and their families perceive the solution to their problem. They are encouraged to believe that it is vital, almost mandatory, for the addict to stay in a private treatment centre, if he or she wishes to remain sober. This means that the self-help group is no longer at the centre of the effort to overcome addition, but has a marginal role. This development is associated with a broader debate within scientific circles over whether the AA and NA groups are a primary or secondary source of care - the secondary source being understood merely to complement the assistance given by a professional programme (De Leon, 2004; Humphreys, 2004; Kelly, 2003.). The authors’ experience in Greece has shown that self-help groups may be either a primary or a secondary source of assistance, depending first on the individual needs of the addict, and second on the stage in his/her life.
Another particularly significant side effect is the indirect influence on the internal working of the group. These addiction counselors do not enter the groups with an inclination to learn but to teach as specifically mentioned by Kurtz (2004). Having learned by heart but not really experienced 12 steps, since the latter requires a long stay and commitment to a specific group, they cancel out in total the existential and spiritual dimension of the effort, reducing the 12 step ritual to a drained intellectual / mechanical process.

Many of the owners of private treatment centres in Greece, who originated from AA, but mostly NA groups, and with whom the authors have shared our concerns over the negative impact of these centres on the groups, maintain that their centres offer additional services for some members without compromising the successful working of the groups. They claim that they did not open their centres to make a profit, but to provide additional opportunities to the addicts. These owners have themselves taken advantage of private treatment. It is true that most para-professionals have attended some private treatment programmes, and can, from personal experience, attest to the contribution of these programmes to the treatment of addiction. But could this not be accidental? Might these people be generalizing their own experience? Is it possible that this generalization denies the self-help group of the primary role it plays in other cases of addiction, where the sufferer either cannot afford, or does not wish to attend such private programmes?

The counter-argument to all these objections (which represents, at the same time, the self-help groups’ rescue), is that everything that has been mentioned about the private addiction treatment centres and the counsellors does not affect the core function of the groups, protected by the twelve traditions. The reality, however, is that since the groups are a living organism, and the number of counsellors and private treatment
centres is increasing, it is very likely that the overall operation of the groups will be directly affected negatively by these phenomena. Actually, the history of self-help movements offers examples such as that of Keeley Leagues, a self help group created in 19th century as part of a professional treatment program, where the immediate linkage with a private enterprise in the field of addiction treatment, created insuperable contradictions which eventually led to the quick dissolution of the group (White, 2009).

2. The Trojan Horse of the professionalization of self-help members, and the instrumentalization of 12- steps

This dual nature of the professionalized AA and NA members - on the one hand the 12-step professional working 9.00 to 17.00 in the private setting and on the other hand the evening “volunteer” in the self help group using the same method for personal development - creates a risky situation both for these members and the development of the groups. It is definitely dangerous for them to sell something they were given unselfishly and generously by others. For the groups, the danger lies in the fact that these professionalized members, in order to legitimize their conduct in their own eyes and those of others, must undervalue, or even ignore, the philosophy and attitude to life which created and framed the 12-step programme up to the present day. Only by de-contextualizing the 12-step programme and by transforming it into a neutral tool, can these professionalized members transfer the 12-step programme to the private setting in which they are working. After all, it is this process of de-contextualizing which allows them, without any guilt or hesitation, to earn their living or even get rich through the 12-step method. Even though, in this context, 12-step method is not applied to therapy (as was originally devised), and is not offered to
others as an invaluable gift (as it originally received even by these newly formed counselors).

The concerns expressed so far have led the authors to the conclusion that the most serious risk to the AA and NA groups does not lie in the foundation and operation of private treatment centres, nor in the significant number of group members who receive training in counseling services; it lies foremost in the continued participation of these professionalized members (some of which own private treatment centres themselves) in AA and NA groups. These members’ attendance at AA and NA meetings aims to promote their own professional interests. This, however, violates the ethos and traditions of the self-help group, and automatically entails the reduction of their ideas to mere professional instruments. Because their participation in the group meetings, targeting personal professional advancement, apart from resulting in the adulteration of the group ethos and the violation of the Self-Help traditions, gradually leads to the instrumentalization of the 12 steps.

The authors have had the opportunity to discuss this issue with para-professional members of the AA and N.A groups. In an effort to justify the need for private centres and their own role in them, they all cited the fact that evening meetings are not sufficient for some members—especially NA members, by stressing that private centres (which offer 24-hour cover for those addicts in need), contribute to the efficacy of the addiction treatment process. In their opinion, this service also justifies the charging of substantial fees. The authors commented on this statement by noting that, without adherence to the principles of selflessness and mutual help of the early years (White & Kurtz, 2008), 12 steps and 12 traditions would might have not been developed in the first place and that they violate these principles, by participating in the groups, as a way to find new customers. They replied in their turn that saving the
lives of at least those with an ability to pay is justified on its own right. It is remarkable, however, that certain, probably more experienced, participants in the dialogue claimed that there is a change in the times and in the needs of addicts. According to their view, nowadays the majority of those who come in significant numbers to the group meetings simply want to stop the abuse and not to make significant changes in their life stances. This request for “symptomatic treatment” can undoubtedly be addressed by private treatment centres. Besides the root to self awareness and spiritual awakening was and will remain a hard choice and as such it is to be selected by only a few.

One might just dismiss all these assertions and the choices made by owners and staff members of private treatment centres as their own personal business, were it not for the fact that these people participate in the self help group process. From the moment they attend the meetings, and being driven by their own personal interest, they import into the self-help group the instrumental perception they have adopted, motivated by their self interest as well as their personal trajectory. Their decision, therefore, to attend the group meetings and to act, at the same time, as professional salesmen of the 12-step method ceases to be a private matter, and becomes a matter of concern to the whole group. The history of A.A. illustrates that similar concerns over the professionalization of group members have emerged since the first steps of group formation, when one of the co-founders, Bill. W., was invited to work as a treatment practitioner in a private treatment program. Bill's ambivalence regarding the acceptance or not of the job offer, was resolved by “group's conscience”, which was entirely opposed to such a prospect (White & Kurtz, 2008). The fact that – at least on the basis of what the authors have seen in Greece – the AA and NA groups have not reacted vigorously to this attack on their traditions may be a symptom of the
weakened state of the movement’s defenses in recent years, to which the authors will refer below.

Another secondary negative effect of the presence at AA and NA meetings of professionalized members is the appearance of hitherto unknown discriminations between the members: they are now divided into those who have some training in counselling and those who do not. As one might expect, those who have been “trained”, claim, and sometimes acquire, an informal, but distinguished position in the group. The consequence of this is to undermine the basic principle of equality, in the practice and daily routine of the groups. Moreover, the members are now divided into those who seek to exploit the groups (an accusation frequently fired at the counsellors by other members) and those who act as guardians of the group traditions. All these developments induce confrontations and disagreements which in turn provoke confusion and disorientation of the group (White, 2010).

Under these circumstances, the professionalization of some members of the self-help groups, and the reduction of the 12-step method to a mere tool, constitute an asymmetrical threat to the groups, by introducing inequality, egocentricity, greed and profit-making motives. Since these negative qualities contribute to addiction as also documented in the philosophy of the groups (AA, 1981; Flores, 1997; White, 1998; Zafiridis, 1990), it will be reasonably to assume that the introduction of these qualities via the contact of the para-professionals, largely undermines the potential of the groups to radically confront addiction (the term ‘radical’ signifying here the confrontation of the problem from its routs). If the professionalized members of the AA and NA groups, and the owners of private treatment centres, insist on claiming that by attending group meetings, they are offering their knowledge and experience
for free, then definitely this offer resembles with the Trojan Horse that Greeks gave as a gift to the citizens of Troy.

3. The threat from the disease concept of addiction

During our ten year interaction with AA and NA members in Greece we were able to identify an increasingly broadened approval of the biological perception towards addiction, a trend attenuated in the last five years. This might be a local phenomenon due to the lack of long term self help tradition in Greece. However this general observation is in agreement with the arguments presented by Kurtz (2004). The authors consider that the exaggerated emphasis on the biology of addiction driven by the scientific community downgrades the historical significance attributed by AA and NA groups on the role of spiritual dimension in the recovery process. This could potentially nullify in the future one of the most radical approaches introduced by AA and NA in the treatment of addictions. It could also harm their potential in confronting the problem since, as mentioned by Ford (1996), addicts feel comfortable and deny the hard way of undertaking personal responsibility.

However, a careful and in depth reading of 12 steps, the building block of AA and NA groups, leads to the conclusion that it is a purely spiritual approach to the problem of addiction with existential insights. The basic principles which are emerging form 12 steps consist of honest and sincere relations with oneself and the others, undertaking of personal responsibility, emphasis on the concepts of choice, freedom, solidarity, on overcoming self interest and faith in a superior moral force. All these comprise ideas and values which are put forward as an antidote to addiction (Kurtz, 2004; Flores, 1997). Since these values form the essence of the alternative approach of AA and NA movements, their perception of the pathogenesis of addiction cannot be identified in
any way with the dominant scientific model where addiction is considered a chronic recurrent disease, except for accepting its symbolic meaning. The view expressed by Bill Wilson himself in a Conference organized in 1960 is illustrative in this regard:

“We have never called alcoholism a disease because, technically speaking, it is not a disease entity. For example, there is no such thing as heart disease. Instead there are many separate heart ailments, or combinations of them. It is something like that with alcoholism. Therefore we did not wish to get in wrong with the medical profession by pronouncing alcoholism a disease entity. Therefore we always called it an illness, or a malady -- a far safer term for us to use” (cited in White, 2000, p. 63). This position held by the co-founder of AA exonerates the view expressed by Flores (1997, p. 282) who, giving credit to the AA groups’ existential perspective in the explanation of alcoholism, mentions that: “To paraphrase Laing (1969), alcoholics must come to understand that one does not have alcoholism; rather one is alcoholic”.

Hence, the approach to addiction as a “chronic recurrent disease”, with the associated nosological dimension, cannot be taken for granted in the absolute way stated by an increasing number of AA and NA members, because if this claim was valid, this would directly clash with the reality of the groups themselves. Indeed, in what way would the biological/nosological approach be compatible with the reality of the groups, where people choose to fight in order to redefine themselves and take full responsibility of their lives with the help of others? This contradiction has been highlighted by a number of field researchers such as Borkman (2008) and Valverde and White-Mair (1999).

4. The violation of the principle of attraction
Another internal threat is the entry into the groups of individuals who have only weak motivation to change or have no addiction problem at all. Such individuals have appeared in large numbers since the decision, mainly by the American groups, to cooperate with the judicial authorities (Brodsky & Peele, 1991; Makela et al., 1996). This decision overturned what had been a fundamental condition of entry into a group – namely that the individual wished to end his/her substance use. Even more disruptive for the groups’ dynamics are these people who are occasional users with no addiction problem, as well as these who happened to commit offences under the influence of psychoactive substances. In order to avoid a custodial sentence, these people admit their “addiction” in court, and agree to attend a self-help group. It is only to be expected that their attendance, on the basis of this negative motivation, will have an adverse impact on the operation of the group. Thus, a seemingly unimportant at first sight violation of the principle of non-cooperation with extra-group institutions, is likely to threaten the radical aspect of these groups, given that the new entries are not attracted by the alternative approach to self-help, but in essence they are motivated by self-interest and calculations of personal interest. This phenomenon has been attenuated lately by the continuous participation of professionalized members. These developments might be regarded as the price to pay for the great increase in prestige and recognition enjoyed by the movement.

5. The influence of the dominant culture

With respect to external factors, the rapid change in the social and cultural environment will, naturally, exert enormous pressure on the radical character of the self-help groups (Kurtz, 2004; Makela, 1992). These function and develop within a broader technological culture which avoids real self-awareness, and promotes
immediate gratification, easy and painless responses, egocentricity, indifference, the absence or degrading of genuine human relationships and the exploitation of one individual by another. It is only natural that the values of the groups, based on the humanist tradition, will find themselves in conflict with these negative developments. These dominant cultural trends frequently manage to penetrate the groups, and have an adverse effect on their ethos.

The invasion into the group ethos of the complacency culture deters members from embarking on the painful journey of existential discovery, and encourages a more deterministic-biological interpretation of addiction which makes it easier for the members to refuse personal responsibility. At this point, the authors would like to remind the reader that the reinforcement of this inclination was what prepared the way for the increasing professionalization and instrumentalization of the groups.

6. The weakening of the defense mechanisms

Throughout the long history of AA’s and NA’s groups, the radical characteristics already mentioned by the authors, have been safeguarded by the twelve traditions and the values adopted by the groups. In recent decades, however, there has been a weakening of the groups’ defense mechanisms against both internal and external pressures. This may be due to two factors: either the twelve traditions are now inadequate to protect the groups from pressure, or the members of the groups do not fully understand the philosophy of the self-help group and, therefore, do not make use of the twelve traditions in order to protect this philosophy. In the authors’ view, the twelve traditions are as adequate today as they ever were. The problem is that the violations of the traditions, which have already been extensively described, do not seem to interest the majority of group members. At least in the case of Greece. This
might be explained by the large number of new members entering AA and NA groups in recent years. This entry process is implemented at such a rate that old members, guardians of the 12-step method, have been reduced almost overnight into a tiny minority no longer capable of setting the tone. As a result, the new members no longer assimilate the values and attitudes to life of the group, but impose their own perceptions of the workings and objectives of the group and the movement as a whole. These new perceptions reflect the ambient culture of comfort and complacency, and bear the stigma of treating the symptom rather than the underlying dysfunction.

The problem is exacerbated by the participation of an increasing number of para-professionals within the groups, whose instrumental logic is well in accordance with the perceptions and expectations of the new members, because it meets their demand for a rapid and painless end to their addiction. Under these circumstances, many of the older members feel, in their own words, redundant. They believe that the groups no longer meet their existential needs, and they gradually leave. Their departure makes it even harder to pass on the ethos and traditions of the movement to the younger generations, while simultaneously preparing the ground for the opportunistic conduct of certain mostly new comers.

The authors wish at this point to bring attention to the covert, but significant, role played by the ideological vagueness which is an inherent part of the AA and NA movement, and which can be explained by the movement’s ambivalent attitude towards the perception of the nosological perspective on addiction. This lack of clarity, with all its contradictions, has been part of the movement from the very beginning, but has never generated any particular problem. In any case, as the older members emphasize, no one is obliged to accept any specific interpretation of his/her
problem. The problem is not to be found therefore in the lack of ideological clarity and the consequent acceptance by more or fewer supporters of the nosological perspective; it lies rather in the fact that increase in the adoption of this perspective by group members is occurring simultaneously with the increase in professionalization, instrumentalization and bureaucratization. All these threats to the movement are reinforced by their co-existence and their simultaneous erosive action against the defensive capacity of the groups. The result is that the radical aspects of the movement are subject to doubt, and their very nature as an alternative approach to addiction is jeopardized.

Conclusion

It is the fate of most innovative initiatives to succumb at some point to the prevailing force of convention. The AA and NA groups have found themselves in recent years at a crucial crossroads. Their huge expansion, especially in the last decades, is now taken for granted and definitely influences their basic values and principles. Their qualities are those of simplicity, humility, emphasis on human values and needs, faith in a superior moral force, genuine interest, resistance to the temptation of accumulating power, the independence of each group and the absence of central administrative authority. All these qualities have forged, over the years, a counterculture with therapeutic properties. Today, many groups do not appear to be aware of the fact that it is to this idiosyncratic character that they owe their ability to help individuals with an addiction problem. Even less so, do they seem to realize that their idiosyncratic character has set them on a collision course with the prevailing social perceptions and lifestyle. Therefore, they fail to perceive the impending danger of their assimilation into the dominant social culture which conduces to the expansion
of addiction, instead of assimilating their new members into their own counterculture which treats addiction.

Despite all this, the future of the AA and NA self-help groups is not yet determined. Everything depends on their choices. If the groups choose to preserve the principles and values which have led them, over the years, to such encouraging results, and if they realize that this course will entail conflict with the prevailing social and scientific attitudes, then they will succeed in safeguarding their genuinely valuable contribution. If, however, they continue to set aside their innovative characteristics, and eventually side with the dominant social perceptions and attitudes, then their credibility and their capacity to help individuals with an addiction problem will constitute nothing more than a glorious past. In other words, the question facing the AA and NA self-help groups is whether they can respond to the new reality that is currently shaped by: on the one hand, the contemporary socio-economic environment with its cultural superstructure, and, on the other, the range of internal problems which have been unidentified until now, but which are dialectically related to that same environment.

It has been a long journey from the few existentially orientated Oxford groups of the 1920’s to the membership of three million for which the movement can boast today. Setting up a discussion group on existential issues, and realizing that, in the process, one has stumbled upon a treatment for addiction (as was the case with the Oxford groups which were the forerunners of AA and NA) is entirely different from meeting the mass demand for relief of people suffering from the symptoms brought about by the progressive dissolution of modern society. Times change, and the meaning of the word ‘addiction’ for those very few addicted during the 1920s and the 1930s is not the same as for the millions of people afflicted today. In the past, ‘addiction’ signified the existence of considerable anxiety or a number of psychological problems. At present,
the term represents a mass phenomenon. The causes of this phenomenon, alongside the emergence of a series of non-pharmacological addictions, do not stem from the individual, but are fundamentally social, and are related to dominant models of social development and disseminating life – styles.

Today, as a rule, the addicts go to various therapeutic organizations and services asking for a quick and painless ‘therapy’ of their symptom. Hence, they are minimally interested in exploring in depth their existential problems. After all, these problems are rarely individual but related to the “empty self” created by modern free market society as convincingly noted by Cushman (1990).

Within the context of a mass demand for rapid ‘therapy’, the focus of AA and NA groups in the last decades has regrettably not been placed on the concept of a meaningful personal change nor the adoption of new moral values and a new way of life, but on a superficial modification of an addicted person’s behaviour by relating it solely to the abuse of a psychoactive substance. This is a choice of a purely administrative nature, and equivalent to a withdrawal from every attempt for personal and social growth, because it practically counteracts the social and subversive dynamic element inherent in every example of this process.

As a result, even though AA and NA groups were devoted to the importance of ‘change’ ever since they were founded, they now appear to be in danger of losing this unique target. Perhaps, this is the inevitable price to pay for those who ignore the dialectical relationship between social and personal problems, social and personal change, as well as for those who have as their focal point only one or the other.

History has already provided us with examples of movements (principally inspired by left-wing politics) which failed in their practices, and turned into caricatures of themselves, just because they unilaterally concentrated on socio-political change, and
disregarded or underestimated the significance of the personal factor. It appears that the time has come for the movements advocating personal change, which were developed mainly after the Second World War, and which are inspired by an ‘asocial’ as named by Sarason,(1981) psychology/psychotherapy to take their turn in failure.
References


Alcoholics Anonymous and Narcotics Anonymous


Greek Reitox Focal Point and University Mental Health Research Institute (2010). *National Report (2009 data) for the Situation of Drug and Alcohol Addiction in Greece.* Athens: Greek Reitox Focal Point and University Mental Health Research Institute.


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\(^{i}\) The AA and NA groups urge members to visit specialists for the treatment of mental and physical health problems.

\(^{ii}\) It is customary to refer to former addicts (now being paid for assisting with therapy) as “para-professionals”, while those who have gone on to acquire official, accredited, professional training are described as ‘professionals’. At the present time, the vast majority of the professionalized AA and NA members in Greece do not have accredited training and are, therefore, classified as “para-professionals”.

The concept governing the operation of these centers is based on the utilization of the 12-step method, within a professional environment, which is either residential or out-patient, and which is determined by mental health professionals or ex-addicts, who are members of self-help groups, and act as professional counselors. These centres use the Minnesota model, a system for treatment of users of psychoactive substances that is based on the AA and NA principles (Anderson, McGovern, Dupont, 1999). The debate on the emerging threat of professionalization is largely linked to the commercial exploitation of this model and the reactions it provokes. It should be noted that the concerns outlined in this article are based on international experience, but are mainly derived from observation of the reality here in Greece, where the private centres that have been created draw their fundamental concept from the Minnesota model, but without having constructed a coherent proposal based on it.