

# **ALCOHOLICS ANONYMOUS (AA), THE TWELVE-STEP MOVEMENT, AND THE MINNESOTA MODEL**

**David Clark Ph.D.**

The Twelve-Step Movement developed from Alcoholics Anonymous (AA), a self-help organisation founded in 1935 when one alcoholic, Bill Wilson ('Bill W.'), talked to another alcoholic, Bob Smith ('Dr. Bob'), about the nature of alcoholism and a possible solution for people suffering from this problem.

Written by Bill W. in collaboration with Dr. Bob and other early AA members, *Alcoholics Anonymous: The Story of How More than One Hundred Men Have Recovered from Alcoholism*, was first published in 1939, and is the core AA text describing how to recover from alcoholism. It is affectionately known by members as 'The Big Book'.

The Twelve Steps and Twelve Traditions of AA described in the book are based on members' personal experiences of maintaining sobriety through sharing with others, when they had not managed to do this alone. In essence, the Twelve Steps of AA are a set of guiding principles that outline a course of action for tackling alcoholism and restoring manageability and order to a person's life.

Today, AA is a worldwide network of self-help groups, with no allegiance to any other institution. There is an AA presence in approximately 180 nations worldwide, with membership estimated at over two million people. There are more than 118,000 AA groups around the world.

The AA-based approach has broadened to incorporate other forms of chemical dependency with, for example, Narcotics Anonymous (NA) and Cocaine Anonymous (CA). It has also developed further to cover behavioural addictions, such as gambling and eating disorders. Family support groups, such as Al-Anon and Families Anonymous, have also evolved.

During the 1950s, the collaboration between the Hazelden Foundation and two other alcoholism treatment facilities in Minnesota (USA), Pioneer House and Willmar State Hospital, created a unique approach (the 'Minnesota Model') that exerted an enormous influence on the evolution of addiction treatment in the second half of the twentieth century. This Model, as articulated by its early proponents, defined alcoholism as a primary, progressive disease whose resolution required lifelong abstinence.

Recovery was considered to be best achieved through the Twelve Steps of AA and immersion in a community of shared experience, strength, and hope. A core element underlying the Minnesota Model programme was that patients were treated with respect and dignity.

Treatment involved a multidisciplinary team comprising professional and trained nonprofessional (recovering) staff. There was an individualised treatment plan with active family involvement in a 28-day inpatient setting,

and regular participation in AA meetings both during and after treatment. Education about the disease of addiction was provided for both patient and family members.

Over time, the Minnesota Model was adapted for both inpatient and outpatient settings. It was first applied in the UK with the founding of a residential treatment centre at Broadway Lodge in Weston-Super-Mare in the early 1970s.

### **Key assumptions of AA/NA, The Twelve-Step Movement, and the Minnesota Model**

AA, NA, and the Twelve-Step Minnesota Model are based on the assumption that alcoholism and drug addiction are chronic, progressive illnesses (or diseases) of unknown aetiology that impact negatively on the cognitive, emotional, social, and spiritual functioning of those affected.<sup>1</sup> They are characterised by an inability to reliably control the use of alcohol and/or drugs, and an uncontrollable craving or compulsion to drink alcohol or take drugs.

The loss of control can be manifested during either a short, or a long, time span. A person may begin what they believe will be a short drinking session, but after one or two drinks find it impossible to stop drinking. In another instance, they may make the decision to definitely stop drinking permanently, but after an interim period (days, weeks, or months) resume problematic drinking. This process may repeat itself... repeatedly.

Craving was defined by E.M. Jellinek, a key player in the development of the disease model, as an 'urgent and overpowering desire.' It can be viewed as a feeling that compels the person to do whatever it takes to obtain the object of the addiction, even when there are potential harmful consequences.

The AA view is that alcoholism and addiction are also characterised by 'denial', or resistance to accept the essence of addiction—the failure of one's own willpower and the loss of one's own self-control.

The Twelve-Step approach is not based on any notion of a *cure* for alcoholism and drug addiction, but on the idea that one's addiction can be arrested through the help of one's fellow addicts. The Twelve Steps are a suggested pathway for ongoing *recovery*. The essence of this recovery pathway is a changed lifestyle (habits and attitudes) and a gradual spiritual renewal.

The only effective remedy for alcoholism and drug addiction is a life-long abstinence from the use of all mood-altering substances (except nicotine and caffeine). The person must accept that his own willpower is insufficient to conquer addiction—he must receive the help of others who have been there—and must avoid taking that first drink.

---

<sup>1</sup> Some people argue strongly against the idea that addiction, or alcoholism, is a disease. The disease model is helpful to some people with an alcohol or drug use problem because it gives them an explanation for why they are as they are. It may help them to stop blaming themselves for their destructive behaviours, which can facilitate recovery. However, any other model, or combination of models, as an explanatory framework might be beneficial. The most important thing is that the person must understand and relate to the model—it must be believable and 'actionable' to them.

AA, NA and other Twelve-Step programmes have two common themes: spirituality and pragmatism. There is a commitment to faith in a 'Higher Power' as a key to recovery. Individuals are encouraged to conceptualise this Higher Power in any way they choose, as long as it represents a power greater than their own willpower, which is regarded as insufficient to conquer addiction or alcoholism.

Twelve-Step programmes present recovery from alcoholism and addiction as a process of spiritual renewal, part of which involves a 'surrender' to this Higher Power. The Higher Power represents faith and hope for recovery.

Although they promote spirituality, AA and other Twelve-Step programmes are not religious organisations; rather, they are fellowships or societies of peers who are connected by their common addiction and guided by common Traditions, not by religious credos.

AA/NA and other Twelve-Step programmes are also marked by a striking pragmatism. There is a strong belief in doing 'whatever works' for the individual, meaning doing whatever it takes in order to avoid taking the first drink or dose a drug that will trigger loss of control. Individuals are also told to take recovery 'one day at a time'.

One important tradition within Twelve-Step programmes is that alcoholics and addicts share in meetings their personal stories of decline through addiction. The purpose of their 'speaking' at meetings is for everyone to be reminded of their own experience of decline, so that complacency and forgetfulness do not have a chance to set in. The stories help old-timers remember the way that life was for them before their own recovery, was newcomers learn that others have experienced what they have been through, learn that recovery is possible, and identify with AA/NA and Twelve-Step programmes.

A newer member of Twelve-Step programmes may have a sponsor, someone who is an established member of the Fellowship, has been sober for a substantial period, and has applied the principles of the programme to their own lives. The sponsor mentors the person, provides advice and support, and assists them in completing the 12 steps.

The Traditions of AA recommend that members remain anonymous in public media, altruistically help other alcoholics, and that AA groups avoid official affiliations with other organisations. They also advise against dogma and coercive hierarchies.