Therapeutic Change Factors in Alcoholics Anonymous

Joanne Cohen[1]
Kutztown University, Kutztown, PA

Scott Tracy[2]
Kutztown University, Kutztown, PA

Felishatee Rodriguez[3]
Kutztown University, Kutztown, PA

Ryan Bowers[4]
Kutztown University, Kutztown, PA

Abstract. *The current study examines 52 counseling students' personal reactions to and observations of Alcoholics Anonymous (AA). Data are coded from narrative reports written by students in a family addictions class from 2012 to 2016. Over 40% of students reported holding a stigma about alcoholism. About half felt anxious regarding attending a meeting, not wanting to intrude. However, the vast majority, 90%, felt welcomed by AA group members, who altruistically imparted information to them (67%; n = 35). Students very commonly reported evidence of Belongingness and Cohesion in AA. Although the students' observations show that genuineness and empathy do not play a significant role in AA, positive regard was common. Nevertheless, high correlations between positive regard and statements of powerlessness and higher power suggest that positive regard in AA is conditional, and aligned with Step 1 (admitted we were powerless) and Step 2 (came to find a Higher Power could restore us). The current study supports referrals to AA for individuals who desire to stop drinking, are ready to take action, and are comfortable with the religious and spiritual aspects. This study supports the idea that although AA is not a substitute for counseling, it offers unparalleled socialization and support for a recovery identity.*

[1] Joanne Cohen is a Professor of Counselor Education and Student Affairs at Kutztown University. Correspondence regarding this article should be sent to Jo Cohen Department of Counselor Education and Student Affairs, Old Main 413 A-Wing, Kutztown University 19530 or cohen@kutztown.edu.
[2] Scott Tracy is an assistant Professor of Counselor Education and Student Affairs at Kutztown University.
[3] Felishatee Rodriguez is a Doctoral Student in the Department of Counseling & Supervision at Duquesne University.
[4] Ryan Bowers is a Professor of Counselor Education and Student Affairs at Kutztown University.

Introduction

Estimates of the success of Alcoholics Anonymous (AA) in helping people achieve and maintain sobriety range from 10% to 50%, depending on the data source. One certainty about AA is that it has a strong and enduring track record of helping people reduce their drinking and drinking-related symptoms (Troyer, Acampora, O'Connor, Berry, 1995). Its success is seen across the continuum of care, including during withdrawal management, inpatient treatment, partial care, and outpatient counseling (Sifers & Peltz, 2013). In a comprehensive review of the literature by Kaskatus (2009), AA was shown to produce significant positive effects on alcohol use magnitude, dose-response, plausibility, and temporal accuracy.

The success of AA in helping multitudes of people with drinking problems creates an imperative for counselors to be open to AA as a possible treatment. Stigmas about alcoholism and AA, particularly among mental health providers, can limit AA as a resource for clients. The current study introduces counseling students to the AA program by assigning them to attend a group meeting, to explore their feelings and thoughts about attending, and to record their observations of AA group member behaviors.

Disagreements Between Client-Centered Therapy and Alcoholics Anonymous

On the surface, client-centered therapy (CCT) (Rogers, 1961) and Alcoholics Anonymous (AA) (Alcoholics Anonymous, 1939/1976) appear to be diametrically opposed approaches. CCT is process-oriented, and AA is outcome-oriented. CCT is non-directive, and AA is directive. CCT embraces subjective experience and rejects diagnostic labels, while AA accepts the disease model and freely labels people "alcoholics" and "addicts."

Shared Assumptions of Client-Centered Therapy and Alcoholics Anonymous

Despite their differences, CCT and AA share some important assumptions about change. One of these assumptions is that drugs prescribed to solve problems often produce (sometimes severe) iatrogenic effects. Ironically, AA may receive more criticism than CCT for rigidly holding an anti-pharmaceutical perspective.

Another shared assumption between CCT and AA is that participation in change should be voluntary. To this point, AA is seen to be best suited for people who believe they have a problem and want to stop drinking (Laudet, 2003). Likewise, AA is ill-suited for people in pre-

completion and contemplation stages of change (Prochaska & DiClemente, 1983). It makes sense that AA is ineffective if it is attended involuntarily, considering that the only requirement for membership is the desire to stop drinking. It follows that mandating clients to AA has been deemed not best practice (Monico, Gryczynski, Mitchell, Schwartz, O'Grady, Jaffe, 2015). Not only does mandating run counter to the idea of voluntary participation, but it begs the question of anonymity. However, the real reason that mandating AA fell out of favor is that it goes against the first amendment Establishment clause related to religious freedom (Jenkins, 2005). A California appeals court ruled that, "Court-mandated attendance in a theistic drug treatment program violates the Establishment Clause…,"and is a violation of civil rights (Wilson, 2014).

Indeed, AA's religious elements are a turn-off for many people. Many AA groups recite the serenity prayer and/or the Lord's prayer, and six of the 12 steps reference religious or spiritual concepts (Step 1 refers to "prayer;" Step 2 says, "power greater than ourselves;" Step and Step 6 refer to "God;" Step 7 "Him;" Step 12 a spiritual awakening) (Alcoholics Anonymous, 1939, 1976). It is understandable that dropping out of AA has been linked to disliking AA's concepts of powerlessness and higher power (Kingston, Knight, Williams, & Gordon, 2015).

Yet another similarity between CCT and AA is that clients are vulnerable compared to counselors (and leaders or sponsors), who bear a responsibility to be congruent, genuine, and real with clients (members and sponsees). Regarding the importance of genuineness, Rogers (1961, p. 50) says, "I have come to recognize that being trustworthy does not demand I be rigidly consistent but that I be dependably real (Rogers, 1961, p. 50). In AA, realness involves honesty rather than making excuses, blaming others, or denying responsibility for damage caused by drinking (Alcoholics Anonymous, 1939/1976).

The Client Centered Core Conditions in AA

It would be reasonable to expect to see the client-centered core conditions working in AA, considering that substantial research finds the CCT core conditions to correlate with various positive counseling outcomes, and that empathy is especially necessary for all bonafide therapy systems (Anderson, Ogles, Patterson, Lambert, & Vermeersch, 2009; King, Sibbald, Ward, Bower, Lloyd, Gabbay, et al., 2000; Oddli, Nissen-Lie, & Halvorsen, 2016; & Wampold, 2011). However, a chief criticism of AA is that empathy is lacking and members are not free to be themselves, at least not outside the confines of the steps. For AA, the steps provide necessary

structure and members are constantly reminded , "it works if you work it; so work it, you're worth it."

Although AA does not seem to promote empathic understanding or genuineness in the manner seen in CCT, the core condition of Positive Regard, or Acceptance, is highly valued in both CCT and AA. Rogers (1961, p. 17) famously said, "…the curious paradox is that when I accept myself as I am, then I change." The Big Book of AA says, "Love and tolerance of others is our code" (Alcoholics Anonymous, 1976, p. 84). Communications of acceptance are expected to be seen in AA.

Humanistic and Existential Factors

Humanistic (Maslow, 1943) and Existential (Yalom, 1995) factors expected to be seen in AA include the qualities of, Safety, Belonging, Self-Esteem, Cohesion, Interpersonal Learning, Altruism, and Universality. Research overwhelmingly finds that AA's success is due to its providing socialization and support for sober living (Kelly, Raftery, Deane, Baker, Hunt, & Shakeshaft, 2017). The AA environment helps mediate and manage stress without turning to alcohol (Van Der Eijk & Uusitalo, 2016). It offers a safe, supportive place to discuss problems, get feedback, and hear how others cope and overcome difficult situations (Kelly, et. al., 2017). AA discourages connecting with "people, places, and things" that support or grant access to substances and unhealthy relationships (Van Der Eijk & Uusitalo, 2016).

People who highly rate AA appreciate its emotional support and existential values of hope, meaning, and purpose (Kingston, Knight, Williams, & Gordon, 2015). Because people with addictions have a dependent relationship with a substance, their treatment should intersect with family, culture, and social programs like AA (Adams, 2016). Vaillant (2014) notes that, "Alcoholics Anonymous (AA) works because it discovered the use of positive emotions and connection to a group as a therapeutic tool 50 years before academic psychology discovered positive psychology" (p. 214)."

Integrating CCT and AA

To reconcile the fact that many clients with drinking problems have no interest in AA, Miller and Rollnick (1991) developed Motivational Interviewing (MI). The MI approach uses CCT to establish trust and influence, which is then used to direct clients toward recovery outcomes. Many CCT counselors object to using CCT attitudes for ulterior motives; although many integrative approaches treat the CCT conditions as necessary but not sufficient, and use the conditions as a means to an end

rather than an end in themselves, a way of being. Similarly, harm reduction and resistance reduction models (Marlatt, 1996; 1998; Tatarsky, 2002) embrace CCT principles of respecting a client's right to individual decisions and lifestyle choices, while they implicitly strive to reduce use and associated harm by resistance reduction.

There is evidence to support counselors socializing clients to AA values and principles (Kaskatus, 2009; Kaskutas, Subbaraman, Witbrodt, & Zemore, 2009). Research shows that motivational encouragement can increase client attendance at meetings and reduce substance use over time (Monico, et al.,2015; Vederhus, Timco, Kristensen, Hjemdahl, & Clausen, 2014). The counselor must have a solid relationship with a client to effect such influence, and client-centered attitudes are very useful for being able to effectively match and tailor AUD treatments to clients (Noar, Benac, & Harris, 2007; Pagano, White, Kelly, Stout, & Tonigan, 2013). A purely client-centered approach offers unconditional acceptance to clients for their unique, individual development (Bryant-Jeffries, 2001; Tarter, Kirisci, Ridenour, & Bogen, 2012).

Method

This research is based on a class assignment by the first author, that introduced counseling students to AA as a stand-alone or adjunct therapy. The assignment required students to participate in an experiential, observational activity wherein they recorded their personal attitudes toward AA, and behaviors observed in AA. Students were instructed on the types of personal reactions and group member behaviors to observe, as seen in the Materials section below. The research was approved by a university Institutional Review Board (IRB).

Participants

Participants were 52 master's degree students in counseling enrolled in a family addictions class taught by the first author from 2012 to 2016. The sample includes students who attended AA, from an original pool of 67 students, 15 of whom attended a group other than AA (e.g., NA, Alanon).

Materials

Students were given an assignment to attend a self-help group. They were encouraged to attend an open meeting unless they were an AA member, and to be truthful if asked why they were there. Members of AA were recommended to attend a group other than their homegroup.

Directions on completing the assignment provided in the class syllabus addressed how to write-up personal reactions and group obser-

vations. "Personal reactions consist of: feelings, thoughts, and behaviors experienced before, during, and after attending the group." Group observations cover: 1) Rogers' (1957) core conditions, 2) Maslow's (1943) humanistic needs, and 3) Yalom's (1995) existential curative group factors. A brief overview of the CCT core conditions, humanistic needs, and existential group behaviors was provided in class, but students were recommended to review these concepts from their prerequisite courses in Fundamentals of Counseling and Group Counseling to complete the assignment.

Procedures

The course instructor printed out the 52 reports and blanked out any identifying information. Reports were mixed up, and numbered one to 52 for easy referencing. Two of the researchers coded all 52 student participants' qualitative statements according to themes established by the assignment (see Materials section above). Disagreements in coding were rare and were resolved through consensus. Graduate assistant Emily Bocci provided coding for the religion variable, and a second coder provided consensus.

Results

Characteristics of the Sample

In order to maintain student and AA member anonymity, students were instructed to not provide demographic data on themselves or group members. Any personal or group member identifier was blanked out of each report. No descriptive data is explored in this study.

Students' Personal Reactions to Attending AA

Anxiety About Attending AA

More than half of the students (54%; n = 28) reported feeling anxious about attending an AA group (see Table 1). Several described the source of their anxiety to be a "fear of intruding." One student wrote, "I was half expecting people to put up walls since I was an outsider in their group with no personal experience with alcoholism in my life."

Stigmas About Alcoholics and AA

Table 1 shows that 42% (n = 22) of students reported holding a stigma about people in AA. One student talked about not wanting to be mistaken for someone with an addiction. Others cited negative assumptions like expecting members to appear "different," "disheveled," or "down-trodden." One student remarked, "You know stigmas are there, but you're

not always aware of it." Relatedly, 25% (*n* = 13) of students were surprised that AA members appeared normal.

Feeling Welcomed by AA Members

Despite feeling anxious about attending AA, ninety percent of students (90%; *n* = 47) reported feeling welcomed and accepted by AA group members (see Table 1). One student wrote, "When I walked in, a woman came right up to me and gave me a hug and thanked me for coming." Another said, "the openness and acceptance of the group was the most amazing thing I experienced because I had never met these people before, and they were very welcoming." The vast majority of students experienced the comradery for which AA is known. Only a couple felt uncomfortable with members seeming solicitous in greeting them.

Table 1. Student Participant Personal Reactions to AA (n = 52)

Student Personal Reactions (before, during, and after group)	**n**	**%**
AA Member Accepting/Welcoming of Student	47	90
Feeling of Anxiety with Fear of Intruding	28	54
Stigmas about "Alcoholics/Addicts" and AA	22	42
Surprised that Group Members are "Normal"	13	25
Feels Sympathy toward Group Members	11	21

Students' Observations of AA Group Member Behaviors

Unconditional Positive Regard, Genuineness, and Empathy

Table 2 shows that 52% (*n* = 27) of the students observed AA members to communicate with unconditional positive regard (UPR), or acceptance. Statements coded for UPR included, "I found it interesting that when someone was talking, no one jumped in or pushed judgment or even tried to say anything when the person was done talking." And, "Everyone was so accepting of her and [yet] no one agreed with her." Also, "They were willing to have those in the room in a position to judge them for what they have done and relying on them to not judge them for their past problems." In Table 3, significant phi correlations are seen between UPR and

powerlessness ($\Phi = .30$; $p = .026$), UPR and existential themes ($\Phi = .284$ $p = .041$) and UPR and "would refer to AA" ($\Phi = -.443$; $p = .001$).

Genuineness was defined by student statements that pertained to freedom to think open-mindedly, letting variant ideas be brought into awareness, e.g., doubting the steps or denying the alcoholic identity. Based on our definition, only two genuineness behaviors were observed! When members veer from the alcoholic narrative, they are supported to continue to work the program. Likewise, communications of empathy, defined as using reflective statements of meaning or feeling, were also very uncommon.

Belongingness/Cohesion

Most students (85%; $n = 44$) witnessed behaviors that we coded as Belonging/Cohesion (see Table 2). These behaviors expressed that members were a part of something, and included clapping, and statements like, "thanks for sharing," and "keep coming back" (see Table 2). Belongingness/cohesion statements included, "These people had formed a bond together and had been coming to this particular meeting for a while." "They discussed the social that they were having in a couple weeks for the group." "There was a feeling of calm and camaraderie among the members and I immediately felt at ease being an observer." "The next gentlemen went on to explain how AA is the only place that made him feel comfortable," and, "There was… a family like atmosphere within the group." One student wrote, "The most important aspect that a member could ever gain from attending AA meetings is they are not alone."

Universality

The curative group factor of universality (Yalom, 1995) was reported by 77% ($n = 41$) of students. Universality was coded when comments referenced alcoholic/addict and recovery identities, as in member statements like, "I know everyone doesn't like me, but they will respect me because I have what we all have in common, and that is being addicts." And, "They told everyone in the room that we all are addicts here and the natural thing for us to be doing is using." Universality encompasses alcoholic/addict symptoms of holding onto resentments, blaming others, having difficulty loving others toward whom anger is felt, and "hatred and anger eating one alive." Universality encompasses recovery identity, rebirth, and how the big book saved lives, marriages, and jobs.

Existential Needs, Powerlessness, and Religious Symbolism

Table 2 shows that nearly three-fourths of the students (73%, *n* = 38) reported that AA members talked about Existential Factors. They talked about the AA program giving them meaning, purpose, hope, and the ability to have a positive view of themselves. Nearly two-thirds 63% (*n* = 33) of the sample reported that members discussed Powerlessness over their use (see Table 2), and two thirds (67%; n = 35) recorded religious symbolism and language (e.g., the serenity prayer, using the word God). Also, two-thirds of students reported that AA members showed Altruism in the form of Imparting Information (67%, *n* = 35). For instance, one student wrote, "I was surprised by how accepting and friendly these members were and how they explained different things about the program to me without me having to ask." Another said, "It was …an eye opener for me to be exposed to a group of people who were so welcoming and open to explaining their alcoholism," and, "They all were so welcoming and warm to the idea of helping me understand their perspectives." Table 3 shows a relationship between AA Member Altruism/Imparting Information and Student Sympathy (Φ = -.342; *p* = .014).

Table 2. Observed AA Group Member Behaviors (n = 52)

AA Group Member Behaviors	**%**	**n**
Belongingness/Cohesiveness (includes "thank-you for sharing," "keep coming back," and clapping)	85	44
Universality (relatable situations, AUD and life problems and efforts to work the program)	77	41
Existential Factors (meaning of life, purpose, hope, chips)	73	38
Altruism via Imparting Information	67	35
Religious Symbolism or Language	67	35
Powerlessness over Alcohol/Substance	63	33
Positive Regard, Members are Non-Judgmental	52	27
Life Became Unmanageable	40	21

Table 3 presents phi (Φ) correlation coefficients of significance for the dichotomous variables measured. High significance emerged between holding a stigma and surprise that members appear normal (Φ = .584; p = .000), and holding a stigma and noticing group members talk about their life as unmanageable (Φ = .401; p = .003) (see Table 3). These correlations are significant, but the direction of the relationship is unknown.

Table 3. Statistically Significant Φ Coefficients (Correlations) between Dichotomous Behaviors [Observed or Not Observed] (n = 52)

Correlated Factors	Φ	Sig
Stigma w Surprised Normal	.584	.000
Stigma w Unmanageable	.406	.003
Fear of Intruding w Group Acceptance	.352	.011
Belonging-Cohesion w Universality	.511	.001
Belonging-Cohesion w Existential	.387	.020
Universality w Existential	.323	.020
Universality w Religious Content	.342	.014
Positive Regard w Would Refer to AA	-.443	.001
Positive Regard w Powerlessness	.309	.026
Positive Regard w Existential	.284	.041
Powerlessness w Student Sympathy	.295	.033
Powerlessness w Student Group Learning	.272	.050
Altruism-Impart Info w Student Sympathy	-.342	.014
Student Group Learning w Student Sympathy	.268	.053

Observations of Positive Regard correlated with observed Powerlessness (Φ = .301; p = .026) and Existential Needs (Φ = .284; p = .041). In other words, Positive Regard was expressed conditionally, i.e., when members express conformity with ideas in Step 1, "We admitted we were powerless over alcohol and that our lives had become unmanageable," and Step 2, "Came to believe that a power greater than ourselves could restore us to sanity."

Discussion

The present study found that assigning students to observe an AA group gave them a context for developing self-awareness of personal stigmas and anxieties about AA. The assignment provided students with an occasion to be welcomed by AA members, who showed altruism and imparted information to the students. m. It required them to refresh their knowledge of the CCT core conditions and therapeutic group counseling behaviors, and allowed them to see potential benefits and limitations of AA.

Students did not observe empathic and genuine communication in AA groups, as expressed in the CCT tradition. This is not surprising considering that AA is seen to be an inadequate substitute for personal counseling. AA is not uncommonly criticized for disallowing self-exploration and openness to feelings and thoughts outside of the 12 step program. That said, according to the high sobriety rates reported by AA, a lack of empathy may actually help insure AA program integrity, such as nurturing the idea that, "there is no problem that drinking can't make worse," And "It works if you work it, so work it, you're worth it."

Eighty-five percent (85%) of the students noticed that AA groups satisfied Belongingness and Cohesion needs of its members. In addition, 77% of students said that AA groups expressed Universality through shared experiences of alcoholic and recovery identity, and powerlessness. Counseling students reported that Positive regard played a significant role in communications among members. Positive regard was seen to correlate with powerlessness and unmanageability.

According to Rogers' (1951) proposition # 6, "the organism has but one basic tendency and striving, which is to actualize, maintain, and enhance the experiencing organism." From the AA perspective, the disease of addiction inherently cultivates a false identity. The person with an addiction is demoralized, and requires support, love, encouragement, redirection, and perhaps an awakening of spirit or a leap of faith. They must admit they are powerless. Drinking, from the perspective of AA, inhibits growth of the true self, an iatrogenic effect of self medicating. This model is theoretically comparable to defensive thwarting of self-actualization in CCT, humanism, and existentialism.

The notion that defenses thwart self-actualization is shared by all of the approaches explored in this study; although each approach views the source of defenses somewhat differently. In CCT, defenses point to conditions of worth. In humanism, defenses signal threats to safety, belonging, love, self-esteem, etc.. Existentialism views defenses as protection against fear, isolation, loss of meaning, value, purpose, and hope.

In contrast, AA considers defenses to be symptomatic of the disease of addiction.

Counselors of all orientations who understand the strengths and limitations of AA will be better equipped to refer clients knowing what AA has to offer. Due to its success, regulatory bodies recommend AA in clinical treatment protocols. This includes the Association for Specialists in Addiction Medicine (ASAM), which sees participation in AA to augment medically assisted treatment (ASAM, 2016). Also, the Substance Abuse and Mental Health Services Administration (SAMHSA), which Mental Health Insurance payers use to regulate reimbursement in Medicare and Medicaid, supports referrals to AA. According to the vast majority of students, AA members were overwhelmingly welcoming and eager to help them understand what AA has to offer. With preparation of students to visit ethically, a visit to AA can be a valuable resource for students to learn about group member identity development.

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[i] See, for example, Afifi, Felix, and Afifi (2011); Bromet et al. (2017); Foa, Stein, and McFarlane (2006); Goldmann and Galea (2014); Kõlves, Kõlves, and De Leo (2012); Maclean, Popovici, and French (2016); Schwartz, Liu, Lieberman-Cribbin, and Taioli (2017); and Vitaliano, Maiuro, Bolton, and Armsden (1987).

[ii] See, for example, Espinel, Galea, Kossin, Caban-Aleman, and Shultz (2019); Espinel, Kossin, Galea, Richardson, and Shultz (2019); Hayes, Blashki, Wiseman, Burke, and Reifels (2018); O'Donnell and Forbes (2016); and Shultz, Kossin, and Galea (2018).

[iii] For example, those who practice emotion-focused therapy, (EFT; e.g., Greenberg, Rice, & Elliot, 1993; Timulak and Pascual-Leone, 2014–see Elliot, 2011, for discussion on EFT as a person-centered derivative).