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# Identification as a mechanism of change in alcoholics anonymous

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A Thesis

IDENTIFICATION  
AS A MECHANISM OF CHANGE  
IN ALCOHOLICS ANONYMOUS

By

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To my friend, Paul,  
who reminded me that “I alone could do it, but I could not do it alone.”

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IDENTIFICATION  
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IN ALCOHOLICS ANONYMOUS

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ABSTRACT

Approaches to explaining the role of spirituality in addiction recovery, especially as it is practiced in Alcoholics Anonymous (AA), have tended to focus on the distinctive elements of “the spiritual” variable as a potential mechanism of behavior change. This strategy has led to attempts to explain what is unique about certain religious or spiritual beliefs, practices, and experiences in the reduction of dependence upon alcohol or other substances. However, these approaches have largely ignored the distinctiveness of the “AA variable” in the facilitation of certain spiritual and behavioral changes. In this essay, I approach the “AA variable” as a social phenomenon and argue that this approach reveals a potential mechanism of change unique to AA—namely, identification. I hypothesize that the process of psychological identification is the mechanism underlying

the spiritual and behavioral changes in AA. I suggest that this model can help direct future investigation aimed at the role of the spiritual in AA and addiction recovery.

## INTRODUCTION

Alcoholics Anonymous (AA) represents a prototype among the attempts to incorporate a spiritual dynamic into addiction treatment and recovery. Although it is incredibly difficult to quantify the success of AA's program of recovery from alcoholism, there are many thousands of men and women who claim to have recovered through AA. This fact has led to extensive research into what makes AA work.

Scholarly research on AA began nearly a decade after the fellowship was founded (1935). Since then, research on or around AA has been conducted through a variety of different disciplines, including anthropology, sociology, psychology, and psychiatry. Each discipline seeks to understand AA's success in terms relevant to that discipline. Rarely is AA taken in and on its own terms—a fact that is especially relevant to AA's purported “spiritual solution” to alcoholism.

AA describes its own program of recovery from alcoholism as a “spiritual program of action.” This spiritual element is so critical to AA's approach to recovery that the only thing like an official definition of alcoholism ever offered by AA is an “illness that only a spiritual experience can conquer.”<sup>1</sup> Hence, the purported consequence of working through AA's Twelve Step program is a “spiritual awakening.”

Most researchers have systematically avoided “the spiritual” component of AA's approach until recently. No doubt this is due to the subjective nature and definitional

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<sup>1</sup> AA, *Alcoholics Anonymous* 4<sup>th</sup> ed., (Alcoholics Anonymous World Services, Inc., 2001), 44.

ambiguity related to the concept of “the spiritual.” In general, spirituality refers to a field of meaning, which is in theory not beyond investigation or understanding. The difficulty for researchers arises, however, through the degree of variability within the substantive elements of that field of meaning through cultural influence and subjective interpretation. In other words, there’s more than one way to be spiritual, which makes this a particularly difficult variable to control for. Notwithstanding these difficulties, the importance of this component to AA’s approach, at least among individuals identifying as members of AA, has been abundantly confirmed. Therefore investigation into how “the spiritual” works and how it is related to the salient feature of recovery, sobriety, is a growing area of interest.

A recent trend in the clinical research related to spirituality in AA has centered on attempting to demonstrate “the spiritual” variable as a possible mechanism of behavior change. This approach seeks to determine how changes in “the spiritual” are related to changes in drinking behaviors of “AA subjects,” as well as what AA itself might do to facilitate these changes. Although this approach represents a promising direction for understanding how “the spiritual” is related to changes in behavior, most of this research has yielded more questions than answers. More specifically, it is not well understood *how* the spiritual is related to these changes in behavior.

The central thesis of this essay is that the primary mechanism of spiritual *and* behavioral change in AA is the process of identification. In general, identification refers to the psychological process of perceiving others as being “like me” and subsequently becoming “like them.” Identification may therefore be seen as a process of self-transformation. I will argue that this transformation or “change” occurs at both the

spiritual and behavioral levels. Therefore, identification helps to bridge the explanatory gap between how spiritual changes are related to sustained sobriety in AA.

In the first chapter, I will address the general confusion surrounding the concept of “the spiritual,” especially among the attempts to describe it as a mechanism of change in AA. My central criticism of these clinical approaches is that they sacrifice accuracy for objectivity in their consideration of AA itself. Accuracy *and* objectivity are necessary for understanding the change associated with AA. However, because AA is a complex and dynamic social system, I will bracket my consideration of the “changes” associated with AA in order to account for some of its distinctive features as a social phenomenon. A survey of the sociological findings related to AA reveal that its principal mechanism of internal and external diffusion is the process of identification at the sociocultural level. I will leverage this observation to support my claim that identification is also the mechanism underlying spiritual and behavioral changes at the individual level.

My primary objective in Chapter Two will be to describe *how* identification functions as a mechanism of spiritual and behavioral changes in and through AA. I will begin by examining the concept of identification as it has been observed through psychoanalysis, followed by a discussion of when, where, and how identification can be observed both within and outside of AA. Because identification is a process that is manifested at the higher levels of psychological and social organization, it is important to consider what lower-level faculties give rise to this process. Therefore, I will describe the basic neuropsychological faculties that underlie our capacity to identify with conspecifics. I can do no more in a project such as this than to gesture in the direction of

a more thorough neuropsychological explanation. Once the concept is firmly established, we can begin to consider how it plausibly functions as a mechanism of change.

In the end, my goal is to present a conceptual strategy for understanding identification as the primary mechanism of spiritual and behavioral changes in AA. Although I believe this is ultimately an empirical question that eventually can be supported through the appropriate research design, such a design does not currently exist. This thesis represents a stride in the direction of better understanding spirituality in addiction recovery.

## CHAPTER 1

### “THE SPIRITUAL” IN ALCOHOLICS ANONYMOUS

Although AA has never equivocated on the centrality of its spiritual approach to recovery from alcoholism, researchers have only recently begun examining the role that “the spiritual” may play within AA. In fact, prior to the past 20 years, most AA researchers systematically avoided this concept. No doubt, this avoidance has been due in part to the subjective nature of spirituality, as well as the lack of clear conceptual boundaries around this construct. Despite this lack of clarity, however, there has been a growing interest among researchers in “the spiritual” component of AA. It has been proposed that “the spiritual” component may be an important mechanism of change within AA. Unfortunately, this research has yielded more questions than answers.

In this chapter, I will briefly survey this research and discuss some of its shortcomings. I plan to argue that we cannot understand how “the spiritual” functions as a mechanism of behavior change within AA until we are clear about what it is about AA that leads to spiritual changes. Therefore, the first part of this chapter will expose some of the theoretical and methodological difficulties facing the attempts to establish “the spiritual” as a mechanism of behavior change. In the second part of this chapter, I will bracket from consideration the subject of changes within AA and examine some of the distinctive features of AA itself. It is expected that this approach of viewing AA as a

social phenomenon will reveal clues about how it facilitates both spiritual and behavioral changes.

### **Mechanisms of Change**

Because of AA's relative effectiveness, availability, and cost-efficiency, in 1990 the Institute of Medicine called for more inquiry into AA-related mechanisms of change.<sup>2</sup> Since then, relatively few attempts have been made to establish AA's spiritual component among its mechanisms. In this section, I will survey the general approaches to interpreting this spiritual component in light of the research surrounding AA's mechanisms of change.

#### Causes, Mechanisms, and Changes

The concept of *mechanisms of change* is primarily a clinical construct, which has grown out of the recognition that human behavior emerges from complex and dynamic influences. According to psychologist Matthew Nock, "A *mechanism of change* refers to the process or series of events through which one variable leads to or causes change in another variable."<sup>3</sup> A "mechanism" is usefully distinguished from a "cause" in that "cause" refers to "*what* caused change," while mechanism "refers to *how* the change occurred."<sup>4</sup>

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<sup>2</sup> John F. Kelly, Bettina Hoepfner, Robert L. Stout, and Maria Pagano, "Determining the relative importance of the mechanisms of behavior change within Alcoholics Anonymous: a multiple mediator analysis," *Addiction* (2011): 2.

<sup>3</sup> Matthew Nock, "Conceptual and design essentials for evaluating mechanisms of change," *Alcoholism: Clinical and Experimental Research* 31, no. 3 (2007): 5S [emphasis in original]

<sup>4</sup> *Ibid.* [emphasis in original]

Nock observes that, although it is important to demonstrate that a proposed mechanism can explain a statistical relationship between an independent and dependent variable, this only describes what he calls a “statistical *mediator*.” He reserves the term “mechanism of change” to refer to the satisfaction of much more rigorous criteria, which combine the criteria for demonstrating statistical mediation and the criteria for inferring *causal* relationships.<sup>5</sup> The seven criteria that Nock proposes for demonstrating the action of a mechanism of change are:

- 1) showing not only a correlation among independent (A) and dependent (B) variables, but also a *strong association* between the proposed mechanism (M) and B;
- 2) showing that a change in A is not only related, but *uniquely* related to a change in M;
- 3) showing that *more* of B is related to more M, which is related to more of the outcome;
- 4) showing a temporal relationship between change in M and change in the outcome;
- 5) demonstrating a pattern of consistency in the change between A and B;
- 6) use of experimentation to demonstrate the change observed;
- 7) a plausible causal-explanatory schema that fits within broader scientific knowledge, which explains the action of the mechanism.<sup>6</sup>

Nock provides a useful example to explain how best to conceptualize a mechanism:

. . . drinking several gin and tonics can lead to alcohol intoxication. What

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<sup>5</sup> Ibid.; John F. Kelly, Molly Magill, and Robert L. Stout, “How do people recover from alcohol dependence? A systematic review of the research on mechanisms of behavior change in Alcoholics Anonymous,” *Addiction Research Theory* 17 no. 3 (June 2009): 241-242.

<sup>6</sup> Nock, “Conceptual and design essentials for evaluating mechanisms of change,” 5S.

is the actual mechanism through which these drinks lead to intoxication? The most important active ingredient is the alcohol contained in the gin. . . . Although alcohol is the active ingredient, we should not conclude that we have identified the actual mechanism or process through which the drink leads to intoxication, because this of course does not provide an explanation of how alcohol causes change. Instead, our explanation of the mechanism of action of alcohol would include a discussion of the cascade of chemical and biological changes that occur between the introduction of alcohol into the body and the clinical manifestation of intoxication.<sup>7</sup>

This example illuminates the ways in which *active ingredients* of a given psychological treatment differ from the mechanisms through which they work. Active ingredients of a psychological treatment include various clinician and client related factors, from which the mechanisms of change emerge during intervention. Researchers in this area aim to provide an account for how these ingredients work together to produce the change in the clinical outcome of interest.<sup>8</sup> Importantly, the change described can be conceptualized according to multiple dimensions. “Thus,” Kelly and colleagues observe, “the exact same change . . . can be simultaneously explained by social, psychological, behavioral, and neurobiological processes.”<sup>9</sup>

Mechanisms of change are most readily observable within scenarios designed to support empirical investigation, such as clinical scenarios. However, mechanisms of change can also be observed in more natural, organic settings, where a given change occurs *on its own*, so to speak.<sup>10</sup>

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<sup>7</sup> Ibid., 6S.

<sup>8</sup> Ibid., 8S.

<sup>9</sup> Kelly, Magill, and Stout, “How do people recover from alcohol dependence? A systematic review of the research on mechanisms of behavior change in Alcoholics Anonymous,” 241.

<sup>10</sup> Nock, “Conceptual and design essentials for evaluating mechanisms of change,” 7S.

In AA, an individual may undergo a number of different changes, including changes in social network, economic status, personality traits, and behavioral routines. There are a number of mechanisms proposed to account for these changes. Some examples of proposed mechanisms of behavior change within AA include specific AA-practice mechanisms (e.g., meeting attendance, reading AA literature, service work, etc.) and social mechanisms (e.g., peer support, social network changes, etc.).<sup>11</sup> Similar to the cascade of chemical and biological changes from the aforementioned example, the changes that occur in and through AA require explanations along multiple levels of scale. Kelly and colleagues point out that “statements such as, ‘AA works by increasing self-efficacy’ and, ‘AA works by increasing individuals’ density of dopamine D2 receptors’ are all mechanisms that may be empirically supported and occur simultaneously.”<sup>12</sup> Another emerging trend is to suggest that AA works in facilitating behavior changes by means of changes in “the spiritual.”

#### “The Spiritual” as a Mechanism of Change

As we shall see, there is considerable discrepancy regarding what constitutes “the spiritual” among those investigating its role as a mechanism of change. There is also some confusion with respect to the “change” being investigated. Some researchers investigate spiritual mechanisms of changes in health; others are interested in behavioral changes. In some ways, this represents a deeper divide than merely how to use the

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<sup>11</sup> For a thorough review of the literature related to mechanisms of change within AA, see Kelly, Magill, and Stout, “How do people recover from alcohol dependence? A systematic review of the research on mechanisms of behavior change in Alcoholics Anonymous,” *Addiction Research Theory* 17 no. 3 (June 2009).

<sup>12</sup> Kelly, Magill, and Stout, “How do people recover from alcohol dependence? A systematic review of the research on mechanisms of behavior change in Alcoholics Anonymous,” 241.

relevant terms; it signals a disagreement about what constitutes “recovery,” and, to that extent, what the critical problem is underlying alcoholism. I shall also return to this issue.

For now, I will focus on the research centering on the clinically relevant question: what is the relationship between changes in “the spiritual” and changes in drinking patterns? Hence, the principle change that I will consider is *behavior* change, which is measured primarily in terms of the length of time that one has remained abstinent from consuming alcohol. The various approaches to answering this question can roughly be categorized into three groups, according to how they interpret the concept of “the spiritual” in functional and substantive terms:

- 1) *Spiritual beliefs and practices* as a mechanism of *behavior* change. This view considers “the spiritual” variable to consist primarily of religious or spiritual beliefs and practices. These practices include disciplines such as prayer, meditation, and worship. Increases in *these* elements are expected to be correlated with decreased alcohol consumption (i.e., “positive alcohol outcomes”).
- 2) *Spiritual experiences* as a mechanism of behavior change. This view considers the experiential aspect of “the spiritual” to be the primary mechanism of change. This view tends to deemphasize the elements of certain practices or beliefs, and measures the effectiveness of such experiences in relation to alcohol dependence. Increases in these elements are expected to be correlated with decreased alcohol consumption.
- 3) *Spirituality* as a mechanism of behavior change. This view considers “the spiritual” in terms of something essential to the human condition—an ontological feature of human nature—which is mediated by other, more basic mechanisms, such as community, social support, coping, and existential meaning-making. This view tends to look at recovery in terms of the broad-scale changes that occur in the individual’s life that conceive of health in terms of human flourishing. Many of the studies related to this approach to “the spiritual” still measure effectiveness in terms of behavior change.

To their credit, all three approaches represent an attempt to account for “the spiritual” variable in AA’s own terms. AA literature places a great deal of emphasis on belief in a “higher power,” the practices of prayer and meditation, the necessity of a

“spiritual experience” or “awakening,” as well as the all-encompassing aspects of spirituality as a lived phenomenon.

However, the empirical evidence to support the role of these variables in the facilitation of long-term abstinence has been inconclusive. At most, evidence suggests that changes in “the spiritual” may be seen to *mediate* changes in drinking outcomes. Even this evidence, however, presents mixed results. For example, Kelly and colleagues found that spiritual practices mediated the effect of AA attendance on later alcohol use among a large, clinical sample of individuals with alcohol use disorder.<sup>13</sup> Brown and Peterson also surveyed members of various self-help groups to determine which practices and beliefs were most common. The 58 survey participants (43% male) had a mean age of 35.5 years and 3.13 years of sobriety. All reported belief in a higher power. Of those who practiced prayer, 57% prayed upon waking, 74% before sleep, and 35% throughout the day. 45% of the survey participants practiced meditation, relaxation, or daily quiet time and 48% used devotional literature.<sup>14</sup> Contrary to this evidence, however, Atkins and Hawdon conducted a study of members from 5 different mutual-help organizations, including Twelve-Step, found that spiritual and religious beliefs were unrelated to staying sober.<sup>15</sup> Kaskutas and colleagues found that while initial spiritual orientation did not predict outcome 3-years following substance use disorder Substance Use Disorder

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<sup>13</sup> John F. Kelly, Robert L. Stout, Molly Magill, J. Scott Tonigan, and Maria E. Pagano, “Spirituality in Recovery: A Lagged Mediation Analysis of Alcoholics Anonymous’ Principal Theoretical Mechanism of Behavior Change,” *Alcoholism: Clinical and Experimental Research* 35, no. 3 (March 2011).

<sup>14</sup> H.P. Brown, Jr., and J. H. Peterson, Jr., “Assessing spirituality in addiction treatment and follow-up: Development of the Brown-Peterson Recovery Progress Inventory (B-PRPI),” *Alcoholism Treatment Quarterly*, 8: 21-50.

<sup>15</sup> R. G. Atkins and J. E. Hawdon, “Religiosity and participation in mutual-aid support groups for addiction,” *Journal of Substance Abuse Treatment* 33 no. 3: 321-331.

treatment, those who reported a recent “spiritual awakening” had 4-fold increased odds of abstinence.<sup>16</sup> Similarly, Robinson and colleagues found that measures of spiritual *practices* and *experiences* increased over the follow-up, but spiritual and religious *beliefs* did not. These increases were associated with less heavy drinking at the 6-month follow-up.<sup>17</sup>

Although many researchers are still invested in demonstrating “the spiritual” as a mechanism of change, it seems that this goal is still a long way from being realized. Below, I will suggest a few reasons that the present course of research may be hindered.

### Problems

The difficulties confronting the attempts to demonstrate “the spiritual” as a mechanism of behavior change in AA consist primarily in the inadequacy of clinical research methods to account for the complexity of each relevant variable. I will review some of these difficulties below.

### *Changes in “the Spiritual” vs. Spiritual Changes*

The first consideration that should be made concerning the role of “the spiritual” as a mechanism of behavior change in AA is that “the spiritual” variable is often too restrictive to makes sense of the types of changes that are frequently reported to occur in and through AA. The types of spiritual changes that occur in and through AA refer to

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<sup>16</sup> L. A. Kaskutas, N. Turk, J. Bond, and C. Weisner, “The role of religion, spirituality and Alcoholics Anonymous in sustained sobriety,” *Alcohol Treatment Quarterly* 21:1-16.

<sup>17</sup> E. A. Robinson, J. Cranford, J. R. Webb, K. J. Bower, “Six-month changes in spirituality, religiousness, and heavy drinking in a treatment-seeking sample,” *Journal Studies of Alcohol and Drugs* 68: 282-290.

more than changes to a particular component of their spiritual lives, such as beliefs, practices, or experiences. They appear to have more in common with the religious concept of conversion, which is a subtype of spiritual transformations, or changes. According to psychologist of religion Raymond Paloutzian, “a spiritual transformation constitutes a change in the meaning system that a person holds as a basis for self-definition, the interpretation of life, and overarching purposes and ultimate concerns.”<sup>18</sup> In other words, spiritual changes consist of transformations at the level of one’s subjective experience of him or herself in the world.

These reorientations of self amount to reinterpretations of past and present experiences, as well as future possibilities. Simply put, spiritual changes are shifts in perspective about what *ultimately* matters. Thus, the individual’s very identity is redefined and transfigured at the deepest levels of meaning. These changes are characterized by distinctive emotional and affective qualities, which are not necessarily positive. Changes may occur at the spiritual level that result in feelings of personal meaninglessness, hopelessness, and isolation, all of which may result in affective states such as anger, depression, or resentment. Conversely, positive spiritual changes often result in a sense of personal purpose and tolerance for incongruities with corresponding feeling states such as contentment and joy. Such changes can occur spontaneously, as the result of sudden conflict between one’s worldview and one’s actual experiences, or they can occur gradually, over varying lengths of time.

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<sup>18</sup> Raymond F. Paloutzian, “Religious Conversion and Spiritual Transformation: A Meaning-System Analysis,” in *Handbook of the Psychology of Religion and Spirituality*, ed. Paloutzian and Crystal L. Park (New York, NY: The Guilford Press, 2005), 332. In this essay, I have chosen to refer to the more commonly used term “spiritual transformation” as “spiritual change” because the latter term is more consistent with the language of “mechanisms of change.”

Some affinities may be noted between the concept of a spiritual change and the religious concept of “conversion.” However, a spiritual change does not require the more substantive elements of a particular religious tradition. Religious conversions, therefore, are a subtype of the broader concept of spiritual changes or transformations. Kurtz observes that the types of spiritual changes characteristic of AA may be best considered as “conversion in the ancient sense of *metanoia*: a sense of movement in a different direction.” He continues, “One way of understanding ‘the spiritual’ is as that by which people believe they have been and are profoundly changed.”<sup>19</sup>

Although researching these changes presents its own set of challenges, such as following the subject over varying lengths of time and determining which individuals qualify for study, it at least frees the researcher from the constraints created by the definitional ambiguity regarding “the spiritual.”

### *Variety of AA Subjects*

The second consideration that should be made with respect to research on “the spiritual” as a mechanism of behavior change in AA is that most subjects in which these changes are observed rarely have substantial sobriety at the time of the initial study (i.e., a year or more of continuous sobriety). For example, in a study aimed at measuring spirituality as a mechanism of change, Kelly and colleagues report that, “Inclusion criteria study were: current DSM-III-R diagnosis of alcohol abuse or dependence alcohol as the principal drug of abuse; actively drinking during the 3 months prior to entrance

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<sup>19</sup> Ernest Kurtz, “Spiritual Rather than Religious: The Contribution of Alcoholics Anonymous,” in *The Collected Ernie Kurtz* (Bloomington, IN, Authors Choice Press, 2008), 59.

into the study; minimum age of 18; and minimum sixth grade reading level.”<sup>20</sup> Exclusion criteria in this study were similarly restrictive. In determining the effects of increases in “the spiritual” on subsequent behaviors, this approach makes sense. However, it largely ignores the potential effect that certain behaviors may have on “the spiritual.” Sustained sobriety may well be a mechanism through which spiritual change is accomplished. Furthermore, this approach omits from consideration the importance of the social dynamics of AA as a possible mechanism of spiritual change. Smith observes that it usually takes at least a year for individuals to become minimally integrated into the social fabric of AA.<sup>21</sup> It has been suggested that it can take up to one full year for an individual to readjust neurologically from the effects of alcohol, as well as various stress hormones on the brain.

### *Varieties of AA Experiences*<sup>22</sup>

According to Kelly and colleagues, “Promising mechanisms of change in AA should . . . be correlated with *the AA variable*, follow it in time and occur before the measured outcome, and ideally, possible confounding variables should be eliminated as alternative variables.”<sup>23</sup> A third consideration for these attempts to account for the role of

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<sup>20</sup> Kelly, Stout, Magill, Tonigan, and Pagano, “Spirituality in Recovery: A Lagged Mediation Analysis of Alcoholics Anonymous’ Principal Theoretical Mechanism of Behavior Change,” 455.

<sup>21</sup> Annette R. Smith, *Alcoholics Anonymous: A Social World Perspective*, dissertation, University of California at San Diego, 1991, 129 in Kurtz, “Research on Alcoholics Anonymous: The Historical Context,” in *The Collected Ernie Kurtz* (Bloomington, IN, Authors Choice Press, 2008), 16.

<sup>22</sup> I borrow the concept of “Varieties of AA Experience” from Ernest Kurtz.

<sup>23</sup> Kelly, Magill, and Stout, “How do people recover from alcohol dependence? A systematic review of the research on mechanisms of behavior change in Alcoholics Anonymous,” 242. [emphasis added]

“the spiritual” is that what “AA” refers to is not specified. Throughout the research conducted on AA, one of the most important, and most frequently overlooked aspects of the fellowship is the fact that there is nothing that constitutes “real AA.”<sup>24</sup> Alcoholics Anonymous just is its members, and the variety that exists among its membership represents only a fraction of the varieties of experiences available in and through AA.<sup>25</sup> Moreover, according to Tradition Three, the only qualification for membership within AA is “a desire to stop drinking.”<sup>26</sup>

The definitional ambiguity regarding the “AA variable” also makes dubious certain claims about AA’s position on particular matters. Although it is true that official AA literature is commonly used to represent a given stance held by AA, in truth there is really no “official” stance to be given because the literature does not adequately reflect the fellowship’s varieties.<sup>27</sup> Thus, any conclusions drawn about the “AA variable” ought to be carefully qualified with respect to the demographics of the constituency of a particular group (e.g., socioeconomic class, ethnicity, sex, etc.), the location of the group’s meetings (e.g., church, synagogue, police station, hospital, hotel, etc.), the format of a particular meeting (e.g., open, closed, speaker-discussion, beginner, etc.), its wider cultural and geographical milieu (e.g., rural, urban, mostly secular, mostly religious, etc.), in addition to the various pathways through which an individual arrived at an AA meeting

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<sup>24</sup> Kurtz, “Research on Alcoholics Anonymous: The Historical Context,” 3.

<sup>25</sup> Ibid.; Kurtz, “Alcoholics Anonymous and the Disease Concept of Alcoholism,” *Alcoholism Treatment Quarterly* 20, no. 3 (2002).

<sup>26</sup> AA, *Alcoholics Anonymous* 4<sup>th</sup> ed., 562.

<sup>27</sup> AA World Services, Inc. does not allege to represent AA varieties or offer “official” views on a given issue.

(e.g., court, friend, treatment professional, etc.). All of this is to say nothing about the length of sobriety, practice of spirituality, or interpretation of AA texts a group's members may implement.

Taking into account the varieties of AA experiences is especially relevant to the task of determining the relative importance of its spiritual mechanisms of change. This is not only because of the general ambiguity around the concept of “the spiritual,” but also because there are a variety of spiritual practices, beliefs, and experiences available within AA, which often reflect the beliefs and practices of its wider cultural and geographical context. Sociological findings verify this variability on “the spiritual” as well. Makela and colleagues conducted a 10-year, multicultural analysis of AA in eight societies. They state, “As an outward sign of this variability, AA meetings close with the Christian Lord’s Prayer in many parts of the United States and in some Icelandic groups, whereas this custom is uncommon or non-existent in other study countries, as well as France.”<sup>28</sup> In terms of demonstrating spirituality as a mechanism of change, then, we are presented with a much more complicated task than initially conceived. Given that many of the attempts we have already examined sought to measure the role of “the spiritual” within AA on the basis of “AA” constituting an independent variable, we are left to wonder at the accuracy of their findings.

The research pertaining to the role of “the spiritual” as a mechanism of behavior change in AA presents a confusing picture. At best, changes in “the spiritual” may be

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<sup>28</sup> Klaus Makela, Ilkka Arminen, Kim Bloomfield, Irmgard Eisenbach-Stnagl, Karin Helmersson Bergmark, Norio Kurube, Nicoletta Mariolini, Hildigunnur Olafsdottir, John H. Peterson, Mary Philips, Jurgen Rehm, Robin Room, Pia Rosenqvist, Haydee Rosovsky, Kerstin Stenius, Grazyna Swiatkiewicz, Bohdan Woronowicz, and Antoni Zielinski, *Alcoholics Anonymous as a Mutual-Help Movement: A Study in Eight Societies* (Madison, WI: The University of Wisconsin Press, 1996), 157.

understood to *mediate* changes in behavior among *some* subjects randomly assigned to AA groups. However, given the problems that I have observed above, there may be serious reason to question even this conclusion, because of the ambiguity concerning the “AA variable.” In what follows, I will elaborate on how understanding this variable can help make sense of the changes related to AA.

### **The “AA variable”**

In order to account for the mechanisms of change in a given process, we have to be clear about the ingredients involved. Although the aforementioned feature of AA’s varieties makes it particularly difficult to generalize for research purposes, there are distinctive elements and patterns of AA that can provide valuable insight into how it facilitates changes at the spiritual and behavioral levels. Before I go any further in attempting to *explain* how AA works in clinically relevant terms, I will pause to *describe* how it works as a social phenomenon. Once some of its distinctive features are better established, I will be better positioned to reconsider the possible mechanisms of change.

### AA as a Social Phenomenon

From a sociological standpoint, AA is classed among the genre of “mutual-help” movements. According to Makela and colleagues,

The ideology of AA is explicitly one of *mutual* help, and many elements of its program emphasize social and group interaction, while the term self-help carries an inappropriate connotation of the individual acting by him- or herself..... In our usage, then, a mutual-help movement is an association or aggregate of groups whose members meet on an egalitarian

basis to counteract through mutual interaction a common affliction or problem in their lives.<sup>29</sup>

This understanding of AA as a mutual-help movement is important to interpreting how the “AA variable” functions uniquely as a dynamic social system.

### ***Organizational Principles***

Makela and colleagues observe that “AA” can refer to two separate but related social entities. It consists of a “formal structure of groups, intergroups, and answering services, and of local, regional, and national service meetings and boards.”<sup>30</sup> However, it also consists of a social network of individuals who interact both in and out of the AA infrastructure. According to its preamble, “AA is a fellowship of men and women who share their experience, strength, and hope in order to solve their common problem.”<sup>31</sup> Both the formal structure and the fellowship reveal distinctive features of AA as a social phenomenon. The formal structure is a convention of the broader fellowship, which represents the governing principles of AA’s Twelve Traditions.

### *Who Belongs to AA?*

As previously mentioned, the criterion for membership within the fellowship of AA is provided in Tradition Three: “The only requirement for AA membership is a desire to stop drinking.” Makela and colleagues note that as social groups go, this is a particularly unique criterion for determining “insider” status. Unlike most other voluntary

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<sup>29</sup> Ibid.,13. [emphasis in original]

<sup>30</sup> Ibid., 52.

<sup>31</sup> AA Grapevine, Inc.

organizations, such as religious or political movements, there is no real means of excluding anyone from belonging to AA.<sup>32</sup> You are a member of AA if you say so.

### *AA's Basic Unit*

The basic unit of AA is the local group, which functions primarily to organize frequent meetings for group members.<sup>33</sup> According to Tradition Four, "Each group should be autonomous except in matters affecting other groups or AA as a whole."<sup>34</sup> Makela and colleagues note that groups may start for a number of reasons. They frequently grow out of existing groups, which may have gotten too large for some members. New groups may also be the result of personality conflicts among members.<sup>35</sup> According to one AA saying, "The only thing needed to start a group is a resentment and a coffee pot."<sup>36</sup> Hence, groups can also grow out of ideological differences, such as religious and spiritual views or the extent to which 'traditional AA' is being practiced.

Groups may also grow out of a perceived need to target a particular demographic, such as young people, gay and lesbians, women-only, over 50, etc. This impetus to reach or accommodate certain special interest groups extends from Tradition Five, which states,

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<sup>32</sup> Makela, Arminen, Bloomfield, Eisenbach-Stnagl, Helmersson Bergmark, Kurube, Mariolini, Olafsdottir, Peterson, Philips, Rehm, Room, Rosenqvist, Rosovsky, Stenius, Swiatkiewicz, Woronowicz, and Zielinski, *Alcoholics Anonymous as a Mutual-Help Movement: A Study in Eight Societies*, 54.

<sup>33</sup> AA World Services, Inc., "The AA Group: Where it all begins," (Alcoholics Anonymous World Services, Inc., 1990)

<sup>34</sup> AA, *Alcoholics Anonymous* 4<sup>th</sup> ed., 562.

<sup>35</sup> Makela, Arminen, Bloomfield, Eisenbach-Stnagl, Helmersson Bergmark, Kurube, Mariolini, Olafsdottir, Peterson, Philips, Rehm, Room, Rosenqvist, Rosovsky, Stenius, Swiatkiewicz, Woronowicz, and Zielinski, *Alcoholics Anonymous as a Mutual-Help Movement: A Study in Eight Societies*, 54.

<sup>36</sup> Field interview, Boston AA.

“Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.”<sup>37</sup> AA groups tend to diversify in every direction, depending upon an available niche to be filled within the wider population. Although some of these groups are intentionally designed to fill a given niche, others do so more spontaneously on the basis of self-selection. For example, a group may inadvertently absorb a younger contingency by virtue of the fact that individuals coming into AA tend to look for groups of people “like me.”<sup>38</sup> Thus, although members often enter AA as “individual atoms cut off from their social matrix,” many groups tend toward internal homogeneity with respect to socioeconomic class, race, age, sex, etc primarily because of this identification.<sup>39</sup> In fact, sociologists have argued that this element of identification is AA’s primary mechanism of both internal and external diffusion.

### ***Belief System***

Although AA embraces a pragmatic basis for most of its members’ beliefs, there are ideologies that distinguish AA as a social phenomenon. In spite of the inevitable variations that are bound to exist with respect to these ideologies, I would argue that there is a threshold at which a departure from these beliefs signifies a departure with AA. In general, AA’s ideologies are represented in its program of the Twelve Steps. Because spirituality refers to a field of meaning or meaning system, the spiritual element of AA’s

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<sup>37</sup> AA, *Alcoholics Anonymous* 4<sup>th</sup> ed., 562.

<sup>38</sup> Catherine Vourakis, “The process of recovery for women in Alcoholics Anonymous: Seeking groups ‘like me,’” Ph.D. dissertation, University of California, San Francisco (1989).

<sup>39</sup> Makela, Arminen, Bloomfield, Eisenbach-Stnagl, Helmersson Bergmark, Kurube, Mariolini, Olafsdottir, Peterson, Philips, Rehm, Room, Rosenqvist, Rosovsky, Stenius, Swiatkiewicz, Woronowicz, and Zielinski, *Alcoholics Anonymous as a Mutual-Help Movement: A Study in Eight Societies*, 54.

approach is intrinsically tied to the various ideologies affirmed both within the fellowship and the program. AA World Services, Inc. publishes literature that is supposed to be consistent with “official” AA views. However, this literature reflects the position of the formal structure of AA, rather than the element of its fellowship, in all of its varieties. Therefore, establishing whether a group holds to the ideologies of the Twelve Steps is probably best determined through a content analysis of its members’ stories.

### *Ideology of Alcoholism*

Within AA, alcoholism is viewed as a categorical condition that defines an individual’s identity as an alcoholic. In this way, there is dialectic of *being* alcoholic and *having* alcoholism. It is seen to permeate the individual’s experience of him or herself at the most basic level of being. Hence, there is evidence for one’s condition of alcoholism at the physiological, mental, spiritual, emotional, and interpersonal levels.

At the physiological level, alcoholism is characterized by a distinctive “phenomenon of craving” for alcohol following consumption. This experience of craving is considered to be unique to the alcoholic and is used as one potential rubric for determining one’s condition as such. Moreover, this physiological dynamic of alcoholic craving is considered to be incurable. In *Living Sober*, one of AA’s secondary texts, it is stated, “[Alcoholism] cannot be ‘cured’ in this sense: We cannot change our body chemistry and go back to being the normal, moderate social drinkers lots of us seemed to

be in our youth.”<sup>40</sup> For this reason, many AA members refer to their alcoholism in terms of a physical disease.<sup>41</sup>

At the mental level, alcoholism is characterized by “strange mental blank spots” when it comes to recalling reasons *not* to drink when faced with temptation. Having no “mental defense against the first drink” is frequently presented through members’ stories as evidence for their alcoholism. This is commonly referred to as “the *insanity* of the drink.” Alcoholism is also marked by extreme selfishness or self-centeredness at the interpersonal level. Hence, the experience of alcoholism is frequently described as having a distinctive immoral dynamic. At the emotional level, alcoholism is characterized by certain negative affective states, including anger, resentment, depression, fear, and general volatility. At the spiritual level, alcoholism is conceived as a sort of Jamesian “soul sickness,” which is characterized by a loss of spiritual values, a feeling of purposelessness, existential powerlessness, and despair. For this reason, alcoholism is often portrayed through members’ stories in terms of a spiritual *dis-ease*. A description of these “bedevilments” is given in the *Big Book* as follows: “We were having trouble with personal relationships, we couldn’t control our emotional natures, we were prey to misery and depression, we couldn’t make a living, we had a feeling of uselessness, we were full of fear, we were unhappy, we couldn’t seem to be of real help to other people. . .”<sup>42</sup>

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<sup>40</sup> AA, *Living Sober* (Alcoholics Anonymous World Services, Inc. 2010), 8.

<sup>41</sup> Although AA is often considered to perpetuate the so-called “disease model” of alcoholism, most member’s descriptions of their “disease” do not correspond to this model. Thus, most members appear to be using the term metaphorically to describe what it is *like* to be an alcoholic. Kurtz provides a useful discussion on this topic in “Alcoholics Anonymous and the Disease Concept of Alcoholism,” *Alcoholism Treatment Quarterly* 20, no. 3 (2002).

<sup>42</sup> AA, *Alcoholics Anonymous* 4<sup>th</sup> ed., 52.

Because alcohol use is considered a byproduct of a more basic existential problem endemic to one's very self, *alcoholism*, use and abuse of other substances may also be cited as evidence of one's alcoholism. There are some commonalities with this view of alcoholism and the more loosely defined concept of an "addictive personality." Each group tends to handle the issue of "other drugs" in its own way. Some groups are intolerant of any discussion not pertaining to the member's experience with alcohol, while other groups tend to entertain the broader definition.

Importantly, alcoholism is seen as transcending social class, race, religious affiliation, and any other extraneous element of one's identity. Virtually any type of person can be an alcoholic on AA's conception. Furthermore, there are several types of alcoholics that are observed within AA.

In summary, alcoholism is understood to be a particular way of thinking and feeling that extends into a way of acting in the world. Drinking behavior is merely an objective correlate of the subjective experience of one's underlying condition of alcoholism. At every level, there is the distinctive theme of the individual's personal lack of control. Of course, all of these dimensions are interrelated and the experience of alcoholism is as irreducible as the experience of self to any one aspect of his or her existence. Hence, it is not primarily one or the other component that *causes* one's alcoholism; rather, all of these dynamics are seen as evidence of one's condition as an alcoholic.

The strategy of interpreting one's condition as an alcoholic in terms of such broad experiential evidence of AA members implies that it is one's *belief* about his or her condition that is important in AA, rather than a scientific diagnosis, which confirms the

relevance of the internal belief system as a distinctive feature of AA as a complex social system.

### *Ideology of a Higher Power*

One of the most obvious expressions of AA's pragmatic belief system is its ideology of a "higher power" or "God *as we understood Him*." Although these concepts can and often do refer to something like the traditional idea of God in Western monotheistic traditions, this is not always the case. There is so much variability with respect to this component of AA's belief system that it almost seems insignificant to AA as a social phenomenon. Indeed, there are even AA groups specifically for atheists. However, the "higher power" idea is a distinguishing feature of AA's place as a *mutual-help* movement, rather than a self-help movement. In it is expressed the idea that "I alone can do it, but I cannot do it alone." Hence, the individual is conceived as being fundamentally limited with respect to overcoming his or her alcoholism. Whether the higher power is conceived of as a supernatural agent or the AA group itself, the idea of the alcoholic as being fundamentally limited is central. What this variability suggests, as Kurtz points out, is that the only belief necessary to get sober is that one is *not-God*. "First of all," states the *Big Book*, "we had to quit playing God. It didn't work."<sup>43</sup> Groups that deny the limitations of the alcoholic in this regard thereby break from the ideology of alcoholism and, I argue, from the auspices of AA.

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<sup>43</sup> AA, *Alcoholics Anonymous* 4<sup>th</sup> ed., 62.

### *Ideology of Sobriety*

Because alcoholism is considered to be such a multifaceted and multidimensional illness, sobriety in AA is often portrayed as corresponding to these dimensions. On a basic level, sobriety in AA does refer to abstinence. This is considered to be a necessary but not sufficient basis for achieving *recovery* from alcoholism. It is stated in *Living Sober*, “We have found that for us recovery *began* with not drinking—with getting sober and staying completely free of alcohol in any amount, and in any form..... We can move toward a full and satisfying life only when we stay sober. Sobriety is the launching pad for our recovery.”<sup>44</sup> Many groups have a tradition of awarding chips to indicate varying lengths of sobriety, and medallions to celebrate “sobriety anniversaries.”<sup>45</sup> Sobriety is also meant to convey a particular *quality* of life.

The mental fruits of sobriety are frequently portrayed in terms of the extent to which an individual reacts “sanely” to the presence of alcohol. “We will seldom be interested in liquor. If tempted, we recoil from it as from a hot flame.”<sup>46</sup> In other words, sobriety is measured by the degree to which the “strange mental blank spots” of alcoholism do not cloud the individual’s judgment.

Sobriety is sustained by facing the emotional “causes and conditions” underlying one’s drinking behavior. “Emotional sobriety” is considered to be a necessary component to long-term sobriety from alcohol. Being “happy, joyous, and free” are the benchmarks

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<sup>44</sup> AA, *Living Sober*, 4. [emphasis in original]

<sup>45</sup> Makela, Arminen, Bloomfield, Eisenbach-Stnagl, Helmersson Bergmark, Kurube, Mariolini, Olafsdottir, Peterson, Philips, Rehm, Room, Rosenqvist, Rosovsky, Stenius, Swiatkiewicz, Woronowicz, and Zielinski, *Alcoholics Anonymous as a Mutual-Help Movement: A Study in Eight Societies*, 54.

<sup>46</sup> AA, *Alcoholics Anonymous* 4<sup>th</sup> ed., 85.

of *good* sobriety. Because alcoholism is viewed as stemming from selfishness, the proposed means of sustaining sobriety is selflessness. This is a distinctive feature of AA's altruistic strategy, in that one's very sobriety is seen as being contingent on the extent to which one practices servitude.

Enlarging "spiritual territory" is also viewed as being essential to staying sober and growing in sobriety. "We are not cured of alcoholism. What we really have is a daily reprieve contingent on the maintenance of our spiritual condition."<sup>47</sup> In this way, sobriety may even be thought to constitute a distinctive type of spirituality within AA. In the writings of Bill W., the terms "peace of mind," "serenity," and "self-restraint" were used synonymously with the concept of sobriety.<sup>48</sup>

The shift from alcoholic to *sober* alcoholic conveys the way that one's condition as an alcoholic remains central to one's identity. There are variations on this theme expressed in actual AA practice. One might identify as a "recovered alcoholic," or even a "gratefully recovering alcoholic," but virtually every expression conveys the idea that one's core identity is that of the alcoholic.<sup>49</sup> There are perhaps as many types of *sober* alcoholics as there are alcoholics. Also, just as there are many types of alcoholism to be identified within AA, there are also many types of sobriety. Some members define sobriety in terms of their abstinence from alcohol, while other members contend that one is not *truly* sober until all mind-altering substances have been abstained from. Hence, there is dialectic between *being* sober and *having* sobriety. This is juxtaposed with the

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<sup>47</sup> AA, *Alcoholics Anonymous* 4<sup>th</sup> ed., 85.

<sup>48</sup> *Ibid.*, 181.

<sup>49</sup> Hazel Cameron Johnson, "Alcoholics Anonymous in the 1980's: Variations on a Theme," PhD. Dissertation in sociology, University of California at Los Angeles, 1987, 204.

similar conception of *being* alcoholic and *having* alcoholism. Both dialectics represent a particular way of thinking and feeling that extends into a way of life.

This brief overview of AA's belief system has contributed to our understanding of what makes AA distinctive as a social phenomenon. Appreciating these distinctions can also lead to a more accurate perspective about what constitutes the "AA variable" and what does not. Kurtz observes that the subtle infiltration of psychodynamic ideologies into the auspices of AA has not only made it more difficult for researchers to identify groups that qualify as AA versus those that don't; it has in some ways diluted AA's overall spiritual approach. He says,

AA literature delineates a spirituality conveyed by the telling of stories of 'experience, strength, and hope'—stories that 'disclose in a general way what we were like, what happened, and what we are like now.' It is on this basis that the Twelve Steps are presented, as the very next sentence of 'How It Works' invites: 'If you have decided you want what we have and are willing to go to any lengths to get it—then you are ready to take certain steps.' Groups that center their practice on 'sharing what things are like and how we feel about that' do not offer the same program. They may provide great therapeutic benefits and even valid spiritual consolation, but the change from 'we' to 'things' and the shift from deciding to willing to feeling: these are not unsubstantial variations.<sup>50</sup>

#### A Guess at the Mechanism of Changes

What do all of these features of AA as a social phenomenon suggest as the possible mechanism of change? AA's organizational dynamics are different from those of many other group-style interventionist models of addiction treatment. AA's ideologies of alcoholism and sobriety are also relevant to our discussion of the changes that occur through involvement with the fellowship. Although these differences do not quite get us to the mechanism of change, they do point us in the general direction. I have depicted the

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<sup>50</sup> Kurtz, "Whatever Happened to Twelve-Step Programs?" in *The Collected Ernie Kurtz* (Bloomington, IN, Authors Choice Press, 2008), 167.

element of identification as being crucial to the functioning of AA at the social level. This feature of mutual identification is one of the distinguishing characteristics of all mutual-help groups.<sup>51</sup> The general relationship between identification and AA might be expressed as follows: *AA makes identification possible and identification makes AA possible*. My hypothesis is that identification is also the mechanism underlying the spiritual and behavioral changes in AA.<sup>52</sup> Ultimately, this is an empirical question, and I will argue that there is good reason to pursue this line of investigation in the next chapter.

### Summary

Much of the current research being conducted on “the spiritual” element of AA presents a confusing perspective when it comes to considering that element among AA’s mechanisms of behavior change. In this chapter, I have surveyed some of the difficulties facing that research. My central claim was that a deeper analysis of the “AA variable” as a social phenomenon could direct us toward the possible mechanism of spiritual and behavioral changes that occur. I explored some of the distinctive features of AA as a mutual-help movement, including its organizational principles and belief system. Both of these elements were found to facilitate the sociocultural process of identification. Perhaps more relevantly, identification seems to have a self-organizing effect on AA at a social level, which I argue may have a top-down effect on the component parts of that system and may, therefore, function similarly at the individual level of spiritual and behavioral changes.

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<sup>51</sup> Makela, Arminen, Bloomfield, Eisenbach-Stnagl, Helmersson Bergmark, Kurube, Mariolini, Olafsdottir, Peterson, Philips, Rehm, Room, Rosenqvist, Rosovsky, Stenius, Swiatkiewicz, Woronowicz, and Zielinski, *Alcoholics Anonymous as a Mutual-Help Movement: A Study in Eight Societies*, 5.

<sup>52</sup> I follow Kurtz in proposing that “the thing that makes AA work is identification.”

## CHAPTER 2

### IDENTIFICATION: A BRIDGE BETWEEN SPIRITUAL AND BEHAVIORAL CHANGES

In the previous chapter, I argued that a more thorough analysis of AA as a social phenomenon could reveal important clues about the mechanism of its characteristic spiritual and behavioral changes. I concluded that many of AA's distinctive features pointed to the sociocultural process of identification as its primary mechanism of diffusion. In this chapter, I will describe how psychological identification bridges the explanatory gap between the more clinically relevant behavioral changes and the spiritual changes. Thus, the goal of this chapter is to explain how identification can lead to the sort of shifts in perspective about what ultimately matters, which characterize spiritual changes, and how this change is related to sustained sobriety.

#### **Identification as a Mechanism of Change**

To understand how identification may function as a mechanism of spiritual and behavioral changes in AA, it is necessary to gain some clarity around this concept. This will include a consideration of when, where, and how identification emerges apart from AA, followed by a discussion of how identification conceivably functions within AA. I should mention that the theoretical model provided here only satisfies one of the seven criteria necessary to successfully demonstrate the action of a mechanism of change: a

plausible causal-explanatory schema that fits within broader scientific knowledge, which explains the action of the mechanism.<sup>53</sup> Therefore, I will conclude this section by considering possible strategies for satisfying the other criteria.

### What is Identification?

Identification is a term with many uses. It can refer to the act of self-representation, as well as to the process of perceiving and recognizing something. Both of these uses are relevant to our current discussion. However, the primary sense in which I am using the term refers to a phenomenon traditionally observed through psychoanalysis. The concept originated in the psychoanalytic thought of Sigmund Freud (1856-1939), though it has been modified and expanded considerably to encompass a variety of related but distinct phenomena. “Projective identification,” for example, refers to a “spontaneous matching of emotional states between patient and analyst.”<sup>54</sup> This is relevant to our consideration of identification as a mechanism of change, since, according to Nock, “. . . mechanisms of change are the processes that emerge from or occur as a result of the clinician and client factors, and their interaction. . .”<sup>55</sup> Of course, as with all mechanisms of change, identification is not limited to clinical scenarios—they are only one place it emerges—and understanding how and why it occurs in more natural contexts can inform its clinical application.

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<sup>53</sup> Nock, “Conceptual and design essentials for evaluating mechanisms of change,” 5S.

<sup>54</sup> Toni Greatrex, “Projective Identification: How Does It Work?” *Neuro-Psychoanalysis* 4 no. 2 (2002): 187.

<sup>55</sup> Nock, “Conceptual and design essentials for evaluating mechanisms of change,” 8S.

I will limit my present analysis of identification to its most generic psychological expression, which I borrow from psychiatrist David Olds: “the modification of the self to resemble the other.”<sup>56</sup> Olds expands this definition by describing that the concept of identification can be thought of as a process and a result:

The process implies the verb ‘to identify,’ and that itself has two meanings. One involves imitation, conscious and unconscious, as well as more practical aspects such as learning procedures and patterns of behavior that resemble those of the other. An individual may identify also with the goals and values of the other, and steer one’s life in the direction of achieving those goals. A second meaning of the term involves influence on perception—apprehending the other as similar to oneself.<sup>57</sup>

This description of identification expresses a two-fold process of perceiving others as being “like me” and subsequently becoming more “like them.” Kurtz and Ketcham provide a more colloquial description of identification:

It is a reaching out from the self toward another whom one admires and respects, but it stops short of trying to *be* other than who one is. Each of us is and can be only our own self. Yet learning how to be a person—or, more accurately, learning to *be* the particular *kind of* person we are—originates through identification, and identification takes place in community.<sup>58</sup>

Olds explains the concept of identification within its traditional psychoanalytic context as a subtype of *internalization*. He offers an example from clinical practice: “When we see patients acting, often unconsciously, just like their mother or father, we have no hesitation in referring to identification with, or internalization of, the parent.”<sup>59</sup>

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<sup>56</sup> David D. Olds, “Identification: Psychoanalytic and Biological Perspectives,” *Journal of the American Psychoanalytic Association* (2005): 21.

<sup>57</sup> *Ibid.*, 22.

<sup>58</sup> Kurtz and Katherine Ketcham, *The Spirituality of Imperfection: Storytelling and the Journey to Wholeness* (New York: Bantam Books, 1992), 92. [emphasis in original]

<sup>59</sup> Olds, “Identification: Psychoanalytic and Biological Perspectives,” 20.

Because identification involves the modification of certain *behaviors* to resemble the other, it is frequently confused with mere imitation. Although imitation is a rudimentary process of identification, there is an important distinction between the two, which makes the concept of internalization more salient. Imitation can facilitate internalization, which can, in turn, result in certain imitative behavioral modalities. In this way, identification converges on the pragmatic principle of acting oneself into a new way of thinking.

### Impulse to Identify

Evidence suggests that humans are unique in their ability to identify with conspecifics. We not only demonstrate the ability to relate to each other in this manner; we demonstrate a unique *tendency* to do so—an impulse to identify. Just as it was important to consider what was distinctive about AA in facilitating the sociocultural process of identification, it is also important to consider what is distinctive about us that makes identification possible. Unfortunately, there is not room in this project to provide more than a cursory consideration of these basic neuropsychological mechanisms.

### ***Perceiving “Like me”***

Perceiving others as being “like me” requires a comparison of the self with the other. The other *represents* the self *to* the self and therefore functions as a sign about something that he or she is *not*, namely, the self. Recognizing the other as a sign to the self leads to the conclusion that the self must also be a sign to the other. In what follows, I will elaborate on why this insight is significant to our consideration of how the self is transformed through identification.

### *A Word on Signs*

In the semiotic thought of Charles S. Peirce, there are three basic types of signs, which can be distinguished in terms of how they function in relation to the thing to which they refer. An *icon* serves as the basis for all comparison. Icons are the backdrops against which all self-relation can be determined. The crucial feature of icons is the way that they represent *difference* between an object and what it is *not*. In this way, icons function similarly to a zero, in that a zero serves only to represent the absence of a number. An *index* refers on the basis of *association* between co-occurring objects and events. An example is the way that a thunderclap can index a flash of lightning. A *symbol* emerges from the referential ground floor of iconical and indexical reference. What makes a symbol unique, however, is its relation to a broader *system* of other symbols. Difference and association are still necessary for symbols to derive their meaning. However, symbols derive their *unique* significance through a systematic relationship to one another. Because symbols do not cohere with their referent in any obvious physical way, symbolic language requires the ability to suppress immediate physical and temporal associations in order to call to mind the special relationship between symbols. This act requires more than merely attaching a conventional token to some referent (i.e., symbol-object relationship); it requires attaching symbols to other symbols (i.e., symbol-symbol relationship). It is the relationship between symbols that characterizes symbolic language as a meaning system. Dictionaries, for example, consist of an organized system of words,

which refer to other words, each representing something they are not. The special meaning of each word emerges within the context of the particular system.

### *Self-as-symbol and Self-as-habit*

The self is a symbol to itself and to other selves. However, this is only possible because of the basic habitual tendencies the self embodies. The self is distinguished from the other on the basis of iconic differences, which signify to the self that the other is *not* self. All that is required for iconic comparison between self and other is a basic sense of self-awareness. I would argue that this level of comparison occurs among much simpler organisms. Indexical comparison requires a more complex level of self-awareness, which is mediated by a more complex nervous system, such as that of birds and mammals. Symbolic comparison, however, requires a much more complex level of self-awareness. It is awareness of self-awareness, where the self represents something to itself.

When symbolically interpreted, virtually anything can become a sign, including ourselves and others. Moreover, the iconism at different levels of construction of self and its relation to other can be blended by means of symbols, such that one's physical likeness to the other can become much more significant in the act of self-interpretation and self-representation.

### *A Processing Difference*

Like other species, humans live in the subjective realm of consciousness mediated by iconical and indexical reference of the more objective physical world, yet humans alone are privy to an experience of the world that is also embedded within a hidden web

of symbolic reference. Because symbols are freed of any lower-level, “real world” constraint of reference, they have freed human cognition of related constraints. Humans are free to think, feel, and act in ways completely unlike any other species, including our closest primate cousins—chimpanzees.

According to anthropologist Terrence Deacon, this capacity to think symbolically is a byproduct of the co-evolution between symbolic language and the human brain.<sup>60</sup> Deacon argues that the need for this ability has resulted in enlarged prefrontal and cerebral cortex in the human brain, as well as an almost irresistible tendency to look for deeper meanings and relationships between otherwise mundane events.

This tendency is cultivated throughout early childhood development, as children begin to acquire and learn the hidden system of symbolic reference associated with the words they hear spoken around them. Because the relationship between words is not apparent on the surface, the relationship must be inferred. It is during this time that a child’s basic meaning system through which he or she interprets him or herself in the world emerges.

Deacon says that our need to be able to select from a number of associations that have been symbolically coded throughout our lives has resulted in a capacity to conceptualize and communicate ideas and events in narrative terms, that is, in a sequential ordering of past, present, and future.<sup>61</sup> The temporal context of a narrative also functions as a kind of meaning system, imbuing various events with special significance

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<sup>60</sup> Terrence W. Deacon, *The Symbolic Species: The Co-Evolution of Language and the Brain* (New York: W. W. Norton & Company, Inc., 1997).

<sup>61</sup> Deacon and Tyrone Cashman, “The Role of Symbolic Capacity in the Origins of Religion,” *JSRNC* 3 no. 4 (2009): 494.

in virtue of their causes and effects. On a symbolic level, perceiving the other as being “like me” often entails some similarity in terms of past experiences, present situation, and future direction in life.

According to Deacon and Cashman, this capacity for narrative is underwritten by two neurologically distinct memory systems: 1) *procedural memory* is “how to” memory and it involves interaction between the basal ganglia, the motor cortex, and the cerebellum; 2) *episodic memory* is memory of singular events, and it involves the hippocampus, “which is basically the rolled up edge of the ventral part of the cerebral cortex.”<sup>62</sup> Our symbolic capacity enables these two memory systems to work synergistically with each other. I will return to this below

There is a phenomenological quality that distinguishes the experience of perceiving the other as being “like me,” characterized by an emotional valence closely tied to empathy. In other words, there is something that it is *like* to identify with another, which requires the capacity to put one’s self in the other’s shoes, so to speak. Our symbolic capacity as well as our capacity for narrative is crucial to this process. Deacon states,

Listening to other people describe their discomfort or reading a third-person account of someone else’s hardships can induce empathetic or sympathetic responses. Though these responses are often spontaneous, they depend both on the sophistication of the symbolic interpretation and the *willingness* of the listener or reader to carry on the interpretation process. Not only does this involve symbolic interpretation, but a sort of virtual experience in parallel to one’s own.

The ability to interpret a narrative as a sort of simulated experience often requires the generation of complex mental imagery. Powerful mental images can elicit a vicarious emotional charge that makes them capable of out-competing current sensory stimuli and intrinsic drives for control of

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<sup>62</sup> Deacon and Tyrone Cashman, “The Role of Symbolic Capacity in the Origins of Religion,” 494.

attention and emotion, resulting in a kind of virtual emotional experience. The power of mental images to displace arousal on sensorimotor signals doubly depends on the ability of prefrontal activity to predominate over other systems, because of the requirement to maintain linked but opposed mnemonic traces.<sup>63</sup>

On Deacon's view, the uniqueness of this experience is a byproduct of the way that symbolic thought has expanded the range and amplitude of our basic emotions. Because symbols can transform our cognitions through affording significant flexibility of meaning and reference, our basic emotions are transfigured in such a way that we can experience mutually exclusive emotions that are juxtaposed together.

This experience can occur in varying degrees, depending on the perceived similarities that exist between self and other, as well as the willingness of the individual to identify. Hence, motivational factors can greatly influence identification. When others bear superficial (iconic and indexical) similarities to oneself, identification is relatively unconscious and reflexive. More conscious effort is required, however, when the similarities are less obvious, and the extent to which the effort is made will depend on one's motive for doing so. For example, one may identify due to social pressures, or fear of being different. Conversely, one's motive may be that he or she actually desires to be like the other: he or she *wants* what the other *has*. Hence, we can see dialectic of being and having.

### ***Becoming "Like Them"***

The process of identification extends beyond the act of perceiving the other as being "like me" to becoming "like them." The self *represents* the other by taking on

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<sup>63</sup> Deacon, *The Symbolic Species: The Co-Evolution of Language and the Brain*, 430. [emphasis added]

behavioral patterns, as well as values, goals, and ambitions. This process involves iconic self-representation through certain mirroring behaviors, such as imitation, in addition to behavioral patterns that are acquired by means of the habitual association of indexical cues, which are recoded through an epigenetic process of neurological adaptation. In this way, the self re-presents the internalized other through embodied actions that have been learned and encoded through procedural memory. Repeated exposure to the other and continued practice is key to this aspect of identification. There may be very little that is conscious about this process of acquiring the other's behavioral modalities.

Many of the changes that occur are not significant enough to be observed directly. However, over a significant period of time, these changes will be obvious upon reflection and analysis. Moreover, the reciprocal nature between behavior and affect has been well established. Affect can influence behavior just as behavior can influence affect. Taking on the behaviors of others, then, can lead to the appropriation of their attitudes. Again, much of this occurs at the subconscious level.

Many other mammals learn and change through similar processes involving imitation and reinforcement through habitual associations. This process is distinctive in humans, however, precisely because of our symbolic capacity. For example, the relative significance of this change process is interpreted in light of a narrative conception of oneself. New behavioral routines, which were acquired largely through the subconscious process of identification, can nevertheless signify "personal growth" or "becoming a man." In other words, the significance is interpreted in light of the narrative conception of how one used to be.

The self also undergoes change at the symbolic/narrative level. As symbolically constructed, the self exists in relation to a complex system of other symbols, as well as the physical world. One's personal meaning and significance, then, may be interpreted within this system of symbols, that is, in relation to the world and others. What the self means or represents *to* the self, then, is determined by his or her own internal system of meaning. Entirely new systems of interpretation may be acquired, however, through identification. As the new system is internalized, the self begins to take on new meaning *to* the self in relation to others and the world. Thus, one's very subjectivity and self-identity can undergo change. In this way, identification can be a catalyst to spiritual change.

This process is not inevitable. Prejudice and stereotypes can greatly influence the extent to which one identifies with others. Resistance to change through identification can come precisely because one does not identify, that is, perceive the other to be "like me" in the first place. Conscious effort to resist the subconscious tendencies to change through identification may be exerted, such as when a son makes it his project to never be like his father. Change through identification, then, is greatly enhanced when the self *wants* what the other "has," that is, a particular *quality* or characteristic that is perceived as being valuable or meaningful.

A willingness to become like the other is often the requisite condition for true spiritual and behavioral change through identification. This wanting and willingness is also underwritten by our symbolic capacity. The relative value of another's perceived identity and subjective qualities emerges through the symbolic interpretation of those features. In this way, what the other has represents an end toward which the behavior of

the self can be directed. There is a teleological dynamic that characterizes the organization of one's own life narrative, which has a corresponding effect on behavior.

As a mechanism of spiritual change, some aspects of identification might involve what neuroscientist Patrick McNamara refers to as cognitive *decentering mechanisms*. McNamara describes decentering as a cognitive process in which the narrative self, which one habitually identifies with, is taken “offline” and replaced with alternative conceptions of the self.<sup>64</sup> McNamara explains that religion may have evolved as an organized and systematic means of achieving personal decentering, which tends to assuage the phenomenological experience of dividedness and *akrasia*. Certain religious cognitions may also be evidence of decentering through identification. Psychiatrist Greatrex says, “One of the unique human experiences is to talk to another in our mind. . . . It does involve an identification with a figure such as Jesus and the capacity to hold him within ourselves, the way we might hold mother or brother.”<sup>65</sup> In what follows, I will describe how AA may qualify as a pseudo-religious community that has emerged for precisely this reason.

#### Identification in AA

Now that we have a better understanding of what the process of identification entails, we can begin to consider how the sociocultural process of identification in AA is related to the spiritual and behavioral changes that occur at the individual level.

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<sup>64</sup> Patrick McNamara, *The Neuroscience of Religious Experience* (Cambridge UK, Cambridge University Press, 2009).

<sup>65</sup> Toni Greatrex, personal correspondence.

***“I must have this thing . . .”***

Perceiving others as being “like me” in AA is facilitated by members actively identifying themselves as alcoholics. As noted previously, alcoholism is a categorical condition of one’s identity as an alcoholic. Within AA, to identify as an alcoholic is to admit one’s powerlessness over alcohol. Moreover, it is to interpret oneself as being fundamentally different from nonalcoholics. In the *Big Book*, it is stated, “We learned that we had to fully concede to our innermost selves that we were alcoholics. *This is the first step in recovery.* The delusion that we were like other people, or presently may be, has to be smashed.”<sup>66</sup> Thus, identification as an alcoholic is based upon the comparison of oneself to others who are *not* “like me,” a comparison that is unlikely to occur apart from some exposure to others who are perceived as being “like me.”

Identifying *as* an alcoholic is accomplished especially by “qualifying” before sharing at an AA meeting. Although there are variations to this practice of identifying, a generic and familiar formula is, “Hi, my name is X, and I’m an alcoholic.” According to Johnson, “Common ‘identification’ as alcoholics serves as a bonding device. In essence, it gives all of the members the same last name (Alcoholic) and establishes the group as members of a common family.”<sup>67</sup> This ritualized act of self-identification establishes the individual’s identity in relation to alcohol, and this particular relation establishes a broader pattern of relation between each individual and the other within the sociocultural

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<sup>66</sup> AA, *Alcoholics Anonymous* 4<sup>th</sup> ed., 30. [emphasis added]

<sup>67</sup> Johnson, “Alcoholics Anonymous in the 1980’s: Variations on a Theme,” 415.

context of AA. Therefore, in theory, others in AA are “like me” primarily because of their similar “desire to stop drinking.” In practice, however, there may be any number of reasons that a person self-identifies as an alcoholic. Johnson observes that some people may say they are alcoholics because they do not want to “feel different,” even though they may not have believed that they were really alcoholics. Identifying as alcoholic, then, may sometimes function for the more socially adaptive purpose of wanting “to be seen as members of the group.”<sup>68</sup> It is by means of this identification process, then, that one begins to re-present him or herself as part of a new whole, a whole to which he or she belongs by virtue of something he or she is *not*, namely, “like other people” with respect to alcohol.

The significance of this self-identification in the process of spiritual change can be seen in the various intonations of the utterance “I’m an alcoholic.” The intonations may represent a range of different emotional valences, depending upon how this identification is symbolically interpreted. Jensen observes,

Michael K. probably felt one emotion and then another each time he said, ‘I am an alcoholic.’ At first, he probably felt so many different emotions at once that he had difficulty sorting them out. Eventually, as he repeats ‘I am an alcoholic’ again and again at meetings, he finds that he can say the phrase with little emotion at all, perhaps with a sense of pride..... [It’s] not entirely a simple statement of fact. With the utterance of ‘I am an alcoholic’ eventually comes a clarity of identity and a sense of belonging. He is able to move toward acceptance of self and community with others because the members at meetings respond to his ‘I am an alcoholic’ with ‘stable intonations’ that ‘form the intonational background of a particular social group.’”<sup>69</sup>

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<sup>68</sup> Ibid., 205.

<sup>69</sup> George H. Jensen, *Storytelling in Alcoholics Anonymous: A Rhetorical Analysis* (Carbondale, IL: Southern Illinois University Press, 83).

Self-identifying as an alcoholic is augmented by means of a narrative framing of the self. In the *Big Book* it says, “Our stories disclose in a general way what we were like, what happened, and what we are like now.”<sup>70</sup> The substance of these stories is one of the greatest expressions of AA’s varieties. However, the general theme is fairly consistent and usually conveys how bad life was while drinking and how much AA and sobriety has transformed that life into a positive reality.

Because narratives function as convenient mnemonics for storing and retrieving information, telling stories in this distinctive format serves to remind oneself of his or her identity as an alcoholic and also reinforces this transformation by reframing one’s own subjective self-interpretation.

Unlike the conversion narratives told in many other traditions, stories are told in AA primarily for the sake of one’s own “salvation.” A subtle hint to this motive can be seen in AA’s preamble: AA members “share their experience, strength, and hope with each other.....to stay sober and help other alcoholics achieve sobriety.”<sup>71</sup> The distinctive narrative structure of these stories influences a way of interpreting oneself in the world in an implicitly positive light. Thus, the change in intonation is not only representative of an acceptance of one’s identity based on belonging to a group of others “like me;” it is also based on an acceptance of oneself in light of a narrative interpretation that views one’s past as being necessary for the experience of the present and hope for the future. Therefore, it is not uncommon to hear some members identify as “grateful alcoholics.”

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<sup>70</sup> AA, *Alcoholics Anonymous* 4<sup>th</sup> ed., 58.

<sup>71</sup> AA Grapevine, Inc.

The transformation of self-interpretation may also come by realizing that one's past serves the important purpose of helping newcomers identify as alcoholics. In the *Big Book*, it is stated, “. . . we believe that it is only by fully disclosing ourselves and our problems that they will be persuaded to say, ‘Yes, I am one of them too; I must have this thing.’”<sup>72</sup> And so the cycle of perceiving and identifying continues.

***“If you want what we have . . .”***

I noted previously that identification is characterized by dialectic of being and having. This is especially observed in relation to being alcoholic/having alcoholism and being sober/having sobriety. Identifying as an alcoholic involves recognition that “I must have this thing” that is alcoholism. Interestingly, however, the sentence immediately following AA's storytelling template in the *Big Book* states, “If you have decided you *want* what we have and are willing to go to any lengths to get it—then you are ready to take certain steps.”<sup>73</sup> In this context, “what we have” refers to sobriety, and as I mentioned earlier, this is about more than mere “dryness.” It is significant, then, that this sentence precedes the outline of the Twelve Steps in the *Big Book*. It might read: ‘If you have decided to want the type of sobriety that we have . . . then you're ready to take certain steps.’ I have already discussed the first step to achieving sobriety—identification as an alcoholic—but this only describes one facet of how identification works in facilitating the *type* of sobriety AA offers its members.

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<sup>72</sup> AA, *Alcoholics Anonymous* 4<sup>th</sup> ed., 29.

<sup>73</sup> AA, *Alcoholics Anonymous* 4<sup>th</sup> ed., 58. [emphasis added]

*Variety in Sobriety*

Learning how to not drink as a way of life requires replacing a number of thinking and behavioral habits. It requires learning new ways of handling certain social situations, emotional experiences, and daily routines. Storytelling in AA serves as a vehicle for relating what “works” for staying sober and what does not work. For this reason, experience is what counts in terms of knowing how to sustain sobriety, and therefore one can only share what has worked for him or her. In early sobriety, a newcomer may struggle with finding what works for him or her in regard to avoiding temptation or resisting the craving. The habit of not drinking has not yet been developed in the procedural memory. Practicing what more seasoned members suggest is crucial to this process. It is also part of the more general process of identification. By the end of the first year, the habit of not drinking will have likely become internalized to the extent that some of the “obsession” to drink is gone. This, however, is only one *type* of sobriety—abstinence.

One of the best examples of identification in AA is the sponsor-sponsee relationship. A sponsor is a more experienced member of AA, who functions as a mentor, who typically has a greater length of sobriety and is selected by a newcomer to guide him or her in sober living. The unofficial criterion for selecting a sponsor is that you “find someone with the type of sobriety you want for yourself.”<sup>74</sup> A sponsor not only serves to guide the sponsee through sharing experience and offering instruction; he or she also *models* sober living through the “power of example.” It is not uncommon that a sponsee

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<sup>74</sup> Field interview, Boston AA.

will internalize the beliefs and practices of his or her sponsor and demonstrate this in the way he or she represents him or herself to others or to a potential sponsee.

### *Variety of Spiritual Practices*

There is room to grow in AA's conception of sobriety. One can have mere "dryness" if that is what one *wants*, although it is usually predicted that efforts to maintain the minimal qualification for sobriety fail over the long haul. Therefore, a sort of "moral psychology" is suggested as a means to obtaining an improved *quality* of sobriety. This includes the implementation of some of the altruistic principles included in the Twelve Step ideology of recovery, such as a "fearless moral inventory," "making amends," and "when we were wrong promptly admitting it." Just as acquiring the habit of not drinking required relearning certain behaviors and practicing new ones, it is the *practicing* of these moral disciplines that is described as leading to the "spiritual awakening" of the twelfth step. Not responding in anger, letting go of resentments, and learning to analyze the appropriateness of one's own behaviors all require practice. And, although sometimes these principles are practiced in the abstract, they are also subconsciously acquired by means of internalizing the actions of the other. Expressed positively, the motive for practicing these moral principles comes from the desire to be like the other, to have what he or she has. Expressed negatively, the motive may come from a simple desire to not want to feel different. In either case, it is identification that describes the special pull of this motive on the individual's values and behaviors.

*Variety of Spiritual Experiences*

The moral elements of AA's approach dovetail with its understanding of spirituality. "The spiritual" element of AA's Twelve Steps are not merely related to pseudo-religious practices or beliefs; rather, it is seen as a deflation of the "ego" by subjugating oneself to others, as well as a transcendent Other. Many of the spiritual principles suggested in the Twelve Steps promote self-analysis. The type of self-analysis promoted through these practices further facilitates the identification process by broadening the category of those "like me," which reinforces and promotes certain moral experiences and ethical action. As I noted previously, certain spiritual practices can lead to spiritual beliefs and experiences, and vice versa. The ethical impetus of AA's spiritual practices is the notion that these actions are what lead to personal healing.

Kurtz observes several themes throughout the stories describing members' spiritual experiences. Frequent reference is made to the experiences of *tolerance*, *forgiveness*, *gratitude*, *release*, *being-at-home*, and *humility*.<sup>75</sup> He points out that each of these experiences requires some practice on the part of the individual, which can both stem from and lead to a particular way of viewing oneself in the world. I suggest that identification may be the primary mechanism facilitating these experiences. Tolerance of imperfections in others may come through the acknowledgment and acceptance of one's own imperfections. For example, it is stated in the *Big Book*, "We realized that people who wronged us were perhaps spiritually sick. Though we did not like their symptoms and the way these disturbed us, they, *like ourselves*, were sick too."<sup>76</sup> Forgiving others

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<sup>75</sup> Ernest Kurtz, "Spiritual Rather than Religious: The Contribution of Alcoholics Anonymous," in *The Collected Ernie Kurtz* (Bloomington, IN, Authors Choice Press, 2008), 57.

<sup>76</sup> AA, *Alcoholics Anonymous* 4<sup>th</sup> ed., 67. [emphasis added]

may stem from a recognition of one's own desire and need for forgiveness. Gratitude may come through recognition of what someone "like me" deserves versus what was received. Being-at-home is almost certainly the experience of being among others "like me," a place where one fits. Humility may come from a more realistic interpretation of oneself in the world. And release may come as one accepts that he or she is the sort of person that must first let go to be freed.

Each of these experiences may come through the recognition and perception of others as being "like me." However, identification may also function in a more unexpected way in the facilitation of spiritual experiences. Just as individuals may identify as alcoholics for fear of feeling different, I suggest that this may also be a motive for identifying as "having had a spiritual awakening." One may begin to interpret otherwise mundane life experiences in terms of a spiritual experience because of the value placed upon having such experiences in the wider fellowship of AA. This is not uncommon in other traditions where an emphasis is placed upon having a distinctive type of experience to legitimate one's status as a member, such as Pentecostalism.

### *Variety of Spiritual Beliefs*

It is identification when an individual internalizes the worldview of a symbolically constructed transcendent Other. Many AA members report having some belief in a transcendent higher power, with whose values and purposes they identify.

The substantive content of AA's unofficial theology is also largely transmitted by means of identification. The validity of these beliefs is corroborated predominantly by whether or not they are held by someone who 'has what I want.' In the *Big Book*, it is

expressed, “When people presented us with spiritual approaches, how frequently did we all say, ‘I wish I had what that man has. I’m sure it would work if I could only believe as he believes.’”<sup>77</sup> No doubt, the emphasis upon spiritual experiences within AA makes these beliefs desirable, as they commonly function to provide a meta-narrative about the meaning of certain events, as well as one’s own meaning and ultimate significance. Hence, these beliefs may abet the shift in perspective about what ultimately matters, and where one fits in that ultimacy schema. Identifying with individuals who hold such beliefs increases the likelihood of acquiring those beliefs and taking on this change of perspective. These beliefs may come quickly or slowly and often not without some practice for the one who has never held such beliefs. The advice often given by the believing oldtimer to the unbelieving newcomer is to “pray anyway,” primarily because that is what ‘worked for me.’ In this way, identification converges on the pragmatic principle to “act yourself into a new way of thinking.” AA’s expression of this is: “Bring the body and the mind will follow.”

### What’s Missing?

In this section, I have analyzed some of the ways that identification functions as a mechanism of change at the spiritual and behavioral levels in AA. In particular I noted that identification is the process of taking on the other’s values, goals, and behavioral patterns. The only precondition for membership in AA is “a desire to stop drinking.” However, the value placed upon sobriety within the fellowship as a whole has a downward effect on its individual parts. Perceiving others as being “like me” is crucial to

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<sup>77</sup> AA, *Alcoholics Anonymous* 4<sup>th</sup> ed., 47.

the task of identifying oneself as an alcoholic, and this is the foundation upon which AA's "spiritual program of action" is built. I have described some of the various conscious and subconscious ways that identification works.

Identification functions as a mechanism of spiritual change in AA primarily by facilitating a particular type of self-interpretation through a particular type of meaning system embedded within AA culture. It functions as a mechanism of behavior change in part by providing a new template for certain behavioral routines, as well as by organizing behaviors around an embodied ideal represented by the other.

As I mentioned, however, this attempt to describe *how* identification works only satisfies the theoretical criterion for demonstrating a mechanism of change. In order to successfully demonstrate this proposed mechanism, research methods will have to be designed that can accommodate the complexity and emergent nature of the phenomenon of identification.

### **Summary**

In this chapter, I have attempted to describe the process of identification as the mechanism of change within AA. More specifically, I have argued that identification can effectively bridge the explanatory gap between how the "AA variable" is related to spiritual changes and corresponding behavioral changes. I began by examining the phenomenon of identification as it has been observed through psychoanalysis. I then proposed some of the rudimentary components of the human tendency to identify. I concluded that it was an emergent byproduct of our predisposition to depend upon human culture for survival relevant information, which has given rise to our unique capacity to

think symbolically. Identification functions as a mechanism of change along multiple levels of scale. Therefore, it can work to reorganize social systems, meaning systems, behavioral patterns, and even neurological systems. This can be observed in the ways that identification works in and through AA. There has not yet been any empirical research conducted to demonstrate the action of identification as a mechanism of change. In this chapter, I have made a case for why research should move in this direction.

## CONCLUSION

I began this essay by considering some of the pitfalls associated with research on the spiritual component of AA's program of recovery from alcoholism. In particular, I noted that the research aimed at demonstrating "the spiritual" as a mechanism of behavior change fails because of its reductive approach to considering "the spiritual" variable.

I have argued that the primary mechanism of spiritual change within AA is the psychological process of identification. In the end, this is an empirical question. A simple cross-sectional study, however, will not be sufficient to determine the effects of identification on the spiritual or behavioral changes in AA. However, a longitudinal study designed to measure these changes has not yet been devised.

I might extend my hypothesis further by suggesting that identification is *a* primary mechanism of spiritual change outside of AA as well. Monastic traditions, for example, have ancient disciplines designed around the cultivation of identification or internalization. This, then, is potentially significant to the broader study of spiritual experiences and transformations.

I might also argue that identification is as much a part of the solution as it is a part of the problem. In the first chapter, I observed how AA's ideology of alcoholism was significant for understanding the way that identification functions in the transformation process. I suggested that AA's conception revealed that alcoholism has more to do with the self-identity of the alcoholic than with dependence upon alcohol. I believe that this

may be significant for understanding more about the problem of alcoholism, especially insofar as the *thing* that undergoes change is the symbolically represented self.

So far, the neuroscience of addiction and alcoholism has focused primarily upon the various ways in which a particular substance commandeers a neural pathway, such as the dopaminergic “pleasure center.” Investigation along these lines has sought to establish the various similarities found between how humans and other animals respond to “addictive substances.” What is commonly overlooked, however, are the dissimilarities in these responses across species. What makes the *human* experience of addiction different is a question that is rarely asked. I suggest that a look into the neuroscience of change may be a valid place to begin looking for what makes the brain and experience of humans different.

Perhaps most importantly, however, a scientifically supported conception of spirituality in recovery stands to offer a lot in the way of advancing this component for other recovery models.

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