

## Consent or Coercion? Treatment Referrals to Alcoholics Anonymous

*Commentary on Michael Clinton's: "Should Mental Health Professionals Refer Clients with Substance Use Disorders to 12-Step Programs?"*

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Who says 'hypothesis' renounces the ambition to be coercive in his arguments

William James

*The Varieties of Religious Experience*, p. 511

### Introduction

Clinton is certainly correct that there can be serious ethical problems with mental health professionals referring clients with substance dependence and other addiction-related problems to 12-step programs. But the philosophical doctrine of representationalism he proposes is not a helpful way to address those issues. It seems more like red herring that only serves to detract attention from the real problem. This is the coercive nature of referrals to 12-step programs in many treatment and rehabilitation centres. Clinton's discussion is helpful because it invites us to consider this important ethical issue. But unfortunately his analysis fails to address the issue satisfactorily. At the same time, it seriously misconstrues the nature of 12-step programs, obscuring their own ethical stance on consent, eligibility and membership.

Walters' criticisms are relevant to 12-step programs in general. Contrary to what Clinton argues, it is not so much the spiritual content of 12-step programs that is ethically objectionable here. Nor is it the fact that those programs might recommend a way of life that is allegedly superior to others, their so-called 'representationalism'. Both of these criticisms miss the point. Rather, what is ethically objectionable is the fact that referral to such programs by mental health professionals is often accompanied by coercion of some sort, subtle or explicit. This kind of coercion occurs whenever an in-patient or an out-patient at an addiction treatment centre or health care facility is forced to attend 12-step meetings as a condition of their program of care. Ironically, such a practice is actually ethically objectionable according to the stated goals and practices of 12-step programs themselves. For example, it violates both the spirit and the letter of the philosophy of Alcoholics Anonymous (henceforth, AA), which will be our primary example in this discussion. This is a point Clinton fails

to mention. In the end, it is the current health care system and its referral practices that are guilty of a breach of ethics in this case, not AA or other 12-step programs like it.

### Putting Representationalism Aside

Clinton defines representationalism as the view that 'people ought not, other things being equal, to engage in practices that have the effect of recommending certain intentional lives'. Various competing interpretations of this principle are explored. Indeed, so many competing versions are presented, with so many caveats, that the doctrine creates more problems than it solves. While it may be of philosophical interest to attempt to unravel these complexities, for the present reader, at least, the end result was the impression that representationalism is of doubtful practical utility when it comes to illuminating an ethical problem like the present one. It is a red herring that detracts attention from the real issue.

In fact, the situation is worse. For representationalism is not only a red herring. It also seems to be a very implausible doctrine. What, after all, is wrong with recommending one way of life or practice over another, if prospective participants are free to consent? It is hard to see what is ethically objectionable with this in the present context. No doubt, problems may arise when a way of life or practice is not simply recommended, but imposed. However, representationalism as defined by Clinton appears to conflate these two quite different alternatives, while it is only the second that is really ethically relevant.

Representationalism, therefore, is not the issue. As presented here, it is an implausible doctrine that merely serves to detract attention from the real ethical problem at hand. This is the imposition of one way of life over another in treatment contexts where individuals are referred to 12-step programs for addiction. In the language of consent, this imposition is tantamount to a form of coercion. Unfortunately, on this question, Clinton is not very helpful either. First, he overlooks the conditions for membership and entry into 12-step programs as they are stated by those programs themselves. And secondly, like many, he oversimplifies

the role and nature of spirituality and the concept of “God” in 12-step programs, which he appears to consider objectionable. This results in an inaccurate and misleading depiction of 12-step programs. And that, in turn, puts the responsibility for the ethical problem we are concerned with in the wrong place, namely, 12-step programs. In fact, the source of the problem lies elsewhere. It lies with the health care system.

### **If You Have Decided You Want What We Have...**

Consider the case of Alcoholics Anonymous, the oldest and largest 12-step program. The AA literature makes it clear that entry into the AA program is meant to be fully voluntary and free of any coercion whatsoever. Indeed, AA is said to operate on a principle of ‘attraction’ rather than ‘promotion’ (Alcoholics Anonymous 1952, 180-184). Part of what this means is that AA members are not supposed to brazenly vaunt and publicize the merits of their way of life through organized means like the press and radio and television. In fact, individual members are encouraged to remain anonymous, avoid attention and publicity, and focus on the task of helping ‘the alcoholic who still suffers’ by attending and contributing to weekly local group meetings. Prospective members are invited to come to meetings to see the success of AA for themselves. Aggressive proselytizing is frowned upon.

In the AA program, prospective members are invited to consider whether they want to have the kind of sobriety and way of life AA claims to offer. The only requirement to join is ‘a desire to stop drinking’ and no effort is made to enlist or retain members who are uninterested (Alcoholics Anonymous 1952, 139-146). In fact, it is deemed a condition of success that interested individuals enter of their own free will and motivation. Prospective members are asked to consider: ‘if you have decided you want what we have ...’ (Alcoholics Anonymous 1939/2007, 58; emphasis added). The implication here is clear. If somebody does not want the way of life that AA offers, then they should feel free to abstain.

In sum, the idea of forcing or coercing individuals to attend AA meetings is completely anathema to both the letter and the spirit of the AA Program. Unfortunately, Clinton seems to miss this point entirely. This gives an incorrect and misleading perspective of the ethics of the process governing attendance and membership in 12-step programs, most notably, AA. According to its own literature, AA is against any form of coercion, subtle or explicit, and membership must be strictly voluntary. Forced attendance is actually deemed counterproductive to the aims of recovery.

Nonetheless, Clinton is certainly right to be concerned with referral to 12-step programs and he deserves credit for pointing us toward a genuine and very important ethical problem in this domain. This is the fact that, in practice, many individuals in treatment and rehabilitation centers are forcibly or subtly coerced to attend AA and other kinds of 12-step meetings. Indeed, sometimes attendance at AA meetings is even mandated by the courts. Such referral practices are ethically wrong. First, they are ethically wrong because they violate the requirement that informed consent must be voluntary and free of any coercion. Secondly, as we have just seen, they are ethically wrong according

to the tenets of 12-step programs themselves.

In addition to being ethically wrong for the above two reasons, coerced referral to 12-step programs is also clinically objectionable. This is because the spiritual orientation 12-step programs like AA may not be for everyone. This last point is worth pondering. It is a matter on which Clinton errs seriously in his depiction of 12-step programs; at least ones like AA. He appears to find the spiritual orientation of programs like AA objectionable, on representationist terms. But these worries are ill-founded.

### **Hypothesis of a Higher Power**

The role of the concept of “God” in 12-step programs is exceedingly complex and varied and cannot possibly be successfully treated in a short commentary like the present one. At the same time, it is important to correct Clinton’s misleading and philosophically impoverished discussion of the concept of “God” in such programs. A proper appreciation of this issue should help attenuate Clinton’s worry that AA members aim to impose a morally superior way of life on prospective participants. Yet that, of course, does not mean that AA is for everyone.

To start, Clinton is correct that in its very early days, AA was largely inspired by a Christian sect called the Oxford Group. The early Oxford pioneers explicitly alluded to and recommended a dependence on God – in the Christian sense – as part of their treatment for alcoholism (Alcoholics Anonymous, 1957, 64-68, 74-77). But AA has ‘come of age’ since these early days, and the founding fathers of today’s AA movement – Bill W. and Dr. Bob – quickly recognized that talk of ‘God’ could alienate and repulse many prospective members in dire need of help.

Inspired by the conception of spiritual experience outlined in William James’ classic work, *The Varieties of Religious Experience*, the founders of AA opted to adopt an ‘experimental’ approach to the question of God (James 1902/1985). Rather than imposing a particular doctrine or dogmatic conception of God, they decided instead to ask prospective members to choose a God ‘of their own understanding’ (Alcoholics Anonymous 1952, 34-42; 1957, 262-267). This ‘higher power’ could be anything: a spouse, friend, AA group or member, a religious figure – whatever can be relied on for inspiration, strength, and support. In effect, by asking AA members to choose a higher power and God of their own understanding, prospective members are asked to treat belief in a higher power as an hypothesis: ‘to act as if it were true and see if it works’ (Alcoholics Anonymous, 1957, 264; see also James 1902/1985, ) In practice, this often involves learning how ‘to lean on another human being who seems to be finding the answer, and then lean on the higher power behind him’ (Alcoholics Anonymous 1957, 264).

Clearly, the AA experimental approach to belief in a higher power of one’s own choosing and understanding is unabashedly spiritual. But there is no religious dogma or particular conception of God imposed or even recommended here. Some AA members, including AA founder Dr. Bob, claim that they have

experienced sudden spiritual experiences that have launched their 'conversion' into sobriety. However, it is also stipulated in the AA literature that 'ordinarily, such occurrences are gradual and may take place over periods of months or even years (Alcoholics Anonymous, 1957, 63, Note 2). In practice, for many, the 'spiritual awakening' mentioned in step 12 of the program is tantamount to a new way of perceiving the world.

Thus, the concept of God in the AA program remains, like the AA program itself, highly open, flexible, and even slightly anarchic – as its founders intended. Clinton's discussion unfortunately seems to miss this crucial element, although he is right that, because of its spiritual orientation AA may not be for everyone. On this last point, however, he overlooks the fact that even AA admits its program of recovery may not be for everyone. As Bill W., one of AA's founders once wryly noted: 'It would be a sorry day for AA if ever we came to think that we had a monopoly on fixing drunks' (Alcoholics Anonymous 1957, 236).

## Summary

To conclude, free and informed consent is the only ethically appropriate entry point to AA and other 12-step programs based on it. Any form of coercion or imposition is unacceptable and counter-productive to the aims of recovery. Therefore, mental health professionals should not forcibly refer clients to 12-step programs without first seeking informed consent. Such consent must be voluntary and based on an accurate understanding of the hypothetical and flexible employment of the concept of "God" in such programs. Unfortunately, Clinton's discussion obscures rather than clarifies most of these issues, although he deserves credit for drawing our attention to the problem of coercion. And on this question, it is our current health care system and its referral practices that are often guilty of a breach of ethics, not AA or other 12-step programs like it.

This article has been peer reviewed.

**Competing Interests:** None

**Acknowledgements:** None

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**Key Words:** *representationalism, antirepresentationalism, Alcoholics Anonymous, 12-step programs*

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