

Should Mental Health Professionals Refer Clients with Substance Use Disorders to 12-Step Programs?

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ABSTRACT

Attendance at 12-step programs has become part of the orthodoxy of treating clients with substance abuse disorders. However, concerns have been raised about the assumptions on which 12-step programs are based. I argue that antirepresentationalism is the moral principle that underpins such concerns. After clarifying the principle of antirepresentationalism, I explore strategies for reconciling antirepresentationalism with 12-step programs. However, all the strategies I try fail. Consequently, I adopt an alternative way of thinking about antirepresentationalism that leaves mental health professionals free to refer clients to 12-step programs. However, such referrals can continue only at the cost of accepting objectionable assumptions about motivation, spirituality and human agency. Therefore, it might well be time to find an alternative to 12-step programs.

Background

Twelve-step programs have become increasingly popular as substance abuse and dependence has increased. Alcoholics Anonymous (AA) alone can claim 1,867,212 members meeting in 106,202 groups worldwide (Alcoholics Anonymous, 2006b). Membership of similar groups has increased as substance of choice organizations have proliferated to assist recovery. Cocaine Anonymous, Marijuana Anonymous, Narcotics Anonymous, Nicotine Anonymous are just some of the 12-step programs available. Such groups provide much needed assistance to an increasing number of people and are generally well regarded by mental health professionals (psychiatrists, psychologists, nurses, social workers). As a result, attendance at 12-step programs is widely encouraged. However, there is at least one author who questions this orthodoxy? (Walters, 2002) directs his criticisms at AA, but his concerns apply to 12-step programs in general. Thus his argument, that it is time to find an alternative to AA, is to be taken seriously. The targets of Walters' criticisms are AA's assumptions about motivation, spirituality and human agency. According to Walters, AA assumes that alcohol abuse and dependence arise from denial and weak motivation. Walters also objects to the overly religious emphasis found in AA's conception of spirituality

because God is invoked directly in 5 of the 12 steps. Moreover, Walters is concerned that Step 6 explicitly requires AA members to hold that they are "entirely ready to have God remove all [...] defects of character" (Alcoholics Anonymous, 2006a) associated with alcohol abuse and dependence.

Walters' criticisms are relevant to 12-step programs in general because all such programs are predicated on a common philosophy. I want to take up Walters' criticisms in this general sense. However, my terminology differs from his because I want to bring out a possible moral basis for Walters' concerns. From now on, I shall refer to Walters' criticisms of AA and, therefore, to his implied criticisms of 12-step programs in general, as an objection to representationalism. I shall explain.

Antirepresentationalism

According to May, (May, 1995, p.10) "The principle of antirepresentationalism is as follows: People ought not, other things being equal, to engage in practices whose effect, among others, is the representation or commendation of certain intentional lives as either intrinsically superior or intrinsically inferior to others."

Lack of space prevents me from tracing the philosophical antecedents of the principle of antirepresentationalism. Interested readers can assess the nuances May finds relevant in Lyotard, Deleuze, and Foucault by reading his book, *The philosophy of post-structuralist anarchism* (May, 1994).

May relies heavily on Foucault in his 1994 and 1995 books, and finds resonances for the antirepresentationalist principle he defends, not only in Foucault's work, but also in the way Foucault lived his life. Specifically, he remarks: "Throughout his life, Foucault avoided making recommendations either for action or for principles deciding which actions or practices should be promoted and which avoided." May (1995, p.11) However, as will become clear, Foucault's reticence cuts both ways because any argument against representationalism implies the practice it condemns.

May (1995) argues that representationalism is embedded in any and all practices that involve explicit or implicit claims to the intrinsic superiority or otherwise of intentional lives. If May is correct, then Walters' objection to AA, when generalized to all

12-step programs, is a moral objection to any practice that involves privileging one or more forms of intentional life over others. I shall explain why 12-step programs necessarily involve representationalism in the next section. For the moment, it is sufficient to mention that, other things being equal; any case against representationalism should deter mental health professionals from encouraging participation in 12-step programs, which of course is not the result that most clinicians want.

In other words, the Walters' article can be reduced to the following syllogism:

1. People ought not, other things being equal, to engage in practices that have the effect of recommending certain intentional lives.
2. 12-step programs necessarily have the effect of privileging certain intentional lives.
3. People ought not, other things being equal, refer people to 12-step programs.

Yet this result is likely to be contrary to the opinions of experienced mental health professionals because: it proscribes current practice; and equates the moral justification of 12-step programs with the ability to fill in open ended *ceteris paribus* clauses. How then can the principle of antirepresentationalism and participation in 12-step programs be reconciled?

One starting point is to look closely at the antirepresentationalist maxim. The first thing to notice about premise (1.) above is that antirepresentationalism entails no absolute ban on representationalism (May 1995). Therefore, it may be possible to justify the claim that forms of intentional life commended in 12-step programs are intrinsically superior to any intentional life that involves an addiction. However, any such argument may work for the substance use disorders, but cannot work for problems with sexual addiction or gambling. Why? For the reason that judgments about sexual addictions and gambling are more obviously normative than judgments about substance use disorders. That is, it is not clear that sexual addictions and problem gambling are illnesses in the way that Alcoholic Anonymous regards alcoholism as an illness. Therefore any objections to the sexual or gambling behaviors of others are likely to rest more obviously on moral grounds. Hence, qualified representationalism, the idea that there are circumstances in which it is acceptable to commend certain intentional lives as intrinsically superior, as in the case of treating an addiction regarded as an illness, cannot provide a general solution to the problem of reconciling the principle of antirepresentationalism with attendance at 12-step programs.

An alternative approach is to follow May (1995) in claiming that any *ceteris paribus* clause can accommodate the principle of antirepresentationalism on the basis of consequentialism. If May is correct, then representationalism is never wrong if more people are better off as a result of it, and nobody is left worse off. In other words, 12-step programs are immune to those of Walters' criticisms that involve his objection to antirepresentationalism to the degree that membership is associated with better rates of recovery and improvements in the lives of those who inhabit members' worlds. However, a recent Cochrane review found that no experimental studies have demonstrated the superiority of

AA over other psychological interventions in reducing alcohol dependence or problems (Ferri et al., 2006). As a result, any argument in favor of AA that relies on consequentialism must fail if it is unsupported by scientific evidence of superior efficacy, or cannot otherwise be justified.

Accordingly, neither qualified representationalism, nor claims that exploit *ceteris paribus* clauses, nor any form of consequentialism that fails the test of evidence of superior efficacy over other interventions can reconcile antirepresentationalism with 12-step programs. Besides, even if one or more of these reconciliation strategies could succeed, they fall short in addressing what I take to be the most significant of Walters' criticisms.

Twelve-Step Programs

Walters objects to AA's assumptions about motivation on the grounds that 12-step proponents insist that a person "must hit rock bottom" before they are capable of finding the motivation to do "anything serious about a serious alcohol problem." (Walters' 2002, p.54) Such insistence is objectionable because it misidentifies motivation as a dispositional trait and ignores its interpersonal dimension (Walters 2002). In other words, Walters objects to the absence of an explicit commitment to enhancing a person's motivation by working with them in an interpersonal process of the kind associated with such interventions as motivational interviewing (Rollnick & Miller, 1995). Leaving aside the question of the relative efficacy of motivational interviewing and 12-step programs in motivating people with drinking problems toward recovery (Heather, 2005), Walters' criticism, privileges interpersonal conceptions of motivation over the dispositional ones associated with 12-step programs on strictly ethical grounds. The intrinsic moral superiority of the former arises from a commitment to immediate assistance for the client, and the non-judgmental attitudes that enable the mental health professional to avoid confrontation in favor of supporting the client to consider disparities between a preferred level of functioning and his or her current level of functioning.

Walters criticizes AA for limiting spirituality to religious connotations associated specifically with non-denominational Christian theology. Five procedures originally borrowed by AA from the Oxford Group are integral to the 12-steps. AA membership involves: "...Giving in to God; Listening to God's direction; Checking for Guidance, Achieving Restitution; and Sharing." (Walters, 2002) Walters' objection to these and similar procedures is twofold: AA attendance is correlated with God-consciousness, thereby encouraging people without religious convictions to opt out; and transcendental beliefs of the kind associated with participation in 12-step programs encourage clients to surrender themselves to an external locus of control, thus denying the spirituality found within such religions as Taoism and Buddhism (Walters, 2002). Thus, the spirituality fostered by AA is incomplete and objectionable to the extent that it fosters denial of personal responsibility and human agency.

Walters' other telling criticism of AA is his objection to the assumption that loss of control is the primary explanation of problem drinking. According to Walters, AA operates on the assumption that all people with a drinking problem will lose control in the

presence of alcohol, thereby requiring total abstinence as the only reasonable and realistic goal in recovery. The effect of these related assumptions is that the AA member is dehumanized to the extent that he or she is regarded for all time as lacking in human agency sufficient to take a drink in moderation. Such absolutism reinforces the belief that for the person with a drinking problem the only safe amount of alcohol is none. Leaving aside evidence to the contrary (Walters, 2002), such an absolute commitment to abstinence reinforces the belief that any person with a drinking problem will forever lack self-control and, as a result, the only sensible solution is to deny him or her the self-agency taken for granted by everyone else.

But what precisely does the moral force of Walters' objections consist in? I should like to suggest that the moral force of Walters' arguments consists in antirepresentationalist sympathies of the kind associated with poststructuralist thought.

Poststructuralist Thought

In May's reading of poststructuralist thought it is morally wrong to represent to a person either what his or her intentional life actually is, or what his or her intentional life should be. Therefore, AA's 12-step programs are unethical to the extent that they undermine the intentional lives of people with drinking problems by encouraging them to understand themselves as powerless, irremediably dependent on alcohol without divine intervention and forever incapable of self-control in the presence of alcohol. Furthermore, 12-step programs in general go further than encouraging belief in such character defects by basing all hope for future alternative intentional lives on this deficit model of the self. To accept this reasoning is to admit that character deficits are the primary source of personal troubles. Such reasoning also entails privileging religious conviction over personal responsibility. Furthermore, it involves relying on external control rather than personal agency as the primary resource for solving problems.

The fault in such representations consists in the power implicit in representing the intentional lives of people to themselves. This power is oppressive in that it entails telling people what they have been, who they are, what they really want (May, 1995), and who they should strive to be. Yet, for me, such oppression is less a cause for concern than all the subtle processes in the 12-step process that encourage members to surrender human agency to first external controls and later to unquestioned internalized controls. Such subjugation of the self involves surrendering, not only to the beliefs and assumptions propagated by AA, but also to wider oppressive social relations that involve any and all aspects of what it means to be a citizen.

Discussion

Mental health professionals who accept Walters' antirepresentationalist position have choices. Either they can find a way of reconciling antirepresentationalism with participation in 12-step programs; or they can stop referring clients to AA and to similar programs. I neglect for convenience the possibility of referring

clients to 12-step programs despite entertaining reservations. As many people find 12-step programs helpful if not effective, and Walters' paper seems to have been ignored, perhaps I am alone in thinking that representationalism is a problem. The crucial moral question is whether it is routinely permissible to represent certain intentional lives as intrinsically superior. I have sketched out a position that rules out justifying representationalism on the basis of qualified representationalism, *ceteris paribus* arguments, and consequentialism.

Perhaps I could have made more progress by distinguishing between strong and weak forms of representationalism. However, this line of reasoning would have thrust me into the kind of qualified representationalism that I have already ruled out. Conceivably, I could have saved myself worries by assuming that people share the same assumptions as AA before they become members of 12-step programs. Sadly I must reject this train of thought because all forms of the strong-weak distinction can be reduced to filling in the *ceteris paribus* clause. This is because the strong-weak distinction entails the claim that other things are not equal when a person pre-subscribes to the intrinsic superiority of the intentional lives valorized in 12-step programs. Even if this is not true, the strong-weak distinction runs into another problem. If I distinguish between explicit assumptions and implicit assumptions in the promulgation of intrinsically superior intentional lives, I come up against the problem of deciding which the weaker form is.

I could say that the weaker form consists in explicit assumptions about intrinsically superior intentional lives because the client can decide whether to reject these assumptions. But I could also say that the weaker form consists in implicit commendations of certain intentional lives because the client cannot reject anything of which he or she is unaware. The obvious objection to this way of thinking is to say that the strong-weak distinction is not so easily put out of play because it is always possible to predicate an alternative argument on the assumption of one or more unconscious mental processes. This amounts to the claim that everyone is subject to influences that affect them of which they are unaware, and raises the question of why members of 12-step programs should be any different. But this will not do, because post-modern thinking of the kind that raises representationalism to the level of a moral concern supersedes thinking about unconscious life. For example, the works by Foucault and others cited by May (1995) are specifically intended to avoid assumptions about unconscious processes and forms of power derived from psychoanalysis and Marxism. Consequently, no argument from the unconscious or from false consciousness can be used to justify, shore up, or otherwise save the strong-weak distinction.

What does all of this amount to? It amounts to good reasons to worry about any practice that involves representation of intrinsically superior intentional lives. The crucial question with respect to treatment of substance use disorders and disorders involving addiction and dependence in general, is why members of relevant self-help groups should accept what participation in 12-step programs obliges them to believe as a precondition for recovery. As the representation of intrinsically superior intentional lives, of the kind implicitly objected to by Walters, always involves the displacement, and by implication, the devaluing of an existing intentional life (May, 1995), it becomes a moral duty to ask what makes the recommended intentional life superior. May (1995) does not want

to rule out the justification of intrinsically superior intentional lives in principle. However, I am more deeply skeptical about the possibility of justifying any intentional life as intrinsically superior without falling into qualified representationalism, exploiting *ceteris paribus* clauses, relying on consequentialism, or invoking incoherent distinctions between strong representationalism and weak representationalism. If May (1995) is correct in thinking that it may be possible to justify representationalism, but cannot state precisely how this can be done, it is reasonable to conclude that nothing of value can be said about whether the representationalism entailed in 12-step programs is justified. In the absence of a defensible justification of representationalism, I am tempted to think that antirepresentationalism is the only sound option, but as will now become clear, this is not a sound conclusion.

Conclusion

I am unable to find a way to reconcile moral objections to representationalism of the kind implied by Walters with recommending people with substance use disorders and other problems to attend 12-step programs. Perhaps I should worry less about reconciling antirepresentationalism and attendance at 12-step programs and more about deflating arguments from antirepresentationalism. All this requires is to note that any argument from antirepresentationalism must be self-defeating. For in arguing against the promulgation of any candidate intrinsically superior intentional life, I must rely on the intrinsic superiority of the form of intentional life on which I base my objection. If this is correct, then mental health professionals need not worry about referring clients to 12-step programs because antirepresentationalism entails no less a commitment to intrinsically superior intentional lives than representationalism.

This is what was meant when I stated that Foucault's antirepresentationalist thoughts cut both ways. So what should mental health professionals do? My references to Foucault forbid me from making recommendations. All I can do is to clarify the choice that faces clinicians. Mental health professionals can either rule out Walter's objections to AA and other 12-step programs on the grounds that they involve the kind of representationalism to which he is opposed. Or they continue to refer clients to AA and to other 12-step programs in the knowledge that they are endorsing assumptions about motivation, spirituality and self control that are objectionable. Those who cannot support either approach are likely to agree with Walters that it is time to find an alternative to 12-step programs. However, if this is what happens, mental health ethicists will be challenged to defend the representationalism on which an alternative approach is based, and to solve the problem of stating under what circumstances such representationalism is justified.

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