

# **Alcoholics Anonymous and the Counseling Profession: Philosophies in Conflict**

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This article describes the contribution of Alcoholics Anonymous (AA) to drug and alcohol treatment. The potential for AA 's steps to encourage growth is discussed, and their consistency with counseling philosophy examined. To stimulate constructive discussion, 12 new steps based on counseling theory are proposed and contrasted with AA 's steps. The need for counselors to be aware of these differences is emphasized and the move toward more solid boundaries between AA and the counseling profession is advocated.

Since its conception in 1935, Alcoholics Anonymous (AA) has grown to be the most widely used organization for the treatment of alcoholism and substance abuse. Currently consisting of an estimated 1,800,000 members in 134 countries and more than 87,000 local groups (Alcoholics Anonymous World Services [AAWS], 1990), AA has become a major force in shaping society's view of addiction.

AA's treatment philosophy has changed how many people view themselves, their substance use and abuse, and the roles played by the people around them. The influence of AA is seen not only in the treatment of alcoholism, but also in the range of support groups for varying concerns of eating disorders, drug addiction, and gambling (Browne, 1991; Gifford 1989; Yeary, 1987). AA can provide the individual with an environment in which experiences can be shared and trust can be established. Members can exchange stories and encourage and support each other (Flores, 1988). Feelings of isolation that may be felt by many alcoholics can be reduced through the AA group process (Talbot, 1990). AA meetings are accessible; there is no screening of members, and the free help can be as long term as the member desires. A particular strength of AA is its ability to help members in times of crisis. This idea of assistance originated with AA's founding members Bill Wilson and Bob Smith. Out of their friendship and support for each other came the AA philosophy that one member can be of aid to another during periods of

stress (Kurtz, 1988). Organizations such as AA can be critical in determining whether a crisis will lead to growth and development rather than to increased difficulties such as heightened anxiety and feelings of hopelessness (Slaikue, 1990). AA is especially well prepared to aid individuals in distress by providing direct support through sponsors. Sponsorship gives AA members the opportunity to have continuous, personal help from individuals who have made some progress in the program (AAWS, 1976b). The use of sponsors has been found to be a significant factor in the recovery process, especially in the initial stages when greater assistance is usually needed (Fagan, 1986).

AA has also been instrumental in bringing about the acceptance of the disease model of alcoholism (Kurtz, 1988). It supports the idea that some people may be “allergic” to alcohol and unable to use it in any form (AAWS, 1976a), and presents alcoholism as a progressive illness that can be arrested but not cured (AAWS, 1984). Although AA’s explanation of alcoholism as a disease is supported by the American Medical Association, its validity continues to be debated in the literature (Erickson, 1992; Miller, 1991; Peele, 1990, 1992). Some of the controversy concerning the disease model has arisen due to a lack of scientific evidence, and from differing definitions of disease (Fingarette, 1988). It is beyond the scope of this article to discuss this debate in detail; however, it should be noted that for many individuals AA’s view has reduced feelings of guilt and shame, clarified the cause of their desire to drink, and removed much of the stigma associated with treatment.

Although AA believes in a medical cause for alcoholism, their treatment program is a nonmedical one that includes both social and emotional elements. At the core of AA’s treatment program lie the 12 steps. These steps were originally adapted from a Christian organization, the Oxford Group. The group emphasized changing one’s life and removing sin by passing through five stages known as the five procedures. These stages involved giving in to God, listening to God’s direction, checking for guidance, achieving restitution, and sharing (Kurtz, 1988).

The majority of professional substance abuse programs in the United States use the 12 steps, either by making them the foundation of their treatment plan or by introducing them to clients as a means of recovery (Bradley, 1988). The use of AA philosophy by professional substance abuse programs is usually perceived as being beneficial to clients (Hulbert, 1992; Irwin & Stoner, 1991; Miller & Mahler, 1991). The benefits of AA are especially emphasized to AA newcomers who are told that sobriety can be

achieved if they will “just work the program” and are assured that “there is no reason in the world why it should not work for you” (AAWS, 1984, p. 19).

Research is less clear as to whether working the AA program is helpful in achieving sobriety. Outcome studies have attempted to assess AA’s effectiveness by investigating the relationship between AA attendance and length of abstinence. Several studies have found that AA members report greater abstinence than nonmembers (Cross, Morgan, Mooney, Martin, & Rafter, 1990; Hoffman, Harrison, & Belille, 1983; Thurstin, Alfano, & Nerviano, 1987), and that the longer the membership in AA the greater the length of sobriety (McBride, 1991). Unfortunately, these studies are methodologically flawed due to the voluntary nature of AA membership. With the only criterion for membership being “a desire to stop drinking” (AAWS, 1984, p. 2), it is likely that those attending AA recognize their drinking problem and are motivated to change. Because of this self-selection it becomes impossible to know whether it is AA efficacy or member motivation that is being measured (Bebbington, 1976). Additional problems involved in the scientific research of AA include member anonymity, lack of control groups, and the confounding effects of other treatment programs. These difficulties have led researchers to conclude that the effectiveness of AA has yet to be proven (Bebbington, 1976; Bufe, 1991; Glaser & Ogbome, 1982; Vaillant, 1983) and that the study of AA may need “unprecedented standards of measurement not appropriate to other treatment programs” (Leach, 1973, p. 277).

As research has failed to assess the effectiveness of AA, counseling theory may be a more appropriate standard of measurement. Through a comparison of AA and counseling philosophy, counselors can have the opportunity to decide for themselves if the AA program is consistent with their counseling values and potentially helpful for their clients. This decision is similar to the numerous choices that counselors must make concerning the use of different treatment methods, models, techniques, and schools of thought. Becoming well acquainted with the AA program will help to make this choice easier and will allow counselors to be clearer on the extent to which they wish to integrate AA into their work.

AA’s 12 steps are especially relevant as they represent the AA program and are the member’s main guide to sobriety. Because the counseling profession advocates the use of these steps with a wide variety of clients (Chappel, 1992; Polcin, 1992; Ratner, 1988), it is desirable that counselors be knowledgeable about the steps and aware of any

differences between them and their own counseling philosophy. AA's 12 steps are therefore examined and their consistency with counseling philosophy discussed.

Because of the diversity of philosophies that exist within the counseling field, the AA steps will be looked at in relation to the theories of selected writers including Rogers (1961, 1980); Maslow (1968); Jung (1933); Homey (1950); Frankl (1959); Perls, Hefferline, and Goodman (1951); Ellis (1989); and Bandura (1982). This selection represents a variety of counseling theories and includes the person-centered, humanistic, analytical, neo-Freudian, existential, Gestalt, rational-emotive, and cognitive approaches to counseling. As there is no single inclusive theory of counseling, our choice will necessarily be both subjective and limited. Nevertheless, as the theories chosen place emphasis on change, growth, and the development of the individual, they are representative of the values held by many professionals in the field, and are consistent with what is taught in most graduate programs in counseling.

To help stimulate constructive thought and discussion, 12 new steps will be proposed. AA's steps have been rewritten by several professionals, including B. F. Skinner (1987), who wished to provide an alternative program for the nonreligious. The goal of this article is not to provide an alternative program, but to offer the reader the chance to compare AA's steps with steps containing principles drawn from counseling theory. Inconsistencies between AA philosophies and counseling values will be clarified and the possible consequences for the client examined.

## ***THE 12 STEPS***

### **Step 1**

*AA Step 1: We admitted that we were powerless over alcohol, that our lives had become unmanageable.*

*Proposed Step 1: I realize that I am not in control of my use of alcohol.*

AA views the admission of powerlessness as the first step toward sobriety. Here, individuals learn that they are passive victims, resting at the mercy of the greater power of alcohol. Admitting powerlessness has the potential of guiding the individual in one of two directions. The first leads toward the AA program and Step 2. The second, and more

dangerous, encourages the individual to view himself or herself as a helpless alcoholic who accepts the futility of trying to stop drinking.

In a profession where empowerment is a widely accepted goal, it seems strange that powerlessness should be the primary focus of the most referred-to substance abuse treatment program. Stensrud and Stensrud (1981) wrote that the helping process can even be dangerous if feelings of powerlessness are increased. It is therefore advisable that, although the first step recognizes that the individual is not in control of his or her use of alcohol, it also has as an underlying rationale the belief that people are capable of self-direction and self-responsibility regardless of their level of alcohol dependence. Egan (1990) pointed out that “if clients are not urged to explore and assume self-responsibility, they may not do the things needed to manage their lives better, or they may do things that aggravate the problem they have” (p. 73). This belief in self-direction and self-responsibility is echoed in the writings of Rogers (1961), Maslow (1968), and Peris et al. (1951).

The AA steps all begin with the plural “we,” which may cause individuals to simply identify with the group as a whole without internalizing the steps for themselves, thus further reducing the need for self-responsibility. Having the steps in the first person (using “I” as opposed to “we”) helps to emphasize the need for individual decision making and responsibility within the group atmosphere. According to Jung, the need to separate oneself from the collective and find one’s own way is essential for self-realization (Kaufmann, 1989). Because the AA steps are written in the past tense, they tend to imply that once a step has been achieved work in that area has been completed. The use of the present tense in the proposed steps may encourage continuous work on the steps and self in the here and now.

## **Step 2**

*AA Step 2: We came to believe that a Power greater than ourselves could restore us to sanity.*

*Proposed Step 2: I acknowledge that a spiritual awakening can help me to find a new direction.*

Having accepted powerlessness, AA's Step 2 reinforces the idea that change is only possible if a power outside of oneself can come to the rescue. The theme of greater forces saving powerless individuals reminds one more of ancient myths than modern day realities, and for many the promised happy ending never arrives. The goal of being restored to sanity also raises concerns. Even though some individuals in the AA community might have unique interpretations for certain words, for many clients and counselors it is unacceptable to label all problem drinkers as insane. Bufe (1991) pointed out that this step promotes the idea of individual helplessness and encourages dependency, which is directly contrary to the usual therapeutic goals of self-direction and independence. Although individuals in crisis may need direction from outside forces to help restore equilibrium, too much reliance on external powers may prevent the development of internal resources (Gorton & Partridge, 1982). Theorists like Rogers (1961, 1980), along with many professional counselors, place faith in the individual's ability to grow.

For some counselors, the emphasis on outside forces and greater powers may be attributed to the recognition that a sense of spirituality is one of the factors that correlates with positive treatment outcomes (Ludwig, 1985; Rogers, 1980). Carl Jung expressed his belief in spirituality as an aid to recovery from alcoholism when writing to Bill Wilson (Adler & Jaffe, 1963). Wilson placed less emphasis, however, on recognizing the spirituality that lies within the individual and on helping people to awaken their own spiritual strength.

Although some clients are comfortable with the idea of a "power greater than ourselves" coming to rescue them, others might feel this aspect of spirituality is foreign and alienating. Thus, rather than prescribing the type of spiritual assistance needed for the client, the focus could be changed to developing an individual spiritual awakening. This awakening could lead the client in a new, personal direction developed from within.

### **Step 3**

*AA Step 3: We made a decision to turn our will and our lives over to the care of God as we understood Him.*

*Proposed Step 3: I am ready to follow and stay true to the new path I have chosen.*

AA's third step encourages individuals to turn their "will and lives over to the care of God as we understood Him." Having completed Steps 1 and 2 it is understandable that this is the main option left for individuals who have accepted their powerlessness and are waiting for a powerful sane force to take control of their lives. Although AA literature states that the interpretation of the nature of God is a personal matter, it makes it clear that any sense of spirituality must come from outside oneself. The main objective of the book Alcoholics Anonymous is stated as being "to find a Power greater than yourself which will solve your problem" (AAWS, 1976a, p. 45). It also states that "any life run on self-will can hardly be a success" (p. 60).

This is directly contrary to the underlying principles of most theories of counseling. As counselors we must ask ourselves if the messages in AA's steps are ones we wish to send to our clients. A more suitable approach might be to help the client to follow and stay true to his or her individually chosen path. This can allow independence of thought and remains consistent with the belief that individuals are capable of self-direction. Jung, in particular, felt that individuals are not only capable of self-direction, but that movement toward individuation is a vital instinct for achieving wholeness and growth (Kaufmann, 1989).

Although the group may provide support and encouragement, it is important to remember that it is the individual who maintains the ultimate responsibility. The idea that people are responsible for their own individual moral choices, as advocated by Yontef and Simkin (1989), among others, is central to this belief.

#### **Step 4**

*AA Step 4: We made a searching and fearless moral inventory of ourselves.*

*Proposed Step 4: I have the strength and courage to look within and to face whatever obstacles hinder my continued personal and spiritual development.*

AA's fourth step demands a "searching and fearless moral inventory of ourselves." The object of such a search is to "disclose damaged or unsalable goods, to get rid of them promptly without regret" (AAWS, 1976a, p. 64). The idea of being expected to remove immoral or unwanted aspects of the self can set the individual up for exaggerated shame

and guilt. The individual may learn that “parts of myself are no good. I must get rid of them, right now. If I cannot, then I am a failure.”

AA’s idea of looking within the self is excellent, especially if it can be achieved in a nonaccusatory, growth promoting way. Emphasis could be placed on accepting what one is first; not rejecting parts of oneself as if these parts were foreign to the person. Rogers (1961) found that acceptance of the self is crucial to change and growth. The process of change will also be continuous and will not always be prompt and without regrets.

## **Step 5**

*AA Step 5: We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.*

*Proposed Step 5: I commit to become fully aware of how my use of alcohol hurt those around me.*

In AA’s Step 5 members must admit to God, to themselves, and to another human being the exact nature of their wrongs. Through repentance, this step attempts to remove some of the guilt that may have been exaggerated by the fourth step. AA suggests that “though we have no religious connection, we may still do well to talk to someone ordained by an established religion” (AAWS, 1976a, p. 74).

Repentance has long been used in religion to remove guilt and to provide a sense of a new beginning. In using the AA steps as part of a treatment program, the counselor needs to be clear that this is in the client’s best interest. One of the difficulties with asking our clients to repent is that we are endorsing the concept of sinful behavior and placing ourselves in a righteous position. AA seems to be demanding that the individual asks for God’s forgiveness, rather than finding internal peace.

For some members, asking for and receiving this forgiveness may lead to internal peace, but for many others it can be alienating and may not produce the desired serenity. Developing awareness of the consequences of behavior might be more useful than insisting on repentance. Awareness involves an internal search that keeps the responsibility with the individual, rather than relying on outside forces. The person is not being judged or forgiven, but can develop insight into how the use of alcohol has



harmed those around him or her. With awareness there is often a greater understanding and acceptance of self, which can allow growth to occur.

## **Step 6**

*AA Step 6: We were entirely ready to have God remove all these defects of character.*

*Proposed Step: I am changing my life and developing my human potential.*

Having admitted to God the nature of the wrongs, this next AA step prepares the individual to have God “remove all these defects of character.” It is interesting that what was an action or “wrong” in Step 5 is being described as an integral albeit defective part of a person’s character in Step 6. Labeling parts of the self as defective may increase feelings of shame. Defect can imply failure, and may also establish guilt.

The AA member is advised to prepare to have God take away these broken parts. It is doubtful if there is any therapeutic value in installing shame in clients, yet this is exactly what this step risks doing. The person is discredited, and then left dependent on outside forces to make changes in the self. An alternative step could encourage individuals to develop their human potential. Bandura has pointed out that effective functioning requires not only the development of competence and skills, but also the formation of a strong belief in one’s own efficacy (Evans, 1989).

## **Step 7**

*AA Step 7: We humbly asked Him to remove our shortcomings.*

*Proposed Step 7: I am proud of my strength and ability to grow.*

In Step 7 AA members ask “Him” to remove their shortcomings. The message seems to be “parts of myself are defective. I cannot accept or change these parts. Only God can save me by removing them.” Is this a message we want clients to learn? Instead of teaching people dependency and humility, the 12-step program could be aimed toward helping the individual become an active agent in the recovery process, rather than a passive patient who is hoping to be rescued. Emphasis can be changed from removing shortcomings to developing strengths.

Whereas AA seems to believe that personal growth is best achieved by the removal of defects of character, the counseling field usually appreciates the value of working with a client's strengths (Egan, 1990). Maslow, Rogers, and Ellis strongly advocated waking the client's untapped growth forces, no matter what the client's difficulty (Ellis, 1989). For clients in crisis, emphasis on strengths can help to increase self-esteem and participation in treatment (Gorton & Partridge, 1982). Empowerment often leads to self-respect and faith in one's ability to follow a new direction.

## **Step 8**

*AA Step 8: We made a list of all persons we had harmed, and became willing to make amends to them all.*

*Proposed Step 8: I will do all I can to make up for the ways I have hurt myself and others.*

AA's Step 8 attempts to remove guilt by repairing past damage. Members are asked to become willing to make amends to all those that they have harmed, and to go to them "in a helpful and forgiving spirit, confessing our former ill feeling and expressing our regret" (AAWS, 1976a, p. 77). Here, the individual is being asked to take on AA's accepted feelings of sorrow and regret, regardless of what their true feelings may be. This task may serve to increase guilt as true feelings surface and the individual feels that he or she has failed, or is experiencing the wrong feelings. Not only is this task impossible, but it may also be therapeutically unsound in denying clients the right to their true feelings (Benjamin, 1987; Carkhuff, 1983; Maslow, 1968; Rogers, 1980). As Homey (1950) pointed out: "His not feeling his own feelings makes him unalive, no matter how great his surface vivacity. His not assuming responsibility for himself robs him of true inner independence" (pp. 172-173).

The concept of making amends can be therapeutic, but before one can achieve harmony with others, it is important to be at peace with oneself. Individuals could be encouraged to make up for the ways they have hurt themselves first, and then how they have hurt others. True feelings may be acknowledged, and emphasis could be taken away from making amends with everyone to doing what one can to repair past damage. This more realistic approach may help the individual achieve a harmony undisturbed by feelings of culpability.

## **Step 9**

*AA Step 9: We made direct amends to such people wherever possible, except when to do so would injure them or others.*

*Proposed Step 9: I will take direct action to help others in any way that I can.*

Step 9 extends Step 8 by taking the willingness to make amends and converting it into the act of actually doing so. Now the AA member must not only convince himself or herself of benevolent feelings, but must also act on them. The result is likely to involve a mixture of guilt and dissonance. Emphasis on helping all people, regardless of whether they have been the victims of our past wrongs, might help to move a person out of the past and into the present. Clients can focus on helping others in any way that they can, rather than agonizing over those on their list of wronged persons that they have not yet been able to reach. Growth through helping others is reflected by Mosak (1989) in describing the Adlerian goal of therapy as “to release people’s social interest so they may become fellow human beings, cooperators, contributors to the creation of a better society, people who feel they belong to and are at home in the universe” (p. 107).

## **Step 10**

*AA Step 10: We continued to take personal inventory and when we were wrong, promptly admitted it.*

*Proposed Step 10: I will strive to be self-aware and follow the new path I have chosen.*

This step repeats the fourth, only now it is stated that personal inventories must be made continuously and wrongs must be promptly admitted. The AA member is advised that this “should continue for our lifetime” and that when wrongs occur “we ask God to remove them at once” (AAWS, 1976a, p. 84). Here it is made clear that continual dependence on higher powers is considered necessary for sobriety. Whether counselors wish to include continual repentance as a part of their treatment programs is doubtful, yet this is exactly what this step encourages.

Yet, striving to be self-aware and working toward following an individually chosen path does not necessarily leave the person dependent on any program or higher power. Parts

are not labeled immoral, and the individual is not expected to have them removed. This development of self-awareness, rather than dependence on higher powers, can help to guide the person along his or her chosen path. As Perls (1973) noted: “If we produce our own awareness, if we do it ourselves and do not rely on artifacts, we have all the basis for growth that we need” (p. 133).

## **Step 11**

*AA Step 11: We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of his will for us and the power to carry that out.*

*Proposed Step 11: I will continue to develop my potential through helping others and strive to become fully conscious of myself and life around me.*

Now that the AA program has instructed individuals on how they should feel and act, Step 11 provides directions on what they should pray for. Suggestions include “How can I best serve Thee-Thy will (not mine) be done” (AAWS, 1976a, p. 85). Some clients may find these prayers valuable, but others may not. It is important that there are programs flexible enough to accommodate both. Greater emphasis on encouraging individuals to continue to develop their own potential through helping others can increase growth and still allow freedom of choice. Particular talents, skills, and interests may be discovered and put to excellent use. The strengthening of cooperation between individuals was particularly valued by Adler, who noted that the development of social interest can lead to increased feelings of confidence, worth, and accomplishment (Ansbacher & Ansbacher, 1979). Clients can also strive toward being fully conscious of themselves and life around them. Rogers realized the importance of developing consciousness, and felt that he would be satisfied with his work as a therapist “if the individual is becoming more able to listen to what’s going on within himself, more sensitive to the reactions he’s having to a given situation, if he’s more accurately perceptive of the world around him” (Kirschenbaum & Henderson, 1989, p. 75).

## **Step 12**

*AA Step 12: Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.*

*Proposed Step 12: I will continue to develop my own human potential and spirituality and will actively help others who cannot control their use of alcohol.*

In this last part of the program, AA members state that they have had a spiritual awakening as a result of these steps, that they will carry the message to all addicts, and will practice the principles in all their affairs. It is interesting that in this last step AA chooses the term spiritual awakening. With AA's emphasis on greater powers, immorality, and the carrying out of God's will, it would seem that the steps are more inclined to lead a person to a religious conversion than to a spiritual awakening.

Either way, gains that have been made through working the program are not attributed to the individual, but to the steps. Any pride that the person might have developed is removed and credit is given to AA and to God. Instructing members to carry the message and practice the principles reminds one more of missionary work than sound counseling or guidance. Members are not encouraged to help others control their drinking, but to present the AA message as the solution for all.

Step 12 could encourage individuals to continue developing their spirituality and human potential, and emphasis could be placed on actively helping others to control their drinking. Although there are many different ways in which individuals can help others, an important contribution could be made through modeling. Bandura (1986) pointed out that many behaviors can be learned by observation through modeling. Individuals can act as guides, helping others to expand their knowledge and skills, and acquire new patterns of behavior. Individuals can also help to increase the perceived self-efficacy of others by conveying effective coping strategies (Bandura, Adams, Hardy, & Howells, 1980). Bandura noted that "even the self-assured will raise their perceived self-efficacy if models teach them better ways of doing things" (Bandura, 1986, p. 400). This can be especially helpful, as an increased belief in one's efficacy has been shown to play an important role in the prevention of relapse (Annis & Davis, 1991; Solomon & Annis, 1990). Aiding other individuals by helping them develop their strengths and self-confidence might be more useful than merely carrying a message.

## **DISCUSSION**

Using counseling philosophies as a standard by which to measure AA's effectiveness has certain limitations that need to be discussed. The choice of theories included in the

study is not without bias. Although care was taken to select a diversity of philosophies, a theory that is significant for one counselor might be less important for another. Theories are also limited by the uncertainties inherent in many of their assumptions, and by their occasional lack of empirical support or structure.

Despite these limitations, it is clear from the preceding review that the principles of the AA program contrast with our interpretation of counseling theory. AA's steps revolve around themes of powerlessness, dependency, and humility. AA members are encouraged to relinquish self-direction and self-responsibility and to turn their lives over to the care of a power outside of themselves. The steps emphasize removing character defects and personal shortcomings, rather than developing strengths and abilities.

Unlike the AA program, most professionals in the counseling field value helping clients develop their responsibility for self and use their strengths. Individuals are usually encouraged to choose their own direction and personal differences are supported. These philosophical differences may be the reason why AA has been questioned, doubted, and encouraged to change by many working within the counseling field. Ellis and Schoenfeld (1990) questioned AA's use of religion, Bufe (1991) raised concerns relating to AA's self-absorption and irrationality, and Trimpey. (1989) was particularly concerned about those who had specific objections to AA philosophies.

The temptation to encourage AA to change its program to fit counseling values is great. But, urging an organization to change its beliefs because they are not similar to one's own is dogmatic and undesirable. AA is a vital community resource that has particularly contributed to the growth of self-help groups. It has grown to offer several types of groups to help meet differing needs. These include open meetings for all members of the community, closed meetings for those who have a desire to stop drinking, 12-step meetings, and speaker meetings. AA membership is rapidly increasing, not only in the United States, but also throughout the world (Klingemann, Takala, & Hunt, 1992). The AA group atmosphere provides support, feedback, socialization, and encouragement, and in times of crisis AA help is available 24 hours a day through the sponsorship program. Even though AA's philosophies may differ from those of counseling, AA can still continue to grow and be helpful to many.

Nevertheless, AA is not the right program for everyone. It is not with AA that changes need to occur, but with the relationship the counseling profession has formed with AA. Numerous treatment centers use the 12-step program without considering whether the principles of AA are consistent with their counseling values and acceptable for their clients.

A full 80% of AA members are directed to AA through professional treatment and counseling programs (AAWS, 1990). It is clear that counseling theory and AA principles have become enmeshed and roles have grown confused. If a healthy relationship between the two is to be achieved, then a clarification of boundaries is needed. These boundaries must be solid enough that both clients and counselors are aware of the important differences between AA philosophy and non- AA treatment programs, but flexible enough that clients can be referred to AA, if desirable.

For appropriate referrals, it is important that counselors are not only familiar with the differences between AA and general counseling philosophy, but also with the variations that can exist between AA groups. As AA members can adapt meetings to meet their needs, local groups can greatly differ. By attending open meetings, counselors can become acquainted with their community groups and be better prepared to match groups to client needs. For centers that wish to continue step programs based on counseling principles rather than AA philosophy, this will also mean adopting a new set of steps. It is hoped that through these changes a wider variety of programs will be able to grow alongside AA. Although for both clients and counselors the choice of treatment philosophy should be an individual one, the move towards differentiation needs to be made collectively.

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