

**HOW TO UNDERSTAND AL-ANON:  
BEHAVING, BELIEVING, AND BELONGING**  
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As a preface to understanding Al-Anon, particularly for those who are unfamiliar with Twelve Step recovery programs, it may be useful to review how Al-Anon works. The “Suggested Al-Anon Preamble to the Twelve Steps” provides this brief description that is read at the opening of almost all meetings:

“The Al-Anon Family Groups are a fellowship of relatives and friends of alcoholics who share their experience, strength, and hope in order to solve their common problems. We believe alcoholism is a family illness and that changed attitudes can aid recovery.

Al-Anon is not allied with any sect, denomination, political entity, organization, or institution; does not engage in any controversy; neither endorses nor opposes any cause. There are no dues for membership. Al-Anon is self-supporting through its own voluntary contributions.

Al-Anon has but one purpose: to help families of alcoholics. We do this by practicing the Twelve Steps, by welcoming and giving comfort to families of alcoholics, and by giving understanding and encouragement to the alcoholic.”

(Al-Anon Family Groups, 2022, p. 12)

Most newcomers don’t come flying into the program on the wings of victory. They usually come in search of some secret knowledge or special strategies to get someone to stop drinking. Instead, they learn the ABCs of Al-Anon. Newcomers hear about the Three As: Awareness, Acceptance, and Action. Later they learn the three Cs of alcoholism: “We didn’t *cause* it. We can’t *cure* it. We can’t *control* it.” However, even many old-timers<sup>1</sup> have never heard of the Three Bs, because they are not cited in Al-Anon Conference Approved Literature (CAL).<sup>2</sup>

## Behaving

Behavior is one of the building blocks of the program. Actions refer to what we do and say—as well as what we do not do and do not say. For newcomers who receive a counselor's recommendation to attend Al-Anon, the first action may be to simply show up. To use the old adage from Alcoholics Anonymous (AA): "Take your ass and your head will follow."

In working the steps, actions include the following: making a "searching and fearless moral inventory" (Step 4), completing a *Blueprint for Progress* (Al-Anon Family Group Headquarters, 1987, 2024), "admitting to another human being the exact nature of our wrongs" (Step 5), "humbly" asking (Step 7), "making a list" (Step 8), "making amends" (Step 9), "when we were wrong, promptly admitted it" (Step 10), "prayer and meditation (Step 11), and striving to "practice these principles in all our affairs" (Step 12).

Before meetings, actions can include arriving early, arranging the chairs, setting out literature, and greeting newcomers. During meetings, actions can include sharing during a meeting and listening so that others are heard. After meetings, actions can include stacking the chairs, putting away the literature, and hanging around in case a newcomer has a question.

Between meetings, actions include picking up the phone, making a call, or taking a call to provide experience, strength, and hope to a member. Actions include giving a word of encouragement and understanding to others.

## Believing

Believing is not only a cornerstone of recovery; it is made explicit in Step 2: "Came to believe that a Power greater than ourselves could restore us to sanity." The change in thinking involves this progression: "I came" (action), "I came to" (consciousness), and "I came to believe" (belief). What is the missing word in Step 2 that is the foundational spiritual principle of this step? The missing word in Step 2 is "hope." In contrast to the hopelessness that pervades the thinking of those most affected by the family disease of alcoholism, the discovery of a realistic sense of hope creates optimism about the future. Hope is the future tense of faith. <sup>3</sup>

What is the missing word in Step 3? The missing word in Step 3 is "faith." It cannot be seen, but it's infused into Step 3: "Made a decision to turn our will and our lives over to the care of God *as we understood Him.*" For many newcomers, the obstacle of the Third Step is not that one does not believe in God, but rather what one does believe about God. For Bill W., the co-founder of AA and the husband of Lois, who was the co-founder of Al-Anon, Step 3 begins with knowing only one thing: "The only thing I need to know about God is that I'm not God."

Cognitive-behavioral therapists emphasize that by changing our thoughts, we can change our feelings. By changing our thoughts, we can change our actions. In contrast, one of the adages of Twelve Step recovery is that we can act our way into better thinking faster than we can think ourselves into better acting.

## Belonging

Most Al-Anon members initially come for someone else but they end up staying for themselves. In other words, they usually come into Al-Anon because of a problem of alcoholism in a relative or a friend. However, they eventually learn to put the focus on themselves rather than someone else. With other members, they laugh together about things that they used to cry about alone.

Alcoholism is a family disease in which intimacy is replaced with isolation. Early in the progression of the disease—whether in the active alcoholic or with the loved ones affected by the disease, one of the first symptoms to emerge is a loss of connection with others. Subtle in its onset, this loss of connection is experienced first by the child, spouse, or partner of the alcoholic. Eventually, the loss of connection is so profound that the active alcoholic—and often the person closest to the alcoholic—becomes completely alienated and isolated. Of course, there is a type of hostile attachment, sometimes called codependency,<sup>4</sup> that replaces genuine connection. However, this poor substitute for intimacy is actually part of the disease known as enabling. Whereas intimacy involves healthy attachment, boundaries, and connection, enabling involves the downward spiral of “becoming socially isolated from others and becoming enmeshed with the addict” (Doverspike, 2023, p. 2).

In contrast to the isolation of living with active alcoholism, the first positive experience of most recovering family members is that they discover they are not alone. Group psychotherapists refer to this experience as *universality*,<sup>5</sup> which refers to the realization of group members that they are not alone in their suffering and the problems they face and—more importantly—that others can provide the emotional support that helps them move out of isolation and into connection with others.

## Notes

1. Although Alcoholics Anonymous uses the endearing term *oldtimer* to refer to someone who has been in the program for a long time, Al-Anon eventually began using the politically correct term *longtimer*. By whatever name called, newcomers and oldtimers have unique values as reflected in the following adage:

“Newcomers tell me where I’ve been.

Oldtimers tell me where I am going.

And a sponsor tells me where I am.”

Anonymous

2. **The designation as** Al-Anon Conference Approved Literature (CAL) means that the publication has gone through a review process and has been approved for publication by Al-Anon Family Group Headquarters. The benefit of this type of editorial review is that the process assures readers that the published material is consistent with official Al-Anon philosophy and that it does not contain material that is contradictory to this philosophy or program.

In one sense, Al-Anon CAL is similar to the Roman Catholic Church’s *Nihil Obstat*, which is a certification by an official censor that a publication is not objectionable on doctrinal or moral grounds. Similarly, the *Imprimatur* is an official license by the Roman Catholic Church to print an ecclesiastical or religious book. These official declarations provide assurance that an article, book, or pamphlet is free of doctrinal or moral error. There are no implications contained herein that this article has received—or that the author has applied for—either of these declarations.

The author also makes no claim that the contents, opinions, or statements expressed in this article are free of Al-Anon doctrinal error. The author asserts that this article is neither Al-Anon CAL nor has the author applied for Al-Anon editorial review. The article simply reflects the author’s perspectives and views which—because they are the author’s personal opinions—have the right to be wrong. The author welcomes any corrections in terms of any empirical or factual inaccuracies.

3. In his landmark book, *Therapy With Difficult Clients*, psychologist Fred Hanna, Ph.D. identified seven variables as *precursors* of change because their presence indicates that change itself is possible through the better known *processes* of change. In contrast to the conventional thinking at the time, Hanna (2002) presented evidence that these precursors are not focused around the therapist, theories of psychotherapy, or the techniques of psychotherapy. Instead, each precursor—or prerequisite of change—involves a client-specific characteristic or psychological factor. One of these factors is hope, which is the realistic expectation that change can occur. Yet hope is not wishing, longing, desiring, or yearning for change. Instead, it is a realistic vision in which one sees the possibility of change and a path to move toward this destination.

Being trained as scientists and research-practitioners, psychologists use the fancy term “positive expectancy” to describe hope. The inclusion of hope—or positive

expectancy—as a precursor of change is certainly not surprising in view of the “common factors” of psychotherapy. For many years, psychotherapy research has shown that at least 15% of psychotherapy efficacy (or effectiveness) is related to hope and positive expectation (Lambert, 1992, 2005; Lambert & Bergin, 1994). The same is true in other areas of medicine and surgery (Dettori et al., 2019), so don’t knock the placebo effect, because it involves some of a doctor’s best work.

4. The concept of codependency derived from the term *codependent*, which originated from the term *coalcoholic* sometime in 1985, when several writers seem to have begun using the term *codependent* almost simultaneously (Beattie, 1986, 1989; Cermak, 1986; Wegscheider-Cruse, 1985; Wegscheider-Cruse & Esterly, 1985). According to Wegscheider-Cruse (1985), the transformation of the term “coalcoholic” into “codependency” probably took place in Minnesota at the time “chemical dependency” arose as an inclusive term for both alcoholism and drug addiction. Sharon Wegscheider-Cruse (b. 1938), a co-founder of the National Association of Children of Alcoholics, was one of several authors who introduced the term “co-dependent” and she drew attention to the concept of codependency.

Melody Beattie (b. 1948) raised public awareness when she popularized the term codependency. She “began drinking at age 12, was a full-blown alcoholic by age 13, and a junkie by 18, even as she graduated from high school with honors” (Beattie, n.d.).

Although she had no training in psychology, not even an associate’s or bachelor’s degree, she virtually defined the field of codependency in 1986 with the publication of her landmark book *Codependent No More*. As a formative voice in the recovery movement, Beattie (1986) provided this description: “A codependent person is one who has let another person’s behavior affect him or her, and who is obsessed with controlling that person’s behavior.” Based on her own personal experience with substance abuse and caring for someone with it, Beattie’s interviews included individuals who benefited from Al-Anon. Beattie’s work became the foundation of a Co-Dependents Anonymous (CoDA), a twelve-step program founded in 1986 (Irvine, 1999, pp. 29–30), although CoDA does not endorse any definition of or diagnostic criteria for codependency.

In 1986, psychiatrist Timmen Cermak, M.D. proposed a diagnostic and treatment approach in his book, *Diagnosing and Treating Co-Dependence: A Guide for Professionals*. In his book and in a separate article published that same year, Cermak (1986) proposed (unsuccessfully) that codependency be added to the *Diagnostic and Statistical Manual of Mental Disorders - Revised (DSM-III-R)*; American Psychiatric Association, 1987) as an Axis II personality disorder (Morgan, 1999, p. 720). Cermak’s (1986, p. 10) proposal placed codependence within the framework of Mixed Personality Disorder, a category that was used to describe individuals who did not qualify for a single Personality Disorder diagnosis, but who had traits of several Personality Disorders.

5. American existential psychiatrist Irving Yalom literally wrote the book on group psychotherapy. In his classic work, *Theory and Practice of Group Psychotherapy*, Yalom (1970) identified 11 primary “therapeutic factors” present in all group therapy, especially present in ongoing longer-term groups. One of these therapeutic factors is known as *universality*, which is the realization—often for the first time—that one is not alone in their distress and that others share similar feelings, thoughts, and problems. In the sixth edition of this book, Yalom and Leszcz (2020) list universality as the first factor, underscoring its importance in therapeutic change. Although neither AA nor Al-Anon is a form of group psychotherapy, both fellowships provide mutual-support groups that can lead to positive change: “One of the most common statements heard in mutual-support recovery groups is the following: “I don’t need a self-help group. If I could have done it alone, I wouldn’t have needed you” (Doverspike, 2017, p. 1).

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