HOW TO UNDERSTAND AL-ANON:
COMMON FACTORS OF CHANGE

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The title of this article is simply one I use in the document filing system for my articles that I post. There are no implications contained herein that this article has received—or that the author has applied for—Al-Anon Conference Approval. I make no claim that the contents, opinions, or statements expressed herein are free of error. In fact, my opinions may be wrong. I welcome any corrections, deletions, or edits in terms of any empirical or factual inaccuracies.

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[1] have never heard of the Three Bs, because they are not cited in Al-Anon Conference Approved Literature (CAL).[2]

Dodo Bird Hypothesis

Saul Rosenzweig (1907–2004), a classmate and friend of the Harvard psychology professor B. F. Skinner (1904–1990), earned his Ph.D. from Harvard College in 1932. Four years later, Rosenzweig (1936) became well known after publishing a paper discussing "common factors" underlying competing approaches to psychotherapy. He argued that all models of psychotherapy could be equally successful, due to competent therapists sharing common factors that benefited their patients. Rosenzeig's premise became known as the Dodo Bird Hypothesis–a reference to Lewis Carroll's (1865) *Alice in Wonderland*, in which a Dodo bird declares at the end of a race designed to dry everyone off: "Everybody has won and all must have prizes." Rosenzweig's hypothesis was that the common factors in different theoretical models of psychotherapy were more important than specific technical differences among models. In other words, all forms of therapy are winners to the extent that they all can produce equally effective outcomes (Bentall, 2009, pp. 248–249).

Rosenzweig's (1936) original paper referred to four common factors: Therapist Characteristics ("personality of the therapist"), Conceptual Model ("therapeutic ideology"), Cognitive Restructuring ("alternative formulation of psychological events"), and an Affective Experience ("catharsis"). These four factors are among at least seven common factors that seen in a comparative analysis of systems of psychotherapy (Doverspike, 2005).

Common Factors Theory

Common Factors Theory asserts it is precisely the factors common to the most forms of psychotherapy that make any psychotherapy successful. Given a competent psychotherapist, positive change is more associated with what most therapies have in common than with how they are different.

Michael J. Lambert, Ph.D. (b. 1944) is a professor of psychology at Brigham Young University. Lambert's psychotherapy research involved regularly measuring and monitoring client progress with standardized self-report scales throughout the course of psychotherapy, a process known as Routine Outcome Monitoring (Lambert, 2001). According to Lambert (1992), a client's ability to manifest positive change is attributable to four major factors: [3]

40% Extra-therapeutic factors include the client's own skills and strengths, social support, positive interactions, secure employment, safe and stable housing, and financial resources.

30% The therapeutic relationship refers to the degree to which therapy conveys—and the client experiences—an accepting, caring, empathic, nonjudgmental, and respectful relationship.

15% The competent therapist's specific approach, techniques, and skills (regardless of theoretical orientation) facilitates positive change.

15% The client's sense of hope and positive expectations for change are a factor.

Mutual Support Groups

What do Common Factors and the Dodo bird hypothesis have to do with Al-Anon meetings? Al-Anon meetings are a type of Mutual Support Group, which refers to a peer-support group that is non-professional. Mutual support groups are in contrast to psychotherapy groups, which are led by a professional therapist and which may include cross-talk, dialogue, and process.

40% Individual skills and strengths , social support, positive interactions, secure employment, safe housing, and financial.[4]

30% A sense of belonging, connection, and fellowship include having a meeting environment that is accepting, nonjudgmental, and respectful.[5]

Avoiding cross-talk protects members from being judged or shamed by others when "sharing" or making disclosures that can otherwise make a member vulnerable. The avoidance of cross-talk also prevents members from being applauded or praised by others in a way that might promote bragging, posturing, or performing rather than honest sharing (Doverspike, 2023).

15% Members, sponsors, and Al-Pals have specific assets and strengths that benefit others in meetings and outside of meetings.[6]

15% Members share a singularity of purpose, with a realistic sense of hope and positive expectations for change.[7]

Common Factors in Al-Anon

Because of anonymity and self-selection, there are no randomized clinical trials of common factors of Twelve Step group, the hypothesis of this paper is that such groups share common factors that promote positive change. Each of these common factors is similar to the ones described by Rosenzeig (1936) Lambert (1992, 2001), and others (e.g., Miller & Muñz, 2005; Walborn, 1996). Four of these factors include (1) an individual member's own assets, skills, and strengths; (2) a corrective emotional experience of attachment, belonging, and connection within meetings and among members (fellowship); (3) a sponsor's specific background, experiences, preferences, and skills that promote positive change; and (4) a realistic sense of hope, inspiration, and expectations that positive change is possible. Each of these factors is discussed as follows:

1. Individual Assets, Skills, and Strengths

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 specific psychological characteristic.

2. Attachment, Belonging, and Connection

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*,[8] which refers to the realization of group members that they are not alone in 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. Attending meetings, working with sponsors, and sharing with Al-Pals facilitate the ABCs of fellowship: a sense of attachment, belonging, and connection.

3. A Sponsor's Experience and Strengths

For those who are ready and willing to move beyond the Al-Anon Waltz,[9] the next step is where the work starts: "Made a searching and fearless moral inventory of ourselves" (Step Four). As with the specific techniques that Lambert (1992) and others have described with competent psychotherapists, the specific qualities, preferences, and skills of a sponsor can make a difference in terms of how a personal inventory is conducted. As with the common factors theory, the important variable here is the following: Given a competent mentor, sponsor, spiritual director, or Al-Pal, by whatever name someone is called, positive change is more associated with a searching and fearless personal inventory being done rather than the specific format by which it is done. In other words, and consistent with the common factors approach, "There's no wrong way to do a right thing" (Gary N., personal communication, January 07, 2023).[10]

Fourth Step inventories can be done the old-fashioned way of writing one's Life History, an assignment that was used in many 28-day inpatient programs of the 1980s. Alternatively, a personal inventory can be done using the classic three-column "grudge list" (AA World Services, 2001, p. 65). Other options include the four-column and five-column methods, derived from the *Joe and Charlie Big Book Study: Fourth Step Inventory Guide* (Soucy, 2009). These methods are popular with members of AA and with "Big Book Al-Anons."[11] For Al-Anon members who dare not use anything other than Al-Anon Conference Approved Literature, there is the popular *Blueprint for Progress* (1987, 2004). The important point here is that positive change is more associated a personal inventory being done rather than the specific format by which it is done.

4. A Realistic Sense of Hope for the Future

It is no accident that one of Al-Anon's (2002) most popular daily readers is *Hope for Today*. Although not stated explicitly, hope is the implicit foundational principle underlying Step Two ("Came to believe that a Power greater than ourselves could restore us to sanity"). In contrast to the hopelessness that pervades the thinking of those most affected by the family disease of alcoholism, the instillation of a realistic sense of hope creates a feeling of optimism about the future. Hope is the expectation that positive change <u>can</u> occur, although it is unspecified <u>how</u> it will occur. 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.

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. Al-Anon Conference Approved Literature (CAL) is a designation that means 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's philosophy and that it does not contain material contradictory to Al-Anon's philosophy.

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 [WFD] makes no claim that the contents, opinions, or statements expressed in this paper 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 paper reflects the author's perspectives and views which—because they are the author's opinions—have the right to be wrong. The author welcomes any corrections in terms of any empirical or factual inaccuracies.

3. Although Rosenzweig's (1936) original model referred to four common factors, there are at least seven factors that have been identified in various iterations throughout the literature (Doverspike, 2005). These seven factors include client characteristics, therapist characteristics, conceptual model, expectancy effect, cognitive restructuring, affective experience, and behavioral repertoire. Each of these seven factors is described as follows:

Client characteristics (Miller & Muñz, 2005) include the precursors of change (Hanna, 2002), some of the processes of change (Prochaska et al., 1994), and the therapeutic relationship itself (Walborn, 1996, Hanna, 2002).

Therapist qualities (Miller & Muñz, 2005) include the therapist's personality (Rosenzweig, 1936) and the therapist's skills (Lambert, 2005), or the status of the healer in whom faith is placed (Frank & Frank, 1991).

Therapeutic ideology (Rosenzweig, 1936) includes the theoretical model (Urban & Ford, 1963) or the conceptual model, myth, or scheme (consistent with the assumptive world of the client and therapist) that makes sense of the problem and the symptoms (Frank & Frank, 1991)

Sense of hope includes positive expectations (Hanna, 2002; Lambert, 2005) or even a location or ritual place (such as a hospital or therapist's office) that is imbued with the power of healing (Frank & Frank, 1991).

Tasks or procedures that require effort and that help maintain the therapeutic relationship, facilitate change (Frank & Frank, 1991).

Emotional catharsis (Rosenzweig, 1936) can include a corrective emotional experience (Alexander & French, 1946) or an affective experience (Walborn, 1996).

Cognitive insight (Walborn, 1996) can include an alternative formulation (Rosenzweig, 1936) or a conceptual scheme that makes sense of the symptoms (Frank & Frank, 1991).

4. Hanna's (2002) seven precursors of change include the following: (1) A sense of necessity, a felt sense of urgency, or a need on the part of the person that some change take place; (2) Willingness or readiness to experience the anxiety, difficulty, discomfort, or uncertainty that inevitably comes with change; (3) Awareness or knowing that a problem exists and having some idea or sense of the problem; (4) Confronting the problem in a deliberate, steady, and persistent manner; (5) Effort or will toward change involves initiating behavioral action and changing one's thinking; (6) Hope and a realistic expectation that change can occur; and (7) Social support and supportive relationships dedicated to one's improvement, growth, and well-being.

Many counselors have some familiarity with the stages of change described by psychologist James Prochaska, Ph.D., and colleagues. This transtheoretical model focused not only on the *stages of change* but, also on the *processes of change* (Prochaska & DiClemente, 1984; Prochaska, Norcross, & DiClemente, 1994). Whereas the *experiential processes* are used primarily for early stage transitions, the *behavioral processes* are used primarily for later stage transitions. In contrast to Hanna's (2002) precursors of change, which are based on internal factors within the individual, the Prochaska et al. (1994) processes of change include both internal and external components of change. Each of the processes of change is briefly described as follows:

Consciousness-raising involves increasing awareness of information about oneself and one's problem. It can involve both self-awareness and other-awarness. Examples include engaging in self-monitoring, keeping a diary or journal, making observations of others, and reading literature.

Social liberation involves increasing social alternatives to support adaptive behaviors that are not problematic. Examples include advocating for rights of oppressed, empowering people, and policy interventions (e.g., non-smoking locations, non-drinking events).

Emotional arousal involves experiencing and expressing feelings about one's problems and solutions. Examples include grieving losses, sharing feelings in meeting, and listening to uplifting speakers.

Self-reevaluation involves assessing one's feelings and thoughts about oneself. Examples include doing a personal inventory, sharing with a sponsor, or making a list of those we have harmed.

Commitment involves choosing and committing to act, or belief in one's ability to change. Examples include making a resolution, announcing one's intentions, saying "yes" to a request for service, or picking up a chip.

Countering involves substituting healthy alternatives for problem behaviors. Examples include the use of positive affirmations, remembering slogans, and (for recovering alcoholics and even others) picking up the phone rather than picking up a drink.

Environmental control involves avoiding stimuli that elicit problem behaviors. Examples include avoiding slippery people, places, things—and events.

Rewards include rewarding oneself and being rewarded by others for making changes. Examples include picking up a birthday chip, accepting a compliment, or receiving recognition by others.

Helping relationships involves enlisting the help of someone who cares. It can involve accepting assistance from others as well as providing assistance to others. Examples include having an accountability partner, group, mentor, sponsor, and friends in the program.

5. American existential psychiatrist Irving Yalom, M.D., 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 in ongoing longer-term groups. One of these factors is *group cohesiveness*, which refers to a sense of acceptance, belonging, connection, and value among group members. A cohesive group provides both a nurturing and empowering experience for its members. Cohesiveness promotes security within each member in relation to other members. It is a foundation necessary for group members to take the risks of vulnerable sharing and making self-disclosures.

6. The definition of sponsorship can be taken literally: "Sponsorship is a confidential relationship between two Al-Anon members who benefit from sharing experience, strength, and hope" (Al-Anon, 2001, p. 1).

7. Being trained as scientists and research-practitioners, psychologists use the term "positive expectancy" to describe hope. The inclusion of hope—or positive expectancy—has long been considered a precursor of change (Hanna, 2002). Psychotherapy research has consistently 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). As observed by psychologist Jennifer Smith, Psy.D., in an email dated 04-27-2018, "Don't knock the placebo effect. It is some of our best work."

In his 60-year longitudinal study of the natural history of alcoholism, Harvard research psychiatrist George Vaillant (1983, 1995, 2003) concluded that individuals who achieved sobriety appeared to experience four common factors—one of which is hope.

1. They experienced negative consequences of drinking, such as a painful ulcer or legal problems.

2. They developed a less harmful substitute dependency, such as group attendance.

3. They experienced sources of hope and inspiration, such as within a religious group.

4. They developed new, close relationships and social support.

8. One of Irving Yalom's (1970) 11 primary "therapeutic factors" present in all group therapy and in mutual-support groups 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 common factor, underscoring its importance in therapeutic change. Although neither AA nor Al-Anon are forms of group psychotherapy, they are both mutual-support groups that can lead to positive change: One of the most commonly heard statements 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).

9. The Al-Anon Waltz refers to the tendency of some members to avoid—intentionally or otherwise—doing an inventory or taking the Fourth Step. As a result, such members get stuck in the repetitive dance steps (i.e., 1-2-3, 1-2-3, 1-2-3) until they are ready for change.

10. "There's no wrong way to do a right thing" (Gary N., personal communication, January 07, 2023). An Al-Pal (Ken K.), who also served as a sponsor and spiritual director once said, "If you're having trouble doing Step 4, I'd be happy to lend you my wife."

11. "Big Book Al-Anons" are members of Al-Anon who do not restrict their reading and studying to only Al-Anon Conference Approved Literature. Instead, they feel free to also use some of the original material that was used by the early members of Al-Anon and Alcoholics Anonymous, including some of the material in the Big Book of Alcoholics Anonymous. It is ironic that Lois W., one of the two co-founders of Al-Anon, used mostly these same materials—before Al-Anon Conference Approved Literature existed.

Acknowledgements

Gary Neidhardt. I would like to express my appreciation to author and historian Gary Neidhardt for providing information, inspiration, and insight into the early history of Alcoholics Anonymous and Al-Anon Family Groups. Gary is not only the author of several books that reflect meticulous research and eloquent command of the English language, he is one of the few excellent writers who can also write computer code.

Deborah Midkiff. I would like to express my appreciation to book editor, counselor, and spiritual director Deborah Midkiff, MS, NCC, SD, for providing text editing and proofreading of this manuscript. Because Deborah is an avid reader who has been assessed as having a 40,000 word vocabulary, she was also helpful in providing some margin notes with alternative word choices.

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Published Oct. 27, 2024 | Updated Oct. 27, 2024

The correct citation for this article is Doverspike, W. F. (2024). *How to understand Al-Anon: Common factors of change.* http://drwilliamdoverspike.com/