Original Article

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Teaching College Students About Alcoholics Anonymous: An Experiential Approach

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Abstract

Alcohol use disorders and their related consequences continue to be among the nation's most prevalent and persistent healthcare problems across the lifespan. The vast majority of treatment facilities for substance use disorders in the United States report using some form of 12-step facilitation to help direct their patients to mutual help groups such as Alcoholics Anonymous (AA). Yet, many students in various healthcare disciplines may lack familiarity and direct experience with this readily accessible and potentially lifesaving, low-cost resource. AA has a long-standing tradition of extending an open invitation to professionals and providing educational materials about this worldwide program of recovery. The purpose of this article is to describe an experiential, interdisciplinary approach that has been used to teach undergraduate psychology students about AA. Associated activities included (a) selected readings, (b) attendance at an open AA meeting, (c) the formulation of thoughtful questions by the students, and (d) a single, interactive didactic session. Undergraduate psychology students responded positively when principles of experiential learning were applied to educational activities related to AA.

Keywords: Alcoholics Anonymous, college students, experiential learning, interdisciplinary, spirituality, teaching

Alcohol use disorders and their related consequences continue to be among the nation's most prevalent and persistent healthcare problems across the lifespan. The vast majority of treatment facilities for substance use disorders in the United States (80%) report using some form of 12-step facilitation to help direct their patients to mutual help groups such as Alcoholics Anonymous (AA; Substance Abuse and Mental Health Services Administration, 2011). Yet, many students in various healthcare disciplines may lack familiarity and direct experience with this readily accessible and potentially lifesaving, low-cost resource. AA has a long-standing tradition of extending an open invitation to professionals and providing educational materials about this worldwide program of recovery. The purpose of this article is to describe an experiential, interdisciplinary approach that has been used to teach undergraduate psychology students about AA. Associated activities included (a) selected readings, (b) attendance at an open AA meeting, (c) the formulation of thoughtful questions by the students, and (d) a single, interactive didactic session.

Rigorous scientific reviews have concluded that AA and related 12-step treatments are at least as effective as other approaches used to treat alcoholism (Kelly, Macgill, & Stout, 2009). In a large multisite study conducted in the United States, drinking outcomes attained through 12-step facilitation—which encouraged AA meeting attendance among randomized study participants—were comparable to those using other behavioral approaches, namely Cognitive Behavioral Coping Skills Therapy and Motivational Enhancement Therapy (Project MATCH Research Group, 1997).

On the basis of neurobiological models for learning, individuals are more likely to learn, retain, integrate, and apply information that has been obtained through active engagement and related activities, rather than passive receptivity. One means of generating active intellectual engagement is through experiential learning. Stehno (in Itin, 1999) indicated that experiential learning "includes: 1) *action* that creates an experience, 2) *reflection* on the action and experience, 3) *abstractions* drawn from the reflection, and 4) *application* of the abstraction to a new experience or action" (p. 91, italics added).

One theoretical framework that can be used to help explain the inner workings of AA is that of *mutual aid*, the

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propensity for similarly situated individuals to lend assistance to one another. Whether in animal or human domains, Kropotkin (1902/2009) considered this phenomenon to be an evolutionary imperative. As early as 1981, the World Health Organization considered self-help groups—more recently referred to as mutual-help groups or mutual aid societies—to be an integral component of public health (World Health Organization, 1981).

POSITIVE RELATIONS

Since its inception in 1935, the mutual aid society of AA has taken steps to establish and maintain positive relations with various professions including, but not limited to, medicine, clergy, and law enforcement. One of the cofounders of this "spiritual program of action" (Alcoholics Anonymous World Services [AAWS], 2001, p. 85), Robert Holbrook Smith or "Dr. Bob," was himself a physician. Beginning with its first publication in 1939, each of the four editions of *Alcoholics Anonymous*, the basic text for the society, has included "The Doctor's Opinion." This brief treatise on alcoholism and the fledgling fellowship and program of AA was written by Dr. William D. Silkworth, the hospital physician who was treating William Griffith Wilson, or "Bill W.," the other cofounder of AA, at the time of Wilson's dramatic conversion experience, marking the initiation of his abstinence and recovery from alcoholism (AAWS, 2001, pp. xxv–xxxii).

In the years that followed, Bill W. went on to address certain medical societies, including the American Psychiatric Association in 1949 (William, 1949/1994). A number of subsequent AA publications, as well as other educational materials and services, have also been directed toward various professions. In 1958, Bill wrote an article in the *AA Grapevine*, an international monthly magazine, urging AA members to "be friendly to our friends," including those in "medicine, religion, education, or research" (W., Bill, 1958, p. 1). He noted, "More and more, we regard all who labor in the field of alcoholism as our companions on our march from darkness into light" (p. 2) and stressed the importance of education concerning "the disease of alcoholism" (p. 4).

This attitude of mutual cooperation was later summarized in another AA pamphlet that stated, "Cooperation with the professional community is an objective of A.A., and has been since our beginnings" (AAWS, 1986). Years later, the *Alcoholics Anonymous 2011 Membership Survey* indicated that "40% of members said they were referred to AA by a health care professional" (AAWS, 2012). These and other materials are readily available at the official AA Web site (www.aa.org).

OPEN MEETINGS

One common venue for access to AA is open meetings. In AA, meetings are designated as being either *open* or *closed.* As the name implies, open meetings are available to the public—whether visitors, newcomers, regular members of AA, family, or friends. In contrast, "only those with a *drinking* problem may attend *closed* meetings" (AAWS, 1992, p. 10, italics original). Open meetings may follow any number of formats as determined by the local groups that host them, and might not differ from closed meetings except in relation to those who may attend.

One such format is the open speaker meeting, in which a designated individual shares his or her story of alcoholism and recovery, generally employing a storyline that describes "what we used to be like, what happened, and what we are like now" (AAWS, 2001, p. 58). This same general structure has also been applied to written narratives in AA, including the personal stories that populate more than half the text of *Alcoholics Anonymous*, also referred to as the "Big Book" (Strobbe & Kurtz, 2012). Alternatively, groups may hold open discussion meetings, which generally address a specific step or topic. Other kinds of open meetings may be dedicated to the study of AA literature, such as the Big Book, or *Twelve Steps and Twelve Traditions* (AAWS, 1952).

Basic information about local AA meetings is often provided via Web sites or pamphlets, including the days, times, and locations at which meetings are held, whether they are open or closed, nonsmoking or smoking, and other aspects related to format, or the availability of certain services, such as childcare. Additional considerations are also given to special interest groups, including meetings that are held primarily for young people, men's meetings, women's meetings, meetings for individuals who identify themselves as gay or lesbian, and others. Ultimately, as stated in Tradition Three, "*The only requirement for A.A. membership is a desire to stop drinking*" (AAWS, 1952, p. 139, italics original).

STUDENTS, COURSES, AND FACULTY

An experiential approach to learning about AA was directed toward undergraduate psychology students who were enrolled in one of two college courses, either an advanced research laboratory in psychopathology or a practicum in psychology, each related to "alcohol and other behavior disorders in community settings" (University of Michigan, 2012a, 2012b). Registration was also open to nonmajors who might otherwise benefit from some familiarity with these topics.

The emphasis of these courses was on addictions research, with opportunities to work on specific projects with primary investigators. These sections shared weekly seminars pertaining to the "etiology, course, and treatment of substance abuse" (p. 1), one of which was a scheduled class discussion and related activities pertaining to AA. Although these courses had been offered continually since 1997, the particular activities described here occurred between Fall 2007 and Winter 2012 inclusively, for a total of 10 guest lectures over 5 years. During that time, a total of 155 students were enrolled, including 130 female (84%) and 25 male (16%). Individual class sizes ranged from 11 to 19 students each. Additional demographic data obtained for the period of Fall 2008 through Winter 2012 (or 4 of 5 years) indicated that sophomores accounted for 5% of enrollment, juniors 44%, and seniors 51%. Of these, fully 93% were psychology majors, with 81% of the total pursuing a Bachelor of Arts (BA) in psychology and 12% working toward a Bachelor of Science (BS) degree.

Faculty members (including RAZ, a PhD psychologist) and invited speakers offered an interdisciplinary perspective, with representatives from psychology, nursing, social work, and medicine. Membership among the faculty team remained consistent throughout this period, and course content was similar, although not necessarily identical, from one term to the next. Guest lecturers included individuals on whose research projects the students were working, or those whose research areas focused on a major issue in the field, including etiology, treatment, or the dissemination of information for policy reasons. The invited guest lecturer on the topic of AA (SS) was an advanced practice registered nurse, with board certification both in psychiatric and addictions nursing, and a relatively high degree of familiarity with AA, including clinical and research interests, and related publications. The most recent course coordinator (SMT) held a master's degree in social work.

ASSIGNMENTS

Prior to the lecture, students were provided with introductory materials to read, including the pamphlet, *A Brief Guide to Alcoholics Anonymous* (AAWS, 1972), as well as the most recent AA membership survey, based on information obtained in 2004 and 2007, respectively (AAWS, 2005, 2008). Students also received a list of local, open AA meetings and were required to attend at least one of these, preferably with a classmate, for reasons of support, accountability, and subsequent processing. On the basis of their personal observations during their open AA meeting attendance, students were asked to write two thoughtful questions and to submit these to the course coordinator for credit and collating a few days prior to class, with subsequent review by the guest lecturer.

INTERACTIVE DIDACTIC SESSION

Hour-long didactic sessions were interactive and fast-paced. Following general class announcements and the introduction of the guest lecturer by the course coordinator, students were asked to introduce themselves by name and to share one observation or experience that was surprising or unexpected regarding their open AA meeting attendance (approximately 10 minutes).

This was followed by a brief, extemporaneous history of AA (approximately 20 minutes). Topics during this introductory talk generally included but were not necessarily limited to (a) a description of Bill's alcoholism; (b) his previously having been approached by his friend, Ebby T., regarding a potential solution to alcoholism through the evangelical Oxford Group; (c) Bill's eventual conversion experience during hospitalization; (d) his failed business trip to Akron, Ohio; (e) his desperate efforts to find and talk to another alcoholic in order to maintain his own sobriety; (f) the first encounter between Bill W. and Dr. Bob; (g) early trials and tribulations of the fellowship; (h) the gradual growth of AA on a regional, national, and then a global scale; and (i) the availability of complementary or alternative mutual help groups, including Al-Anon and Alateen (www.al-anon.alteen.org) for family members and friends of problem drinkers.

Having received and reviewed student questions prior to class, the lecturer was able to integrate information of expressed interest to students throughout the class. The remainder of the session (approximately 30 minutes) was dedicated to the discussion of these questions, with each of the students, in turn, selecting and reading aloud their more pressing or as yet unanswered queries.

METHODS

Course materials and related records were obtained for the indicated period of Fall 2007 through Winter 2012 by the course coordinator. These included course descriptions, a syllabus, enrollment information, student questions, and course evaluations. All items were de-identified, that is, any personal information linking students to these materials was removed, prior to review by the primary author. Institutional review board approval was neither necessary nor sought, because reviews, evaluations, and publications related to educational activities of this kind were, and are, considered exempt when handled in this manner.

Student questions were assembled in such a way that multiple questions from a given student remained grouped together, and questions were collated by semester. Names, which were not originally alphabetized in these documents, were replaced by sequential numbers. Through an iterative, qualitative process, student questions were analyzed for content and major themes were identified (see Table 1). In terms of course evaluations by the students, two global questions that were common to each of the surveys were selected—one regarding overall course excellence and the other pertaining to perceived learning on the part of the student—and responses were tallied.

RESULTS

Initial Reactions

In terms of initial—and perhaps unexpected—reactions to having attended an open meeting of AA, students frequently described how *welcomed* they felt, even as they identified themselves as students. They were impressed and sometimes moved by how *open* AA members were about sharing their own experiences, their current circumstances, and related feelings. Students expressed some surprise at what they considered to be a generally *positive* perspective, mood, and outlook in the context of these meetings, even in the midst of individual difficulties and loss. Tellingly, students commented on the apparent *normalcy* of the AA members they encountered, thereby challenging some of their own preconceived notions about alcoholism in general and self-described alcoholics in particular.

Questions From Students

Over the course of the identified period, questions were submitted by 143 of 155 students, for an overall response rate of 92%. Rates for the 10 individual sessions ranged from 81% ($n = 1$) to 100% ($n = 4$), with a median of 94% and a

TABLE 1 Thematic Content of Questions Submitted by Students (n = 143) About Alcoholics Anonymous

Rank	Topic	Number	Percentage
1	Spirituality and religion	62	43
2	Alcoholics Anonymous meetings: Structure and function	40	28
3	Efficacy of Alcoholics Anonymous	37	26
4	Alcoholism as a chronic disease or illness	26	18
5	Alcoholics Anonymous membership: Age, race, gender, religion	23	16
6	Alcoholics Anonymous sponsorship	18	13
7	Other addictions and disorders in Alcoholics Anonymous	15	10
8	Alternative approaches, e.g., other mutual help groups	11	8
9	Mechanisms of action in Alcoholics Anonymous	9	6
10	Family support, inside and outside Alcoholics Anonymous	8	6

Note: The number of student questions and the percentage of students who submitted questions related to a particular topic were greater than n = 143 and 100%, respectively, as most students put forward more than one question, as requested. Only questions asked by >5% of the students are included in this list.

mode of 100%. Questions tended to cluster around several major themes (see Table 1), some of which will receive additional attention. Examples of questions and general responses are provided for topics that were raised by ≥25% of the students, specifically (a) spirituality and religion, (b) the structure and function of AA meetings, and (c) the efficacy of Alcoholic Anonymous.

Spirituality and religion. The most frequently asked questions, raised by 43% of the respondents (62 of 143), pertained to issues surrounding spirituality and/or religion. Although many reported that AA claimed that it was not a religious organization, the students often detected distinct religious "undertones" or "overtones," citing multiple references to God, a Higher Power, or prayer. In certain instances, students described the recitation of "the Lord's Prayer" or "the Serenity Prayer" at some point in the meeting. On occasion, students alluded to what they perceived to be specific "Christian" tendencies. These observations may have been further reinforced by the physical environments in which meetings were held, especially if they were convened in churches.

Students seemed to be particularly sensitive to any practices that might be considered exclusionary among those with alcohol problems who might be from different religious backgrounds or those who might not identify themselves as being religious or spiritual. In fact, fully 40% of those who posed questions with spiritual or religious content (25 of 62) made direct or indirect references to "atheists" or "agnostics."

Consider the following representative examples regarding spirituality and/or religion:

- I know that AA is not affiliated with any religious group, but it seems that spirituality plays a huge role in the recovery process. They talked a lot about a "higher power." I was wondering what the history is behind the steps to recovery? Who made them up? Was he/she religious?
- Although it is stated that AA is not a religious organization, the 12 steps have multiple references to God and religion. Does this hinder the recovery of people who don't necessarily believe in a God? Does AA accommodate that or incorporate those individuals in another way?
- I noticed that many of the 12 steps rely on the belief in God in some form. What is an atheist alcoholic to do?
- Has AA ever considered removing the spiritual/higher power aspect from its program? Or, do other programs exist that have similar goals to AA but do not revolve around spirituality/a higher power? Could this type of change in the AA program attract more alcoholics who need help and could benefit from AA but have never attended AA because they do not believe in any form of religion/spirituality/a higher power or even the idea of it?

In the context of AA, questions were consistently raised regarding spirituality and religion, providing opportunities for information and education concerning similarities and differences between these two phenomena. Although personal benefits may be derived from either approach, and some attributes certainly are shared, it was suggested by the instructor that religion tends to be more structured, hierarchical, authoritative, prescriptive, and exclusionary, whereas spirituality has been viewed as more personal, unbounded, universal, and transcendent. AA suggests reliance upon "*a Power greater than ourselves*" (AAWS, 2001, p. 45; italics original), which may include the collective wisdom of an AA group, or a spiritual entity of the individual's own conceptualization and understanding, such as a Higher Power, or God.

Students were informed that, historically, in an effort to be inclusive and not to withhold the potential gift of sobriety from anyone, AA has strived to remain open to individuals from various religious organizations, as well as those who have

claimed no such affiliation or inclination. Interested students were directed to Chapter 4 of the Big Book, which is titled, "We Agnostics" (AAWS, 2001, pp. 44–57), and addresses this issue directly. It was further suggested that spiritual growth may be a process that unfolds over time.

AA has readily admitted, "Upon therapy for the alcoholic himself, we surely have no monopoly" (p. xxvi), noting that other approaches may also be useful. Along those lines, students were informed of the existence of a number of alternative treatment modalities (e.g., Relapse Prevention, Motivational Interviewing, or Rational Cognitive Emotive Therapy), as well as other well-established mutual help groups, some of which emerged in direct response or reaction to the spiritual program of AA (e.g., SMART Recovery), or to address the unmet needs of special populations, including women (e.g., Women for Sobriety or WFS). This information simultaneously addressed another relatively common topic among the students regarding alternative approaches to treatment and recovery for alcoholism (see Table 1, Item 8), an issue raised by 8% of the respondents.

AA meetings: Structure and function. After spirituality and religion, the second most common theme among questions from students (40 of 143, or 28%) concerned various aspects of the AA meetings themselves, including structure and function. Because exposure was limited purposefully to open meetings, most of these questions (16 of 40, or 40%) involved similarities or differences between open and closed meetings and their respective formats (see Open Meetings, above, for points of discussion).

One interesting subset of questions dealt with the manner in which AA members routinely and repeatedly identified themselves as alcoholics whenever they began speaking during an AA meeting, a behavior that puzzled several students (6 of 40, or 15%). In some instances, students offered theoretical responses to their own questions, suggesting that they had given some serious thought to the matter.

- Why is it that people in AA have to introduce themselves as an alcoholic? Don't they want to be seen as more than an alcoholic? Just seems like it adds insult to injury to have to keep saying, "I'm Bob, and I'm an alcoholic." I understand acknowledging the problem, but this just seems like overkill, and it might be counterproductive.
- The thing that struck me most about attending the AA meeting was the constant reiteration of each member's problem. When we were introducing ourselves, each person said, "My name is _____, and I am an alcoholic," or "I am an addict." Also, every time they spoke they would reintroduce themselves and restate that they are an alcoholic/addict. What effect does saying "I am an alcoholic" repeatedly have on the attendees? What is the purpose of this repetition? Do you feel it encourages acceptance of their problems? Does it make them feel connected to be sharing these problems?

In response to these questions, it was suggested that repeated self-identification—as an alcoholic—was central to a number of core considerations in AA. First of all, as suggested by one of the students, it appeared to confirm and reinforce both a critical admission, on one hand, and group membership, on the other. Next, it represented the single point of reference that all members had in common, regardless of material success or failure: the condition of alcoholism. As such, it served to level pride, promote humility, and remind members of the constancy and chronicity of their shared malady. Finally, through continued sobriety and spiritual growth, members eventually come to see the label of alcoholic as a source of positive identity and hope, rather than one of shame and defeat.

Efficacy of AA. Because this was primarily a research course, it was fitting that the next most frequent category of questions (37 of 143, or 26%) focused on efficacy. Students were curious about whether AA was successful, in general, and to what degree this was associated with meeting attendance or various characteristics of these meetings (17 of 37, or 46%). Other questions along these lines asked about the efficacy of AA among certain special populations, including youth. Another area of interest within this category pertained to outcomes associated with court-ordered AA meeting attendance or other forms of coerced treatment (10 of 37, or 27%).

- AA estimates it has around 2 million members worldwide, but have there been any empirical studies to support that AA is an effective form of treatment for alcoholics?
- Considering a traditional AA meeting, similar to the one we recently attended, the population seems to consist of adults, people who are at least in their 20s. How would the AA program apply to a younger generation? Can it address the needs of an adolescent who is interested in decreasing or eliminating substance abuse/dependence?
- I work on a study of alcohol and substance abuse in [city], and very few of our clients are in AA or NA. What can be done to increase enrollment in these organizations? Or is it a situation where, if individuals don't voluntarily join the group, their membership won't be effective? Is there any evidence that court mandated involvement in AA helps individuals change their drinking patterns?

Improved drinking outcomes have been positively associated with AA meeting attendance among adults as well as sustained improvements among adolescents following inpatient treatment (Kelly, Brown, Abrantes, Kahler, & Myers, 2008). Positive associations have also been reported in relation to other aspects of AA affiliation, including having a sponsor during early recovery (Tonigan & Rice, 2010), helping others in AA (Zemore, 2007), and self-reports of a spiritual awakening (Strobbe, Cranford, Wojnar, & Brower, in press).

That said, it is also true that the conduct of research on the efficacy of AA has presented unique challenges, including highly heterogeneous study populations, varied methodologies, and difficulties in comparing outcomes across studies. As a result, some findings have been mixed or inconclusive, and a number of questions posed by the students, including

those related to court-ordered AA meeting attendance, remain unanswered. Consistent with these limitations, a recent review article by the Cochrane Collaboration, titled, "Alcoholics Anonymous and other 12-step programmes for alcohol dependence," concluded that "more efficacy studies are needed" (Ferri, Amato, & Davoli, 2009, p. 2).

STUDENT EVALUATIONS

Although no quantitative evaluations were obtained for individual lectures—including the class on AA—results were available for the two identified undergraduate psychology courses as a whole, beginning in Fall 2008. Of the 75 students who completed surveys from among 125 eligible participants (for a response rate of 60%), 64 students (or 85%) strongly agreed or agreed with the statement, "Overall, this was an excellent course," and 65 students (or 87%) strongly agreed or agreed with the statement, "I learned a great deal from this course."

Among submitted questions concerning AA meeting attendance, one student provided unsolicited positive feedback by writing, "First of all, thank you for making us attend an AA meeting—it was truly one of the most profound experiences I've ever seen in my life. Totally awesome!" Another student commented, "Facilitated discussions are the way for the future! Commendations should go to…[lecturer]…for the most engaging lectures/classes. That's what we enjoy most—engagement." Anecdotal evidence, conveyed by the faculty and consecutive course coordinators, also indicated that the class on AA was a consistent favorite among the students.

DISCUSSION

An interdisciplinary, experiential learning approach was applied to teaching undergraduate psychology students about AA. Associated activities included (a) the assignment of brief, selected readings; (b) attendance at an open AA meeting; (c) the formulation and submission of thoughtful questions based on this activity; and (d) a single, interactive didactic session. In this exercise, *action*, one of the four elements of experiential learning, involved attending an open AA meeting. *Reflection* was encouraged and *abstractions* were expressed through the formulation of thoughtful questions based on these experiences. In some instances, *application* of the abstraction was shown through the sharing of additional personal information that was included along with the students' questions. For example, one student wrote,

> My question…was one that I actually asked in the meeting. I was very nervous to ask it but I am really glad I did. My brother is going through sobriety himself and he just started a few months ago. It has been a struggle for me because I try to support him but I feel sometimes like he is pushing me further away. I asked them their advice and they made me really understand the situation he is in. A couple of younger guys there that were freshly sober said that even though they are working on their sobriety, since it is still new, they are confused and frustrated and have been having similar problems with their current family members. All of the others that have been sober for years gave me hope that although a person may be sober, they are not fully 'sober thinking' yet, and eventually he would come around. Hearing their experiences made me relate it to my brother and understanding that what he is going through is much better.

In addition to the undergraduate psychology students described here, similar approaches have been used, both with individuals and groups at the University of Michigan, including undergraduate and graduate nursing students, social work students and interns, medical students, and pre- and post-doctoral students across an array of disciplines.

Strengths associated with this particular endeavor included (a) the use of a conceptual framework to help guide teaching strategies and activities, (b) access to a lecturer with requisite interest and knowledge pertaining to AA, and (c) a high return, in terms of learning, for a relatively modest investment of time, energy, and effort on the part of students, the lecturer, course coordinator, and faculty. Limitations included a lack of formal student evaluations, both quantitative and qualitative, specific to this exercise, rather than relying on reports from the course at large.

Potential challenges associated with replicating this approach elsewhere may include (a) the need to identify an adequately qualified lecturer (although candidates need not necessarily be limited to professionals, and could come from the community), (b) the fact that access to open AA meetings may vary by location, and (c) the ability of various AA groups to accommodate students may vary as well. Future opportunities could include the assessment of attitudinal changes or other aspects of learning through pre- and post-tests, particularly as these pertain to the phenomena of alcoholism, self-identified alcoholics, and the fellowship and program of AA.

In summary, AA has a distinguished history of helping to educate individuals from various professions about alcoholism and recovery. Undergraduate psychology students responded positively when principles of experiential learning were applied to educational activities pertaining to this important mutual aid society.

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