

COMPATIBILITY OF ADLERIAN THEORY AND PRACTICE WITH THE PHILOSOPHY AND PRACTICES OF ALCOHOLICS ANONYMOUS

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Tenets of Adlerian theory and practice are compatible with the philosophy and practices of Alcoholics Anonymous. Counselors can expect **treatment** approaches based on Adlerian counseling theory to be congruent with 12-Step practices of individuals who are in recovery from **alcohol** dependence.

Epidemiologists measure the extent of the **alcohol** problem, while anthropologists note the differences in ethnic customs. Behaviorists seek antecedents and consequences of drinking, while psychoanalysts probe for underlying causes. Those concerned with genetics examine biochemical markers . . . while pathologists study slices of tissue. . . . As inheritors of the intellectual methods of Descartes, we seek answers in reductionist polarities; it must be either this or that, never both or more (Metzger, 1988, p. 3).

Twenty-nine percent of people in the United States seeking mental health **treatment** will have met Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV; American Psychiatric Association, 1994) criteria for **alcohol** dependence at one point in their lives (Regier et al., 1990). In 1995, in the month before being surveyed, 111 million Americans age 12 and older had used **alcohol**. Of that number, 32 million people had engaged in binge drinking. That is, they drank five or more drinks on the same occasion at least once in the previous month. Heavy drinkers, those who drank five or more drinks per occasion on five or more days in the previous month, numbered 11 million (**Substance Abuse** and Mental Health, 1996).

Varying opinions about the causes and maintenance of **alcohol** dependence influence how it is treated. Counselors, therefore, do not agree on how to help clients who are **alcohol**-dependent (Ross, 1994, Rotgers, Keller, & Morgenstern, 1996; Van Den Bergh, 1991). Controversy about how to treat individuals with the "**alcohol** problem" of which Metzger (1988) wrote arises, in part, from historically inconsistent and divergent understandings of "drinking" and of people who "drink."

Imprudent or heavy drinking is explained as irresponsible behavior that causes social problems heavy drinkers can control (Fingarette, 1988). Reckless drinking practices also are attributed to a moral deficiency, best disciplined by individuals exercising willpower, families teaching values, and society inflicting punishment (Peele, 1988). Physicians currently practicing do not consider inordinate **alcohol use** to be a wicked and reckless pursuit of debauchery as they did in the early 1800s (Milam & Ketcham, 1981). Instead, many medical and mental health professionals consider **alcohol** dependence to be a biopsychosocial condition. There is evidence of a physiological and genetic basis to **substance** dependence, and this dependence may be marked by adverse physical consequences such as tolerance for the **drug** and withdrawal symptoms. Various psychological disorders and difficulties such as personality disorders, absence of coping skills, and negative self-concept also are associated with **alcohol** dependence. In addition, situational social pressures such as cultural patterns, peer group standards, and social encouragement may contribute to the etiology and maintenance of **alcohol** dependence (American Psychiatric Association, 1994; Frances & Miller 1991; Galizio & Maisto,

1985). **Alcohol** dependence also is explained as a biopsychosocial phenomenon with a "spiritual dimension" (p. 19) characterized by feelings of emptiness and lack of purpose for living (Wallace, 1996).

In this article, therefore, **alcohol** dependence is defined as a condition having integrated biological, psychological, and sociological determinants and effects. I acknowledge in the article that spirituality is a factor to consider when addressing how some individuals perceive both **alcohol** dependence and mental health. Along with attending the Twelve-Step-based Alcoholics Anonymous (AA) meetings, people who are **alcohol** dependent or recovering from **alcohol** dependence frequently seek professional counseling. **Treatment** providers allying with Twelve-Step programs is among the current major trends in **addictions treatment** (Frances & Miller, 1991). It would be helpful, therefore, for counseling to reinforce the gains made by clients' adherence to the Twelve Steps of AA.

I propose in this article that the holistic principles of Adlerian psychology (**Adler**, as cited in Ansbacher & Ansbacher, 1956) are remarkably in accord with the biopsychosocially and spiritually based philosophy and practices of AA. The purpose of this paper is to present significant ways in which Adlerian theory and psychotherapy are compatible with the philosophy and practices of AA and therefore can be integrated for **use** with clients who are **alcohol** dependent. Furthermore, it is proposed that counselors can work with **alcohol**-dependent or recovering clients from an Adlerian perspective and be confident that Adlerian psychology and AA philosophy and practice are, for the most part, consistent.

It is beyond the scope of this article to educate therapists in ways specific Adlerian counseling strategies may be used by counselors to make Adlerian psychotherapy compatible with AA involvement by clients. Moreover, this article is limited to addressing AA and its focus on **alcohol** dependence. Much of what is written here, however, could be used by counselors to integrate Adlerian-based counseling for individuals, couples, and families who are involved in Twelve-Step programs such as Narcotics Anonymous, Cocaine Anonymous, Al-Anon, and Alateen.

THE ROLE OF ALCOHOLICS ANONYMOUS IN PROMOTING SOBRIETY

The potential role of Alcoholics Anonymous in helping clients achieve and maintain sobriety has been disputed (Humphries, 1993; Le, Ingvarson, & Page, 1995; Rotgers et al., 1996). The lack of substantive outcome studies on the effectiveness of AA causes some practitioners to be reluctant to suggest clients become affiliated with the organization. Research on the effectiveness of AA as a means of gaining and maintaining sobriety is meager because gathering relevant data is difficult. "Much of the available research suffers from methodological problems such as anonymity of members, sizable attrition rates, interviewer bias, **use** of self-report, and mailed questionnaires, making interpretation of results difficult" (Williams, Stout, & Erickson, 1986, p. 803).

The reputation of AA, however, as a significant source of help for **alcohol**-dependent people has grown with its membership. Two men who individually had been unsuccessful in their attempts to end their dependence on **alcohol** together founded AA in 1935 (Alcoholics Anonymous Comes of Age, 1957). The membership of AA now numbers more than 2 million (General Service Office, 1996). AA notes, however, that it is not the only "therapy" (p. xx, xxi) for **alcohol** dependency and that medicine and religion are instrumental in some individuals' achievement of sobriety (Alcoholics Anonymous, 1976).

AA's growth and the National Council on Alcoholism's declaration that **alcohol** dependence is a disease influenced public attitudes toward **alcohol** dependence. The entertainment industry played a role in heightening public awareness of **alcohol** dependence by popularizing, sentimentalizing, and romanticizing **alcohol** dependence. During the years following World War II, from 1945-1962, Hollywood produced 34 films in which actors portrayed leading characters who were **alcohol** dependent (Room, 1989). More recent films such as Clean and Sober (Howard & Caron, 1988) also have portrayed the benefits of association with AA for people who are **alcohol** dependent.

AA has erroneously been described as a nonmedical "**treatment** program" (e.g., Le et al., 1995, p. 603) and as having a "**treatment** philosophy" (e.g., Le et al., 1995, p. 603). The nature of AA's support for individuals who are **alcohol** dependent typically differs from conventional professional **treatment** for **alcohol** dependence. According to Alcoholics Anonymous (1976), since its inception in 1939 AA has no **treatment** objectives, formalized measurement, or requirements for membership other than the individual's "honest desire to stop drinking" (p. xiv).

AA suggests members live according to the Twelve Steps the founders of AA described as the means that had helped them achieve sobriety. Group meetings are not facilitated by professional counselors, and AA does not diagnose **alcohol** dependence, distribute medications, or provide case management.

AA's biopsychosocial perspective on the etiology and maintenance of **alcohol** dependence appears in books published by Alcoholics Anonymous World Services.

The founders of AA wrote the following:

It did not satisfy us to be told that we could not control our drinking just because we were maladjusted to life, that we were in full flight from reality, or were outright mental defectives. These things were true to some extent, in fact to a considerable extent with some. But we were sure that our bodies were sickened as well. (Alcoholics Anonymous, 1976, p. xxiv)

Biological factors of which AA writes include somatic compulsion. "The insatiable craving for **alcohol** was evidently a physical phenomenon" (As Bill Sees It, 1983, p. 35). Psychological factors AA recognizes include avoidant behavior: "We have drunk to drown feelings of fear, frustration, and depression. We have drunk to escape the guilt of passions" (Alcoholics Anonymous, 1976, p. 44). Social factors AA mentions include claiming interpersonal and societal advantage: "My dependency meant demand--a demand for the control and possession of the people and conditions surrounding me" (As Bill Sees It, 1983, p. 176).

Although AA explains that they promote no religious doctrine, AA has been perceived as being a religious program (Zweben, 1987). For participants in AA, however, locus of control may be external, internal, or shared, depending on each individual's concept of a "higher power": "To us the Realm of Spirit is broad, roomy, all inclusive" (Alcoholics Anonymous, 1976, p. 46).

Alcoholics Anonymous is a worldwide fellowship of . . . alcoholic men and women who are banded together to solve their common problems and to help fellow sufferers in recovery from that age-old, baffling malady, alcoholism. AA's Twelve Steps are a group of principles, spiritual [italics added] in their nature, which, if practiced as a way of life, can expel the obsession to drink and enable the sufferer to become happily and usefully whole. (Twelve Steps and, 1953, p. 15)

CONGRUITY OF ADLERIAN PSYCHOLOGY AND ALCOHOLICS ANONYMOUS

Many mental health practitioners in private practice and agencies consider affiliation with Alcoholics Anonymous to be complementary to professional counseling for **alcohol** dependence (Humphries, 1993). Cooley (1997) and Prinz (1997) wrote of Adlerian practitioners, in particular, perceiving congruence of Adlerian psychology with AA's Twelve Steps.

Adlerian Life Tasks and AA's Twelve Steps Life Tasks

Adler viewed individuals holistically, and as "discouraged," rather than diseased (Mosak, 1979, p. 65); therefore, the purpose of Adlerian-based counseling is to help clients develop ways to successfully meet the demands of life. **Adler** considered society, work, and sex (love) to be three challenging life tasks people must confront as they choose goals they want to pursue (**Adler**, as cited in Ansbacher & Ansbacher, 1956).

Because individuals cannot be altogether self-sufficient, social involvement is the first of the life tasks **Adler** mentions. Adlerians Dinkmeyer & Dinkmeyer (1985) and Mosak (1979) explained that the extent to which individuals can give to others and contribute to the interests of society is a measure of mental health. Because work is essential for individual and societal survival, it also is important for individuals to rightly engage in suitable occupations. Finally, relationships between men and women should be based on social equality. Cooperation and egalitarianism should be hallmarks of interaction between men and women (Mosak, 1979).

Dreikers & Mosaic (1967) and Mosak & Dreikers (1967), both Adlerians, described two additional life tasks. They wrote that people are challenged to address their personal spirituality by thinking about how they perceive and relate to the universe and a supreme being, and learn self-acceptance and develop serenity, or inner peace. Twelve Steps. The Twelve Steps, a "program of recovery" from the viewpoint of the founders of AA (Alcoholics Anonymous, 1976, p. 59), were offered by the founders to the public in 1939 as a spiritual path to sobriety. The writers suggested that people who want to stop drinking and lead happy and effective lives live according to the Twelve Steps. The steps as they appear in Alcoholics Anonymous (1976) are listed below.

1. We admitted we were powerless over **alcohol**--that our lives had become unmanageable.
 - 2. Came to believe that a Power greater than ourselves could restore us to sanity.
 - 3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
 - 4. Made a searching and fearless moral inventory of ourselves.
 - 5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

- 6. Were entirely ready to have God remove these defects of character.
- 7. Humbly asked Him to remove our shortcomings.
- 8. Made a list of all persons we had harmed, and became willing to make amends to them all.
- 9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
- 10. Continued to take personal inventory and when we were wrong promptly admitted it.
- 11. 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.
- 12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

As they incorporate the Twelve Steps into their lives, AA members are urged to consider the role resentments have played in their **alcohol** dependence. Members are encouraged to list the "people, institutions, or principles" (Alcoholics Anonymous, 1976, p. 64) that occasion anger and consequently lead to **alcohol use**. Most often, the original members of AA found their self-esteem, financial security, personal ambitions, and personal relationships were hurt or threatened (Twelve Steps and, 1953, p. 49). "In no deep or meaningful sense had we ever taken stock of ourselves, made amends to those we had harmed, or freely given to another human being without any demand for reward" (Twelve Steps and, 1953, p. 32).

AA members' history of unwillingness to tackle the challenges of Adlerian life tasks of society, work, sex, spirituality, and self-acceptance may explain why resentments developed against people, institutions, or principles. This history could be useful to therapists treating **alcohol** dependence. By attempting to meet the challenges of the five Adlerian life tasks, clients would be forced to address self-esteem, financial security, personal ambitions, and personal relationships. These are the areas original AA members said were among the causes for the development and maintenance of **alcohol** dependence.

Society life task and Twelve Steps. A major proposition underlying Adlerian psychology is that behavior is purposive within a social context. Each person's thoughts, emotions, and behavior have a unified psychological goal that one attempts to meet through interacting with other people. Adlerians propose that once the intended goal is identified, and the character of the social context in which the goal is formed is understood, the meaning and purpose of behavior can be ascertained. Maladaptive behavior can be changed through a professionally facilitated, interactive, therapeutic process in which optimism, courage, trust, respect, friendliness, and cooperation are present (Adler, 1931, 1958; Mosak, 1979; Pew & Pew, 1997). Adlerian therapists intend their interventions to re-educate and remotivate clients toward making desirable changes.

Similarly, AA proposes that **alcohol**-dependent individuals can attain physical and psychological sobriety by acquiring self-knowledge, becoming educated about their condition, and taking responsible action. AA members accomplish these tasks through the social action of emotionally supporting each other and sharing "fellowship and friendship" as they incorporate the Twelve Steps of recovery into their lives (Alcoholics Anonymous, 1976, p. 95). AA rejects the notion of perfectionism and favors realistic progress toward goals. This perspective reverberates in the Adlerian admonition to have the "courage to be imperfect" (Pew & Pew, 1997), to think of mistakes as opportunities for learning. AA strives to help people recognize that they are socially acceptable although imperfect. Adlerians assert that the knowledge that one is not flawless, yet is not deserving of public condemnation, is a sign of psychological health.

Adlerians propose that an earnest desire to be socially accepted often produces anxiety. A predominant goal among people is to feel as if they are a significant or unique part of a social group in which they can cooperate with others and contribute to the common good (Dinkmeyer & Dinkmeyer, 1985). Although AA members have unique identities, the shared suffering and adversities caused by **alcohol** dependence and the constant willingness to assist and encourage each other bind AA members in a particularly intimate association. In the fellowship, optimism, courage, trust, respect, and friendliness, elements Adlerians suggest are necessary for successful counseling, are present. The founding members of AA wrote about the reception of a new member into AA: The very practical approach to his problems, the absence of intolerance of any kind, the informality, the genuine democracy, the uncanny understanding which these people had were irresistible. No one is too discredited or has sunk too low to be welcomed cordially--if he means business. Social distinctions, petty rivalries and jealousies--these are laughed out of countenance. Being wrecked in the same vessel, being restored, and . . . with hearts and minds attuned to the welfare of others, the things that matter so much to some people no longer signify much to them. (Alcoholics Anonymous, 1976, pp. 160, 161)

The degree to which individuals undertake **Adler's** first life task, making decisions that reflect commitment to societal interests, may account for the nature of their personal ambitions. The social context in which AA

members spend much time interacting includes AA groups and the people who reach out to AA for help. Individuals' willingness to do the 12th step to the extent they are prepared to do so may indicate the level of social interest.

Work life task and Twelve Steps. The importance individuals attribute to financial security and their level of need to feel personally significant may determine how eager they are to engage in meaningful work, the second of **Adler's** life tasks. The quality of work behavior, both adaptive and maladaptive, is a result of self-perceptions and perceptions of the thoughts of others in the environment. From Adlerian and AA perspectives, compulsive work habits caused by irrational anxieties about achievement probably mask deep-seated feelings of inferiority (Dinkmeyer & Dinkmeyer, 1985; Twelve Steps and, 1953). Adlerians encourage individuals to achieve moderation in work habits by altering how they perceive the importance of their work. Furthermore, AA encourages building character and spiritual values as priorities before "material satisfaction" (Twelve Steps and, 1953, p. 71).

Sex life task and Twelve Steps. The limits of one's enthusiasm for building positive, egalitarian, cooperative alliances between oneself and the opposite sex, **Adler's** third task, may determine how successfully an individual seeks and forms healthy personal relationships. Adlerians think having knowledge about clients' early family circumstances and dynamics helps in understanding their current behavior and attitudes in relationships. Families often influence individuals' choices of attitudes and lifestyle. By becoming aware of the impact of early experiences, clients may no longer condemn themselves but rather understand why they initiated some obstructive behaviors (Forer, 1997). However, Cooley (1997) cautions counselors that exploring early family relationships should be done thoughtfully and prudently. She warns that prompting certain disclosures early in counseling through an Adlerian lifestyle assessment could induce clients to further deny **alcohol** dependence and cease **treatment**.

AA invites members to look at where they have been "selfish, dishonest, or inconsiderate. . . . jealous, suspicious, or bitter" (Alcoholics Anonymous, 1976, p. 69) by examining their past behavior with loved ones. However, AA encourages members, at least initially, to stay focused on staying sober in the present and not looking, as they did in the past, for reasons for drinking.

For example, the original AA members wrote the following:

We had to drink because times were hard or times were good. We had to drink because at home we were smothered with love or got none at all. We had to drink because we were great successes or dismal failures. It never occurred to us that we needed to change ourselves to meet conditions, whatever they were. (Twelve Steps and, 1953, p.47)

Spirituality life task and Twelve Steps. Adlerian psychology and AA contend that spirituality is vital to mental well-being. Dreikers & Mosak (1967) wrote that an important task people face is considering the meaning and purpose they give to life and determining what they think about the existence of God.

Cooley (1997) wrote that people who are **alcohol** dependent need to address the Adlerian spiritual task early in **treatment**. Many people who are **alcohol** dependent think of **alcohol** as godlike; that is, it is boundless in its influence. Therefore, addressing its perceived omnipotence is a significant issue in counseling.

The importance of spirituality to the AA program cannot be overstated. The authors wrote in Alcoholics Anonymous (1976) that if an individual is "alcoholic," he or she "may be suffering from an illness which only a spiritual experience will conquer" (p. 44). Therefore, "We had to find a power by which we could live, and it had to be a Power greater than ourselves" (p. 45). In the chapter, "We Agnostics," the following statement appears: "When, therefore, we speak to you of God, we mean your own conception of God" (Alcoholics Anonymous, 1976, p. 47). There is no question, however, that reliance on a source of strength other than oneself is the AA key to gaining and maintaining sobriety.

The first and second of the Twelve Steps are reflective. The steps describe AA's founders' thinking that led them to becoming sober. They admitted having no control over the consequences of drinking **alcohol** and that by having faith in a "higher power" even if it is "AA itself," one can achieve "soundness of mind" (Twelve Steps and, 1953, pp. 27, 33). The second step calls for humility, the knowledge that one cannot always control one's circumstances. The 11th step speaks to the spiritual need to have an ongoing relationship with a higher power to stay sober.

Self-Acceptance and Twelve Steps. Mosak & Dreikers (1967) wrote that learning self-acceptance and thereby developing serenity, or inner peace, is a life task. People are challenged to cope with those they pose for themselves.

The first and third of the Twelve Steps suggest that by relinquishing defenses and recognizing that one's life has become ungovernable, one takes steps toward inner peace. The prayer "God grant me the serenity to accept the things I cannot change, courage to change the things I can and wisdom to know the difference. Thy will, not mine, be done" (Twelve Steps and, 1953, p. 41) guides many AA members as they attempt to develop a spiritual approach to sobriety based on self-awareness of their strengths and limitations.

Adlerians stress the idea that people have the ability to make conscious choices. Adlerians consider self-determination to be a paramount character constituent. They assert that people have control over their thoughts, emotions, and behavior; therefore, to believe life is not controllable is "neurotic" (Dinkmeyer & Dinkmeyer, 1985, p. 119). Consequently, some Adlerians perceive AA members' admission of being "powerless over **alcohol**" (Alcoholics Anonymous, 1976, p. 59) and needing help from an outside source to become sober as irreconcilable with Adlerian theory regarding individual responsibility for resolution and action. Other Adlerians, however, explain that to admit having no control over the consequences of using **alcohol** paradoxically is to become self-aware, empowered, and better able to move toward sobriety (Prinz, 1997). The incongruity of admitting defeat while becoming strengthened is described in Twelve Steps and (1953):

We perceive that only through utter defeat are we able to take our first steps toward liberation and strength. Our admissions of personal powerlessness finally turn out to be firm bedrock upon which happy and purposeful lives may be built. (p. 21)

Furthermore, "The more we are willing to depend on a Higher Power, the more independent we actually are. Therefore, dependence as AA practices it is really a means of gaining true independence of the spirit" (Twelve Steps and, 1953, p. 36).

Self-acceptance cannot be achieved without self-awareness. The purpose of the fifth and sixth steps is to further mindfulness of what thoughts, feelings, and behaviors may have contributed to **alcohol** dependence, to declare strengths and shortcomings, and then to begin working toward a less diminished self. Mental health professionals and AA recognize the value of people having insight and knowledge regarding their thoughts, feelings, and behaviors and for discussion of them with an objective, empathic, and trustworthy person. Not only is self-acceptance furthered through doing the fifth step, but so too is the feeling of unity, that sense of being part of a group that Adlerians deem significant to healthy development. By completing the fifth step, "We will get rid of that terrible sense of isolation we've always had. . . . When we reached AA, and for the first time in our lives stood among people who seemed to understand, the sense of belonging was tremendously exciting" (Twelve Steps and, 1953, p.57).

In taking the sixth step, practitioners of the Twelve Steps are setting goals for change based on increased self-awareness and acceptance. The emphasis is on humility and reaching out for help in replacing troublesome conduct and attitudes with more constructive ways of being.

Adlerians propose that self-perceived inferiority and feelings of guilt can be changed by changing cognitions and offering future-oriented counseling (Mosak, 1997). AA proposes that other action is needed as well. By taking the 8th, 9th, and 10th steps, members attempt "to live in "peace, partnership, and brotherhood" (Twelve Steps and, 1953, p. 77) and to "come into harmony with others by exercising courtesy, kindness, justice, and love" (p. 93). "As we persist a brand-new kind of confidence is born, and the sense of relief at finally facing ourselves is indescribable" (Twelve Steps and, 1953, p. 50).

Implications for Counseling and Research

Adler (1956) used the term "private logic" (p. 143) to describe how people make sense of who they are, their environment, and their lives. Individuals establish their private logic by screening experiences through perceptions formed in their early years. The earliest memories upon which private logic is built may or may not have occurred as they are remembered; however, the private logic that develops explains why people think, feel, and act as they do. Adlerian-based counseling is intended to help clients learn how to broaden their thinking, feeling, and behavior so they become aware of options. Helping **alcohol**-dependent individuals become self-aware is fundamental to Adlerian and AA attempts to help people become who and what they would like to be.

If counselors understand client private logic, rapport and a spirit of cooperation can be created between them and their clients. Cooley (1997) admonished counselors to be judicious when accessing client private logic via lifestyle assessment. Learning how clients perceive themselves, their circumstances, and lives, however, will help counselors better understand clients' current responses to the steps necessary to achieve and maintain sobriety through AA. Furthermore, clients' becoming aware of the nature of their private logic and the opportunity to question their reasoning helps them to understand themselves better and to assume personal responsibility for their behavior (Holder & Williams, 1995).

There is a need for research focusing on ways Adlerian theory and psychotherapy can be linked with the philosophy and practices of AA. For example, investigating the results of using Adlerian process and interventions with **alcohol**-dependent people who combine **treatment** with membership in AA would contribute to the repertoire of approaches available to counselors. Studying Adlerian lifestyle assessments of members of AA might reveal commonalities or connections with goals, etiology, and evidence of **alcohol** dependence not heretofore known. Finally, the ways in which people who are recovering from **alcohol** dependence have addressed the Adlerian life tasks could be helpful to counselors when they provide relapse prevention and aftercare services.

Counselors treat **alcohol**-dependent individuals in community mental health agencies, inpatient and outpatient **treatment** facilities, criminal justice settings, and individual private practices. Such counselors seek sensible, accepted, and practical ways to help their clients achieve sobriety. A systematic coupling of active membership in AA with Adlerian-based counseling is a rational means of treating **alcohol** dependence and preventing relapse. Adlerian life tasks associated with individuals' relationships to their society, work, sex (love), spirituality, and self-acceptance are in accord with AA's Twelve Steps. Such philosophical agreement allows **treatment** planning, goal setting, counseling, and aftercare to be consistent with self-help.

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