



Alcoholics Anonymous May Foster Relational Spirituality That Supports Abstinence Goals

New Directions in Conceptualizing Community and Spirituality within AA

AA is effective for treating alcohol problems, and community and spirituality contribute to its impact.

Alcoholics Anonymous (AA) is well established as an effective treatment for alcohol use disorder (AUD). Both pro-abstinence social networks and spirituality have been identified as mechanisms of change in AA. There is some evidence that community and spirituality in AA may be interconnected and may be better understood as a form of “relational spirituality” that supports abstinence goals.

AA may support participants in developing improved interpersonal relationships.

Those with AUD may feel less confident in their interpersonal relationships and may have difficulty trusting and committing to others. However, AA can help them learn to approach relationships differently. With AA’s consistency of meetings and the reliable availability of a sponsor, AA can support people in feeling more confident in relationships. For people with AUD, experiencing the stability of AA may promote the development of increased trust within their interpersonal relationships. In fact, as someone progresses through the 12 steps of AA, they will engage in helping others, healing relationships, sponsoring someone, and generally developing an ongoing pattern of concern for others.

According to the Theistic Relational Model, improved confidence within relationships predicts healthy, pro-social spirituality.

The Theistic Relational Model of spirituality (Davis et al., 2021; TRM) conceptualizes spirituality as an interplay between one’s doctrinal understanding of God (or their Higher Power) and one’s personal experiences with God. The TRM holds that healthy spirituality requires coherence between a person’s doctrinal and experiential understandings of God. The TRM sees strong interpersonal relationships as paving the way for healthy spirituality and a secure relationship with God. Healthy spirituality leads to pro-social behavior, for instance, forgiveness, empathy, and volunteerism.

AA may occasion a relationship-based spirituality that becomes more rewarding than alcohol.

As participants progress through the steps of AA, it is often accompanied by spiritual growth. While some participants may deepen their existing spirituality, it is also possible that AA itself may occasion a quasi-secular relationship-based spirituality, with the doctrinal understanding of one’s Higher Power coming from the AA literature, and the experiential understanding coming from relationships with other participants and/or engagement with the AA meetings themselves. Congruence between what is written in AA literature and how AA groups actively apply what they read may foster healthy spirituality. That is, consistently observing AA members showing concern and compassion for others should eventually lead to feelings of love, support, and general positive emotions when attending group (Davis et al., 2021). Furthermore, as shared beliefs and practices are an important aspect of sustaining one’s social group membership, a relational spirituality shared by AA members may strengthen cohesion and identification with the 12 steps of AA, leading to increased attendance--a critical point, as AA attendance is a powerful predictor of abstinence (c.f., Tonigan et al., 2013). The TRM provides the best explanation to date of the apparent overlap in the development of improved relationships and spirituality in AA.

Action Steps to Consider:

The TRM and relational spirituality offer a conceptualization of how spirituality functions as a mechanism of change in AA. To develop and leverage the impact that relational spirituality may contribute to the long-term success of AA, further work could:

- Test the fit of the TRM model for 12-step groups. The central doctrinal-experiential congruence component of the TRM could be tested across 12-step/self-help groups that emphasize varying degrees of spiritual integration into treatment, such as AA, SMART Groups, Celebrate Recovery, and (Re)Generation.
- Examine whether AA members who experienced rejection in previous religious communities experience relational spirituality within AA.
- Explore whether individual therapy could initiate development of secure attachment and thereby prepare the client for successful participation in a 12-step group, which could support maintenance of treatment gains after therapy ends.

If addiction treatment success is found to be predicted by congruence between one's doctrinal and experiential understanding—whether of God, one's Higher Power, or AA itself—treatment protocols could be adapted to assist in the development of improved interpersonal relationships and, in turn, spiritual congruence. Furthermore, post-treatment models could be developed that could lead a client from the safe, one-on-one therapeutic interaction into a supportive community where new pro-treatment relationships could be formed.

If you or someone you know is experiencing harm as a result of their alcohol use, in Tennessee you can contact the Redline at 1-800-889-9789, and you can find an AA meeting by visiting aa.org/find-aa.

This research brief results from the work of the Tennessee Institute for Gambling Education and Research (TIGER). Based at the University of Memphis and East Tennessee State University, TIGER conducts research on gambling, the treatment of gambling problems, and responsible gambling. The Gambling Clinic, Tennessee's provider of gambling treatment services, is TIGER's clinical service division. TIGER is funded by the Tennessee Department of Mental Health and Substance Abuse Services. All findings and views are the authors' own, and not necessarily those of the State of Tennessee or the Department of Mental Health and Substance Abuse Services. To inquire about treatment at The Gambling Clinic, contact us at 1-833-842-8600 or tgc@memphis.edu. You can also explore our website at thegamblingclinic.com to learn more about our research, clinical services, and other resources.

This brief is based on a scoping review and mapping study involving 19 studies which assessed mechanism of change in Alcoholics Anonymous through formal mediation analyses.

Hjelle, R. J., Anderson, N. S., Ginley, M. K., & Razzak, J. S. (2025, Oct. 18). Mapping review of mechanisms of change in Alcoholics Anonymous. Tennessee Psychological Association Convention, Franklin, TN.

Ryan Hjelle is a doctoral student in clinical psychology at East Tennessee State University, a member of the Tennessee Institute for Gambling Education and Research, and a therapist at The Gambling Clinic. His research interests include 12-step facilitation in the treatment of addiction, rural mental health, and attachment styles as they relate to spirituality and addiction.

Noah Anderson is a doctoral student in clinical psychology at East Tennessee State University, a member of the Tennessee Institute for Gambling Education and Research, and a therapist at The Gambling Clinic. His research interests include Appalachian and rural mental health, help-seeking behaviors, and relational factors that influence effective psychotherapy.

Jordan Razzak is a doctoral student in experimental psychology at East Tennessee State University.