

Hidden Parallels: How Clinical Practices Are Reflected in 12-Step Recovery Principles

INTRODUCTION

There's a standard in 12-step programs for sharing one's story with a large group; it comes from page 58 in the chapter *How it Works* in the program's basic text, Alcoholics Anonymous, and says, "Our stories disclose in a general way what we used to be like, what happened, and what we are like now." I've thought about this storytelling quite a bit on the surface level, having shared my story countless times in groups both large and small. There's also a common adage to newcomers that says, "I can't get you sober, but I can tell you how I got sober." This reflects the humility innate to the fellowship, that we don't know what's best for another, only what has worked for us, along with our willingness to share openly.

**A Design
For Living
That Really
Works**

All of that works brilliantly to people in recovery, but there's long been interest from people in professional communities – academics, researchers, and especially those working clinically to resolve mental health issues and address distress caused by past experiences (e.g., trauma, adverse childhood experiences, etc.). They too are keenly interested in how the program works, but are usually interested in more than, 'don't drink, go to meetings, work the steps with a sponsor, and be of kind service to others'. What *are* the mechanisms of action within the 12-step program that effect such dramatic positive improvement in people whose lives are in shambles? Looking at my recovery (from drug addiction and alcoholism), and the saved and restored lives of millions of others, there's clearly more to the 12-step recovery process than achieving sobriety from the problematic drug or behavior, and cleaning up messes created while using.

It's safe to say I'm not the same person who crawled into his first AA meeting in a smoky church basement in Detroit, Michigan in 1982. I'm more than just sober, and much more than just a person in recovery, or one who has recovered from an addiction. Look at the lives of people who have committed themselves to honest and diligent application of the principles of the program, and you'll find people of high moral and ethical character – people who have transcended many of life's problems and seem to have a 'design for living' that helps them navigate hardships with alacrity. There's almost an ease and calmness – some might say, 'that person is extremely well adjusted', or 'nothing seems to rattle them' – they seem unflappable in the face of some very difficult turns'.

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Beyond simple storytelling, I've explored what else might be going on as people 'work the steps' and "practice the principles in all our affairs". Seen now through the lens of my practice as an addiction psychologist, following is what I think is really going on behind the simple surface structure of steps and meetings.

If I look very closely at the behavioral changes which transpired throughout the course of my recovery, I find very interesting overlaps with practices and interventions used by clinicians. More, if I ask a clinician what steps they'd take to effect changes in the life of a hardened addict, especially given numerous different scenarios, as each case can be subtly different requiring different approaches, and I get a laundry list of behavioral modifications common to typical treatment modalities – all variations on a theme addressing cognitive distortion, faulty beliefs and self-narratives, and radical externalization and blaming (victim mentality). As a recovered addict with extensive experience (>4 decades) working to help others recover, I recognize and relate to all of that. Here's where I see overlap and commonalities.

PRACTICES COMMON TO CLINICAL MODALITIES AND 12-STEP RECOVERY

Despite their differing origins and methodologies, contemporary clinical approaches to addiction treatment share a surprising number of core principles with longstanding community-based recovery programs. While often framed in therapeutic language and implemented through structured protocols, the underlying goals of many evidence-based modalities such as Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Narrative Therapy, and Motivational Enhancement Therapy (MET), are echoed in the lived practices and shared wisdom of 12-step recovery communities.

What emerges from a comparative exploration is a set of shared commitments to inner transformation through self-awareness, personal responsibility, emotional regulation, and the power of connectedness. Below, I explore how several major therapeutic frameworks mirror the ethos and practices of mutual aid recovery programs, even when their vocabularies and delivery methods differ.

Cognitive Behavioral Therapy (CBT): Thought, Behavior, and Accountability

CBT emphasizes the identification and restructuring of distorted thoughts, the development of healthier behaviors, and the creation of relapse prevention plans. These elements are also reflected in recovery pathways that encourage individuals to:

- Reflect honestly on their past behaviors and consequences
- Recognize faulty patterns of thinking that perpetuate harm

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- Begin cultivating new, life-affirming routines
- Seek accountability through honest dialogue with trusted peers

Both approaches aim to restore agency by helping individuals see that change is possible and that thinking, feeling, and doing are interconnected.

Acceptance and Commitment Therapy (ACT): Making Peace with the Present, Moving Toward Values

ACT encourages individuals to stop avoiding pain and discomfort, and instead, accept difficult thoughts and emotions while committing to value-driven action. Similarly, many recovery traditions emphasize the need to:

- Acknowledge personal limitations and stop resisting reality
- Let go of rigid control over circumstances
- Cultivate presence and mindfulness through daily practices
- Reconnect with deeply held personal values as a compass for future behavior

The central ACT process of "defusion" - stepping back from one's thoughts and observing them without attachment - bears a striking resemblance to spiritual or contemplative practices used to detach from harmful self-talk and restore perspective.

Narrative Therapy: Rewriting the Story, Reclaiming the Self

Narrative Therapy focuses on helping individuals externalize their problems, question dominant self-defeating narratives, and re-author their identity in alignment with preferred values and hopes. Recovery traditions have long practiced the art of storytelling not merely as reflection, but as transformation:

- The problem is viewed as separate from the person
- Personal stories are examined for meaning, patterns, and potential for change
- Community validation helps reinforce an emerging, healthier identity
- Positive traits and strengths are elevated and woven into the evolving self-concept

In both settings, storytelling becomes a medium for empowerment, connection, and reorientation toward a meaningful life.

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Motivational Enhancement Therapy (MET): From Ambivalence to Action

MET is grounded in the belief that sustainable change must come from within. It avoids confrontation, emphasizes empathy, and helps individuals resolve ambivalence by clarifying their values and goals. These same dynamics are frequently present in peer-driven recovery environments:

- Encouragement rather than coercion
- Respect for individual readiness and timing
- Gentle prompting to examine the gap between current behavior and aspirational values
- Reinforcement of small wins to build confidence and momentum

Both MET and community-based recovery programs help individuals discover their own "why" for change and align that insight with forward movement.

SHARED PRINCIPLES ACROSS ALL MODALITIES

Despite differences in origin and expression, the following principles cut across clinical therapy and mutual aid recovery traditions:

- **Self-awareness:** Honest introspection and increased understanding of one's thoughts, emotions, and behaviors
- **Personal responsibility:** Ownership of one's choices and willingness to change
- **Cognitive and emotional clarity:** Identification and correction of distorted thinking, emotional regulation
- **Narrative transformation:** Rewriting personal stories to align with a healthier, more hopeful identity
- **Connectedness:** Mutual support, shared experience, and community belonging
- **Acceptance and surrender:** Recognition of limits and the need for help
- **Commitment to action:** Values-driven behavior, making amends, and ongoing growth
- **Accountability:** Being answerable to others and oneself, with humility and honesty

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CONCLUSION: DIFFERENT ROADS, SHARED DESTINATIONS

It is increasingly clear that the principles found in effective clinical approaches to addiction treatment are not foreign to grassroots recovery programs. While one may be articulated through research-based protocols and the other through lived experience and fellowship, both ultimately aim for the same outcome: the development of a meaningful, connected life, sustained by insight, commitment, and transformation. Recognizing these overlaps not only deepens our respect for diverse recovery paths, but also offers opportunities for integrated support that honors both science and story.

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