

**MODERATION MANAGEMENT®: A SUPPORT GROUP  
FOR PERSONS WHO WANT TO REDUCE THEIR  
DRINKING, BUT NOT NECESSARILY ABSTAIN**

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**ABSTRACT**

Estimates of the number of problem drinkers in the United States range as high as thirty million (Babor, 1994) individuals. Problem drinkers have experienced some negative consequences as a result of their alcohol use, yet most of these individuals are not severely alcohol dependent (Sobell & Sobell, 1993). The vast majority of these individuals either do not meet the DSM-IV criteria for alcohol dependence or meet only the minimal required criteria for that diagnosis. The rest may qualify for a diagnosis of alcohol abuse, but most qualify for no alcohol-related diagnosis at all, despite alcohol having been associated with some negative consequences in their lives.

Research suggests (Dawson, 1996; Granfield & Cloud, 1996) that most people whose drinking creates problems for them at some time in their lives recover “naturally” without any formal assistance from either support groups or treatment providers. However, a sizable number of individuals, although the precise number is not known, find themselves unable to completely overcome problem drinking on their own, and seek help from support groups or treatment providers.

Until very recently, and then in only a few locations around the United States and Canada, persons who were “problem drinkers,” as defined above, had only two options in seeking assistance for their drinking, both of which focused solely

on the goal of abstinence. These options—abstinence-focused support groups (such as Alcoholics Anonymous, Rational Recovery, SMART Recovery) or abstinence-focused treatment, typically using a 12-step model—were not only unacceptable to most problem drinkers (Sobell, Sobell, Toneatto, & Leo, 1993), but accepted *only* abstinence as a legitimate goal for persons wishing to change problem drinking. Often these treatments were of long duration, costly, and far more extensive than required for a simple reduction of drinking. Persons seeking such treatment were often pressured to accept pejorative labels such as “alcoholic” as a prerequisite for enrollment, and if such acceptance was not quickly forthcoming, were labeled as being “in denial” and sometimes told to come back when they were ready to accept the program offered. Thus, problem drinkers who were not prepared to abstain were denied any assistance at all. Similar experiences were common when problem drinkers sought help from many abstinence-focused support groups. Thus, many problem drinkers who could have benefitted from both support and treatment failed to seek help at all.

Despite the hegemony of abstinence-only treatment and support groups in the United States, research conducted over the past twenty years in a variety of countries, including the United States, clearly demonstrates that non-abstinence drinking goals are a viable option for many, if not most, problem drinkers (Rosenberg, 1993). In fact, quite a lot is known about which problem drinkers are most likely to successfully reduce their drinking without becoming abstinent. The apparent unwillingness of the support and treatment communities in the United States to integrate these research findings into practice (Rosenberg & Davis, 1994) has left problem drinkers who seek help without an acceptable option if their goal is to reduce drinking to safe levels rather than abstinence. It is either abstinence or nothing as far as most treatment programs and all support groups are concerned.

In 1993, that picture began to change when Audrey Kishline founded Moderation Management<sup>®</sup> (MM) in Ann Arbor, Michigan. MM is a support group for people who are not yet ready to commit to lifelong abstinence as their goal, but are committed to making healthy changes in their drinking and lifestyle. Kishline based MM directly on research showing the viability of moderate drinking goals and detailing methods for helping people achieve those goals (i.e., Miller & Munoz, 1982; Sanchez-Craig, 1993). Since its beginnings, MM has grown to over fifty groups in twenty-three states and Canada. Though still small compared to support groups such as AA, MM has experienced a rapid growth through word of mouth, media coverage, and the Internet. MM has a Web site at <http://moderation.org/>, an Internet mailing list which can be subscribed to by sending the message SUBSCRIBE MM yourFIRSTname yourLASTname to [LISTSERV@MAELSTROM.STJOHNS.EDU](mailto:LISTSERV@MAELSTROM.STJOHNS.EDU), and a chatroom with the address #moderationmanagement.

In this article we first outline the philosophy of MM. We then discuss the basic principles and procedures of MM, procedures that often derive directly from the scientific research on treatment of problem drinkers. Finally, we address issues

surrounding the question of who should choose drinking goals, the role of personal choice and commitment in changing drinking behavior, and the relationship between MM and abstinence-focused support groups such as AA, Rational Recovery, and SMART.

### PHILOSOPHY OF MM

Following the opening logo on the MM Web site are four principles that sum up the overarching philosophy of MM: Balance, Moderation, Self-management, and Personal Responsibility. Each of these principles plays an important role in the MM program, and MM members are continually reminded of them as part of the MM program.

MM aims at helping members achieve *Balance* in their lives. It has long been known that in order to avoid substance related problems, significant lifestyle changes are often helpful (Marlatt & Gordon, 1985). By promoting each individual's efforts to balance work, family, and recreation, MM seeks to take advantage of this clinical knowledge and put it to work for members. It is common among MM members to discover that their heaviest drinking occurs during times of stress—times when their lives have lacked a healthy balance among “shoulds” and “wants” (Marlatt & Gordon, 1985). MM believes that moving toward a balanced lifestyle enhances the possibility of shifting alcohol from a problematic focus to a pleasant detail of the individual's life.

MM also, as its name implies, advocates that lifestyle balance be characterized by *Moderation*, rather than extremes of behavior. While occasional “letting go” may not be a bad thing, when extreme behavior becomes the norm rather than the exception, MM believes that problem drinking (and other life problems) is likely to become worse. Thus, the key to resolving problem drinking is to adopt a goal of moderation not only with respect to alcohol consumption, but in other areas such as eating, work, play, etc. In short, MM believes that a balanced life is also a largely moderate one, and that one need not be extreme in order to enjoy one's life to the fullest.

MM focuses on *Self-management* as the path to healthier living. In contrast to other support groups whose teachings are often taken to imply that the individual is “powerless” to manage his/her life and must therefore rely on a “higher power” to help regulate behavior, MM is based on an “empowerment” model derived from the literature on behavioral self-control (Mahoney, 1979). MM believes that the individual has the power to shape both the environment and his/her own behavior in order to achieve a healthier lifestyle. As a result, planning, goal-setting, limit observation, and analysis of the circumstances surrounding over-drinking form the cornerstone of the MM action plan for becoming a moderate drinker.

Finally, MM emphasizes *Personal Responsibility*. This emphasis means that choices relating to how much, how fast, how long all rest with the individual. Personal responsibility also is reflected in MM's frequent admonitions to be honest with oneself. The only person who directly suffers as a result of a failure

to engage in honest self-evaluation is the problem drinker. If any productive movement toward change is to be made, MM believes, members must honestly and directly observe, assess, and evaluate their own behavior, using the information they gain as a guide to developing a behavior change plan that is specific to themselves. It is then up to the individual to carry out the plan by developing, often with the help of other members, strategies for implementing the individual's behavior change plans.

Underlying MM's philosophy is the belief, well supported by research, that problem drinking is a learned behavior, not a manifestation of a permanent, genetically-based, usually progressive "disease" process. The corollary to this belief is that behavior that has been learned can be unlearned, and new behavior learned in its place. This belief will be elaborated further, below.

### PRINCIPLES AND PROCEDURES

Like many other support groups for problem drinkers, MM has a written guide that forms the basis for its meetings and program. *Moderate Drinking: The Moderation Management Guide for People Who Wish to Reduce Their Drinking*, by Audrey Kishline (1994), contains the basic outline of the MM program along with detailed rationales and assessment instruments to help individuals make informed decisions about how to change their drinking.

MM members can gain support from MM in a variety of ways.

1. Reading the book *Moderate Drinking* along with one or more of the self-help book references included in the bibliography and following the MM plan themselves as a self-help plan.
2. Accessing the two MM forums on the Internet: the MM chat-room or the MM listserv.
3. Attending face-to-face meetings of MM.

With the exception of face-to-face meetings, these means of accessing MM are readily available from the individual's home, twenty-four hours a day (the chat-room is open 24 hours, although there are not always MM members signed in), and are free of charge. Meetings are typically held once a week, are anonymous, and are free of charge, although a voluntary contribution is requested from attendees, collected by "passing the hat" in the same manner other support groups use. MM represents mutual help in the best sense of the word as meeting attendees engage in and take process of helping each other pursue self-chosen drinking goals.

MM recognizes several possible "forms" of recovery—*moderation*, as defined in the MM Guidelines; *abstinence* for those who find moderation too difficult to sustain but want the continued support and flexibility of MM; and *harm reduction*. This last form of recovery is unique to MM in that persons who are unable to successfully achieve either abstinence or within-limits moderation are still welcomed in MM. MM encourages and attempts to help people sustain any movements toward a healthier life.

Although MM does not turn away anyone who wishes to reduce or stop drinking, MM is really aimed most specifically at problem drinkers. As such MM is as much a “prevention” program as it is an “intervention” program. MM seeks to provide an impetus to healthy behavior change for problem drinkers so that they may forestall any possible intensification of their problem drinking that may lead to a need for treatment.

MM meetings are both professionally and lay lead. There are no formal requirements to be a leader of an MM group other than a willingness to adhere to the meeting guidelines and MM rules. Information about forming and publicizing new MM groups is available on the MM Web site.

The main elements of the MM program are summarized in the meeting *Opening Statement* (Table 1), the *Nine Steps* (Table 2), the *Suggested Guidelines and Limits for Moderate Drinking* (Table 3), and the meeting *Groundrules* (Table 4). Each of these is reproduced in the following pages, and all are available on the MM Web site. Because MM is a well-articulated program, these statements contain all of the basic principles and procedures that MM advocates to people who wish to attempt moderate drinking. In addition to the book *Moderate Drinking*, MM suggests that its members read and follow one of several self-help book programs aimed at teaching moderate drinking. These include the Behavioral Self-control program of Miller and Munoz (1982), the “Saying When” program of Sanchez-Craig (1993), and the Guided Self-change program of Sobell and Sobell (1993).

Rather than discussing each of the MM documents in Tables 1 through 4 in detail, we would like to highlight several aspects of them that are important to understanding both MM and the problem drinkers who are MM’s primary audience. The tables, we believe, speak for themselves.

### **Individualized Program**

The MM program is individually tailored and driven. With the exception of the moderate drinking guidelines and limits (see Table 3), the specifics of any individual’s approach to moderating his/her drinking are determined largely by that person. No rigid program is prescribed by MM. However, MM strongly recommends that members initially complete a thirty-day period of abstinence prior to resuming alcohol consumption in a moderate fashion.

### **Initial Thirty Days of Abstinence**

The recommended thirty-day abstinence period serves several purposes. First, it allows any tolerance to the effects of alcohol that have developed over the course of heavy drinking to substantially dissipate. This makes moderation at the end of the thirty days easier as the individual typically finds that fewer drinks produce the effect desired from alcohol.

Table 1. Opening Statement

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The purpose of Moderation Management® is to provide a supportive environment for people who have made the healthy decision to reduce their drinking and make other positive lifestyle changes. MM provides a set of guidelines to help members achieve their self-management goals and develop skills that lead to a more balanced way of living.

The strength of this program lies in the members of MM, who are here to share their experiences and to help each other change. MM respects each member as a unique individual who has come to these meetings to work on a drinking problem. In return, MM asks each member to respect its ground rules in order to maintain the integrity of this support group.

Moderation Management is intended for people who have experienced mild to moderate levels of alcohol-related problems. MM is not intended for those who experience significant withdrawal symptoms when they stop drinking. There are abstinence-based programs available for seriously dependent drinkers in most communities. MM is also not intended for individuals who have any physical or mental condition which could be made worse by alcohol, even in moderation. Those who have concerns about whether a moderation program is appropriate for them are encouraged to seek professional advice.

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Table 2. The Steps

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Nine Steps Toward Moderation and Positive Lifestyle Changes

1. Attend meetings and learn about the program of Moderation Management®.
  2. Abstain from alcoholic beverages for thirty days and complete steps three through six during this time.
  3. Examine how drinking has affected your life.
  4. Write down your life priorities.
  5. Take a look at how much, how often, and under what circumstances you used to drink.
  6. Learn the MM guidelines and limits for moderate drinking.
  7. Set moderate drinking limits and start weekly "small steps" toward balance and moderation in other areas of your life.
  8. Review your progress and update your goals.
  9. Continue to make positive lifestyle changes, and attend meetings for ongoing support and to help newcomers.
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Table 3. MM Suggested Guidelines and Limits for Moderate Drinking

When you have made the healthy decision to drink less, and you stay within moderate limits, you should not experience any health, personal, family, social, job-related, financial, or legal problems due to alcohol. The suggested guidelines below allow for a degree of individual interpretation, because moderation is a flexible principle and is not the same for everyone. The suggested limits, however, are more definite.

**The MM Guidelines:**

A moderate drinker:

- Considers an occasional drink to be a small, though enjoyable, part of life.
- Has hobbies, interests, and other ways to relax and enjoy life that do not involve alcohol.
- Usually has friends who are moderate drinkers or nondrinkers.
- Generally has something to eat before, during, or soon after drinking.
- Usually does not drink for longer than an hour or two on any particular occasion.
- Usually does not drink faster than one drink per half-hour.
- Usually does not exceed the .055% BAC moderate drinking limit (see Note 1 below).
- Feels comfortable with his or her use of alcohol (never drinks secretly and does not spend a lot of time thinking about drinking or planning to drink).

**The MM Limits:**

- Never drive while under the influence of alcohol.
- Do not drink in situations that would endanger yourself or others.
- Do not drink every day. MM suggests that you abstain from drinking alcohol at least three or four days per week.
- **For women:** Do not drink more than **three** drinks on any day, and no more than **nine** drinks per week (see Note 2 below for definition of a “standard” drink).
- **For men:** Do not drink more than four drinks on any day, and no more than fourteen drinks per week.

**Notes:**

- 1. Blood Alcohol Concentration (BAC) charts are available at MM meetings.
- 2. Standard drink: one 12 oz beer (5% alcohol), one 5-oz glass wine (12% alcohol), or 1 and ½ oz of 80-proof liquor (40% alcohol).

These “number of drinks” limits are LIMITS and not TARGETS. Blood Alcohol Concentration (BAC) charts are more accurate than number of drink limits because they take into account weight, sex, and rate of drinking. If you are very light in weight use the BAC upper limit of .055%. Some researchers advise a limit of one drink per day for older adults (55+). The limits used by MM are based on research published in 1995 in the *American Journal of Public Health*, by Dr. Martha Sanchez-Craig, Addiction Research Foundation, Toronto, Canada and other published limits.

**CAUTION:** This program is not intended for those who experience significant withdrawal symptoms when they stop drinking, or those with any physical or mental condition, including pregnancy, that could be adversely affected by alcohol, even in moderate amounts. Also not intended for former dependent drinkers who are now abstaining.

Table 4. The Ground Rules

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1. MM members accept responsibility for their own actions and have a sincere desire to reduce their drinking to a nonharmful level.
  2. MM meetings are anonymous.
  3. Members should never come to MM meetings intoxicated.
  4. MM has a "zero tolerance" policy toward drinking and driving.
  5. MM does not condone underage drinking.
  6. Problems related to the abuse of illegal drugs are outside the scope of MM meetings.
  7. MM meetings are for problem drinkers. This program is not intended for alcoholics or others who are seriously dependent on alcohol.
  8. MM discourages members from socializing together in drinking situations.
  9. MM never permits alcohol at meetings or other MM-related activities.
  10. MM suggests that members make their MM meeting days nondrinking days.
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The second purpose of the thirty-day period of abstinence is to provide a respite from alcohol that often affects the individual's decision as to whether to return to drinking at all. Many MM members find that they feel so well (sleep improves, energy levels increase, etc.) during the thirty days that they decide to continue abstinence beyond the recommended time frame. In fact, many members use the thirty days as a stepping stone to prolonged abstinence.

Third, the thirty-day period of abstinence provides an opportunity for the individual to examine the "gaps" left in his/her life by the absence of alcohol, thereby gaining useful knowledge of the situations and emotional states that are strongly associated with the habit of over-drinking. This knowledge can then be used to prepare personalized plans to cope with those circumstances without over-drinking.

Finally, completing the thirty-day abstinence period serves to reinforce the individual's commitment to the process of change. It provides an increased sense of self-efficacy and empowerment resulting from the individual's having accomplished something that many new MM members often see as quite difficult. After the thirty-day abstinence period, the sense of being able to control and influence one's own behavior is enhanced, setting a positive tone for the efforts to accomplish moderate drinking that often follow.

### **Shift in the Meaning of Alcohol Consumption**

MM attempts to help the individual shift the meaning and nature of alcohol consumption from a habit or a coping strategy to a pleasurable part of human life, enjoyed in moderation, and without associated problems. Of course, this is the way



in which the majority of persons who use alcohol view its use. Alcohol consumption is not a central focus or issue in their lives, but rather part of a healthy, balanced lifestyle that is merely one of many ways of experiencing pleasure and relaxation

### **Problem Drinking as Learned Behavior, Not Disease**

MM is based on the belief that problem drinking, except in the most extreme cases where drinking becomes the dominant focus of the individual's life and obvious signs of physiological dependence are present, is a learned behavior that is more like a habit than a disease. The major implication of this view, which is supported by a large body of scientific research, is that the individual can regulate his/her behavior if he/she learns the skills to do so and practices them. This view also results in a focus on the person's environment as well as on the individual as a source of over-drinking, with a corresponding emphasis on helping the individual recognize and develop coping strategies for situations in which heavy drinking has become habitual.

An important part of unlearning old habits and replacing them with new ones is positive, empathetic feedback and support from others regarding the strategies the individual is pursuing toward moderation, and an acceptance of the fact that not every strategy will result in perfect outcomes. Thus, in contrast to other support groups which subtly "punish" members for failing to achieve and maintain drinking goals, MM adopts an open, problem-solving stance that encourages members to examine their successes and failures, to consult with other members to learn their experiences in similar circumstances, and apply this information to their own lives. In particular, if a member is having difficulty completing thirty days of abstinence or staying within drink limits, MM groups provide a supportive, empathetic forum in which to examine these difficulties and help the member experiencing difficulties to develop new strategies to resolve them.

### **Moderate Drinking Can Be Permanently Learned**

MM believes that just as over-drinking is learned as a response to various internal and external situations, the individual can also "unlearn" that behavior. This means that one need not attend MM for life, but only as long as is necessary for moderate drinking habits to become the dominant behavior with respect to alcohol. Because individuals learn at different rates and in different ways, there is no single prescribed method for achieving the goal of moderation. That is, there is no pressure to attend a specific number of meetings in a specific time frame or to engage in any other prescribed or required activities. The individual is responsible for designing his/her own moderation program (although help and support in so doing are readily available), tracking and monitoring his/her progress, and making the decision that continued participation in MM is no longer necessary to achieve personal drinking goals.

### **Drinking is Addressed Within the Individual's Life Context**

Drinking does not occur in isolation from the rest of the person's life. For many problem drinkers over-drinking is prompted by life circumstances (both positive and negative). In these circumstances and situations, drinking has become a habitual way of coping. MM attempts to help people recognize and address the role that alcohol plays in various life contexts in the belief that this will aid the individual in adopting healthier drinking pattern.

In sum, MM is a program that focuses on empowering individuals to take charge of their lives and that attempts to inspire confidence in the individual's own personal problem-solving and decision-making abilities. It is a program of self-determination and self-control rather than a program of powerlessness and need for prolonged assistance in establishing and maintaining behavior changes.

## **MM, GOAL CHOICE, COMMITMENT, AND OTHER SUPPORT GROUPS**

### **Goal Choice and Commitment**

Several lines of research (Hall, Havassy, & Wasserman, 1991; Locke, 1996; Morgenstern, Frey, McCrady, Labouvie, & Neighbors, 1996; Sanchez-Craig & Lei, 1986) indicate that individuals who choose their own behavioral goals, and are strongly committed to achieving them, are most likely to reach those goals. MM believes that individuals can and will, regardless of outside pressures, make their own decisions with regard to drinking. In MM, drinking goal choices are made by the individual, not the group.

Nonetheless, MM strongly advocates responsible drinking as evidenced by a number of points in the Ground Rules and the clearly defined drinking limits. MM also strongly advises against any use of alcohol by persons for whom such use constitutes a clear risk or danger. Thus, MM suggests that persons with a history of alcohol dependence (as manifested by significant withdrawal symptoms when drinking stops) or whose medical condition is such that alcohol consumption, even in small amounts, will likely lead to deterioration in health, seriously consider abstinence as their goal. However, consistent with its underlying belief that individuals make their own decisions, and that they deserve to be supported both in the process of making healthy decisions and in implementing those decisions once they have been made, MM will not turn away individuals who are ambivalent about abstinence, even though it may clearly be the best choice given their health status. Rather, MM members will provide a sounding board to help those individuals come to the healthiest possible decision about drinking for themselves.

MM both encourages and attempts to create in meetings and on its Internet groups an atmosphere of honest self-examination and assessment. MM believes

that it is critical to the process of healthy change that individuals are honest with themselves about their drinking and the effect it has on their lives. However, MM also acknowledges that confrontational, aggressive, pushy interactions with individuals who are in the process of self-examination and decision-making can be counterproductive. MM meetings and online discussions are therefore safe havens where persons making decisions to change and implementing those changes can openly discuss their successes and failures without fear of censure (either implicit or explicit) from the group. This stance is supported by research findings on the best methods of facilitating changes in alcohol use (Brown & Miller, 1993; Miller, Benefield, & Tonigan, 1993).

One corollary to this philosophy promoting self-determination of goals is the belief that strong commitment to goals enhances the likelihood of their achievement. Research on a variety of types of behavior change (Hall et al., 1991; Locke, 1996; Morgenstern et al., 1996) has found this. MM's emphasis on developing personal commitment is consistent with this research and is one of the strengths of the MM program.

### **MM and Abstinence-Focused Support Groups**

One question that often arises when MM is described to people familiar with 12-step support groups such as AA, is whether MM is, in fact, anti-abstinence? Another frequently asked question is how MM could possibly be successful given that "alcoholism" is a "progressive," largely genetically determined "disease?"

The fact of the matter is that MM is entirely consistent with abstinence-focused drinking goals, and is decidedly *not* anti-AA. Ernest Kurtz, a champion and historian of AA, has written the Foreword to the most recent edition of Kishline's *Moderate Drinking* emphasizing this fact. Further, Bill Wilson, in the early chapters of *Alcoholics Anonymous* (the "Big Book"), and Marty Mann, the founder of the National Council on Alcoholism (now the National Council on Alcoholism and Drug Dependence), both propose trials at moderating one's drinking as a useful method for determining if moderation is a viable option. Mann (1958) proposed that a useful test would be for a drinker to consume no more than three drinks daily for a thirty-day period. If that was possible then, Mann asserted, *then* moderation was a viable option for that individual and abstinence was not necessary.

In *Alcoholics Anonymous* (1976), Wilson clearly distinguishes several types of problem drinkers from "real alcoholics" for whom abstinence is the safest goal. It is toward these latter individuals that AA is oriented:

Moderate drinkers have little trouble in giving up liquor entirely if they have good reason for it. They can take it or leave it alone. Then we have a certain type of hard drinker. He may have the habit badly enough to gradually impair him physically and mentally. It may cause him to die a few years before his time. If a sufficiently strong reason—ill health, falling in love, change of

environment, or the warning of a doctor—becomes operative, this man can also stop or *moderate*, although he may find it difficult and troublesome and may even need medical attention.

But what about the *real alcoholic*? (*Alcoholics Anonymous*, pp. 20-21, emphasis added).

Further, Wilson clearly suggests attempts at moderate (he calls it “controlled”) drinking with an honest self-assessment of the outcome, as a means of determining for oneself if abstinence, and AA, are the most appropriate path to recovery:

We do not like to pronounce any individual as alcoholic, but you can quickly diagnose yourself. Step over the nearest barroom and try some controlled drinking. Try to drink and stop abruptly. Try it more than once. It will not take long for you to decide, if you are honest with yourself about it. It may be worth a bad case of jitters if you get a full knowledge of your condition (*Alcoholics Anonymous*, pp. 31-32).

It is clear from these quotations that, at least in its original form, as presented by Bill Wilson, moderation and the approach of MM are not at all inconsistent with AA. The two support groups are aimed at quite different groups of problem drinkers.

Because MM is “agnostic” with respect to the specific drinking goals an individual adopts (although for moderation goals, not with respect to the drink limits), MM can be both a place to work on and maintain an achievable moderate drinking goal and where individuals can make the decision that moderation may not be possible for them. In essence, MM can serve the function that Bill Wilson and Marty Mann suggested individuals use on their own to determine if moderation is possible. MM can be a “proving ground” for personal strategies with respect to reducing drinking. In fact, although there are no formal statistics in this regard, it is our impression that as many as one-third of MM members have chosen near total abstinence for the long-term, while still reserving the right to decide for themselves whether or not to drink alcohol in the future, and when. Thus, for many, MM can be a “stepping stone” to abstinence and to AA or other abstinence-focused support groups.

## CONCLUSION

It is important to recognize that MM is not “anti” abstinence or anti-AA, as some alternative support groups have been. Rather, MM aims to fill a void in the spectrum of support groups by targeting those for whom abstinence is not presently a subjectively desirable option, and providing them with a safe context in which to discover for themselves is the most viable relationship to alcohol given their particular circumstances. To quote again from Bill Wilson and *Alcoholics Anonymous* (1976), MM recognizes that no approach “can be helpful to all people, but (we can) at least . . . take a kindly and tolerant view of each and every one”

(p. 67). And further, in semi-paraphrase, “we have no monopoly . . . we merely have an approach that worked with us” (p. 95), and one whose methods have strong research support for their efficacy.

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