Twelve Step Programs - Orientation

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ABSTRACT: This is a companion to a narrative presentation. It is intended to describe the derivation, intent, and utility of 12-Step programs, focusing on Narcotics Anonymous (NA) and Alcoholics Anonymous (AA). It includes a listing and summary of the Twelve *Steps* initially evolved by Alcoholics Anonymous and first published in 1939. Also briefly included here are the Twelve *Traditions* are employed by NA and AA as guidance for the operation of the organizations. They also outline the boundaries between these programs and the community agencies or health-care providers who refer to them.

INTRODUCTION: An understanding of 12-Step programs is essential for those in the addiction treatment community, to the same degree that some knowledge of operating-rooms is essential to being a good surgeon. For those in ancillary services - clergy, medicine, public safety, social work, and volunteer community assistance - any attempt to understand the culture of recovery will be incomplete and possibly distorted without a knowledge of the mutual self-help fellowships. Whatever is discussed here will pale in understanding in comparison to the actual experience of attending an AA or other 12-Step meeting.

The term, "12-Step program," is bandied about with facility these days, as a kind of talisman, sometimes as a taunt ("Oh, you need a 12-Step program!"). That facetiousness can stand as a barrier to exploring and understanding. The original 12-Step program simply referred to 12 *suggested* sequential steps for newly-recovering alcoholics to take, in order to organize their efforts in staying sober. They were written by Bill Wilson and derived from the experiences of members of the early AA recovery groups. They are concise, and each word tells. It is useful to explain some of the premises; life is a projective test; and we all bring a set of prejudices and hopes with us to the reading of any credo. So, a thin volume of explication was written for those who experience difficulty[1]. It has generally been enough, as this is not a religion and requires no theology, no great mass of interpretive disquisitions and critical essays. The program literature was written simply, as the AA members themselves jokingly admit, for stubborn and cynical drunkards.

THE STEPS:

1. We admitted that 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 all 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.

These steps are largely unchanged from program to program, with substitutions of "drugs" or of a particular compulsion (e.g., sex, gambling, food) for "alcohol". I find that their intents may be summarized as follows:

1. Concession of defeat
2. Acknowledgment of a source of help
3. Surrender to the source of help
4. Inventory
5. Confession
6. Preparation for changes
7. Petition for changes
8. List of the injured
9. Restitution to the injured
10. Periodic inspection & correction
11. Seeking of instructions
12. Following and transmitting instructions

And even more tersely:

Surrender, Hope, Trust, Inventory, Confession, Readiness, Petition, Butcher's Bill, Payment, Maintenance, Communion, Action & Aid.

...Please see that these abbreviated forms are simply useful only as mnemonics, and do not convey meaning with the strength and fluency of the original statements.

The gist, then, is this: That the alcoholic arrives at the opportunity to contend effectively with his illness through abrogation of denial, the most primitive of the psychological defenses (Steps 1-3). S/he surveys the constituents of his/her character, including the many unpleasant, decreasingly useful, and destructive traits which accompanied the syndrome's development (Step 4). That development occurred around a triad later summarized in one psychiatric criterion of alcohol use disorder - acquisition of, use of, and withdrawal from the substance - alcohol. S/he displaces shame and accepts responsibility for these traits, both bad and good, and acknowledges willingness to be rid of the bad ones (Steps 5,6,7) through a process of confession and surrender. The damage incurred during his/her drinking career needs to be cleaned up; and is (Steps 8&9).

From Stephanie Brown: "'...the primary emphasis is on action, substituting new behaviors for drinking. These new behaviors do not come from within the cognitive or decision-making framework of the individual. They must be *learned* as the behavioral correlates of the new identity as an alcoholic."[2] Because the process of self-examination is not completely efficient, as this is a mutual aid process involving folks who will rely mostly on their own experience as reference; and because learning needs reinforcement, the characterological survey and amends-making must be *repetitively* undertaken (Step t10). Ultimately, the recovering alcoholic learns techniques for alleviating distress which combine meditation and a reliance on the extended community, or upon

some higher power (Step 11). With the progress of recovery, and with the spiritual, emotional, and physical well-being which accompanies that progress, the alcoholic is encouraged to work with other alcoholics. The process of alcoholism recovery becomes a metaphor for maturation and living a balanced life.

ORGANIZATIONAL DESIGN: 12-Step groups vary from meeting to meeting. Their common denominators are expressed in traditions. AA and NA both have 12 of these, demonstrating symmetry. There is no centrally-organizing body in either case, merely an office that provides guidance *when invited to do so* and which handles the publishing needs of the fellowships. It is difficult to conceive of AA or NA in conventional business or governmental institutional terms. When a group (which may hold one or many meetings per week) forms, its intent, location, officers, and any guidelines are set by a "group conscience"; that is, a simple majority vote which may be called and called again, at any time. Because there are no projects or superstructure to fund, outside of contributions to a local office for telephone information and literature (volunteer-staffed), no deadlines, no profit line, and no contractual membership obligations, groups can tolerate a wonderful degree of inefficiency. Their meetings are often less like a session of the Grange than like a huddle of farmers in a cafe booth, gathered there at a certain time each day by custom and friendly agreement, to chat. Sometimes, too, the meetings *can* be just like the Grange. Heterogeneity of models is the rule.

TRADITIONS: The following are the twelve traditions of AA; some terms are substituted appropriate to the organization's interest (i.e., "drug" for "alcohol", "using" for "drinking", etc.). They constitute *guidelines*, rather than rigid rules, as being the methods best shown to work in preserving an AA group.

1. Our common welfare should come first; personal recovery depends upon AA unity.
1. For our group purpose there is but one ultimate authority - a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for AA membership is a *desire* to stop drinking. (italics mine - WFH)
4. Each group should be autonomous except in matters affecting other groups or AA as a whole.
5. Each group has but one primary purpose - to carry the message to the alcoholic who still suffers.
6. An AA group ought never endorse, finance, or lend the AA name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
7. Every AA group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.
9. AA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.
12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

IMPLICATIONS FOR THOSE MAKING REFERRALS: Because they are beholden to no one, AA and NA are not subject to control. By anyone. This generally infuriates authoritarian psychiatrists and therapists, and not a few judges, but there you have it. Out of simple fairness, members are discouraged from passing judgment on the clinician's competence, or, in fact, on medications which may be prescribed. There will always be individual members - possibly the patient's mentor or sponsor - who will take exception to medications being given, generally arising from experience with physicians who perceive alcoholism as a Valium or barbiturate deficiency disorder... The way to deal with this is, simply, to offer to explain the rationale (e.g., for giving an antidepressant or neuroleptic medication) to the sponsor or other concerned person. It is useful to recall when doing so that there is no financial or managerial interest in the controversy, as there would be in a conflict between therapists. One begins with the assumption that good intentions prevail. When a difficulty arises concerning the operation of a recovery group, particularly one which receives many referrals, most larger towns or cities with a central office maintain a Hospitals & Institutions ("H&I") committee which provides liaison with the courts and health care organizations. While not always comfortable with the notion of patients or offenders being ordered to attend AA/NA meetings, most groups have developed accommodations. A meeting log can be signed or initialed by the Secretary of the meeting, as long as the referring agent understands that no responsibility is accepted for the length of presence in a given meeting or for the degree of participation; and that any request for a report of progress or data shared will be ignored. Non-alcoholics may attend “open” meetings, the majority, as an informational experience. AA & NA are not intended to be therapeutic for schizophrenia, profound personality disorder, or bipolar disorder. Certainly, folks with more than one diagnosis are welcome as members; and will commonly find that their other disorders are improved by the principles used for addiction resolution. But peer identification between the addict and other addicts, or between alcoholics and other alcoholics, is a mainstay of 12-Step program effectiveness. As in any referral, the therapy should suit the problem.

A word about "closed" and "special interest" meetings: On any schedule, a very few of the meetings will be marked "closed". This means that only those who have an earnest desire to not drink (or use drugs) should attend. As there is no AA police department, nothing is to keep a non-alcoholic from attending; but the request is should be honored, to enhance the level of confidentiality and to more clearly define the purpose of the closed meeting. Closed meetings are commonly step-study groups or discussion groups which have identified critical recurring issues threatening their recovery. It is a matter of simple courtesy to bypass these meetings when you are choosing one to visit for your own education, unless, of course, you qualify based on personal recovery. By contrast, "Special interest" meetings simply carry a caveat; they are NOT exclusive. In this circumstance, there is an issue defined by the meeting's group conscience (e.g., "Zebra Groups" for those with dual diagnoses), or a particular class of participant being encouraged to attend (e.g., men's stag, women's meetings, gay meetings). Anyone may attend a gay meeting; the point of a gay meeting is to make those who are gay welcome. Men in crisis have shown up at women's meetings; it postpones the meeting's agenda, but the primary purpose of the group remains "'...to carry the message to the alcoholic who still suffers.”[4]

SUMMARY: Summoning a quotation, from the twin Joes of Long Beach, California, Drs. Joe Pursch and Joe Zuska: "Alcoholics Anonymous emphasizes action and places the responsibility for recovery squarely on the shoulders of the alcoholic. Participation in Alcoholics Anonymous does not damage the therapeutic alliance with a counselor or physician. Physicians [and other providers

- WFH] desiring to become better acquainted with alcoholism as a disease and its continued management should attend various Alcoholics Anonymous meetings in their communities. Much can be learned and observed, and striking changes can be noted in individuals who are "surrendering" to the process and who are genuinely participating. Not the least of what is learned will be that alcoholism is generally misdiagnosed and mismanaged by physicians. Attendance at Alcoholics Anonymous meetings should be prescribed with the same degree of seriousness as a cardiac consultation, and patients should feel that the doctor respects Alcoholics Anonymous as a potent and valuable step in recovery. ...It is important in using AA as a referral source to realize that AA gives no concern to the *reason* for drinking and considers all such reasons merely as excuses. AA feels that alcoholics drink because of a compulsion to do so and that they have lost the power of choice as to whether or not to drink even when they are not aware of such loss. It is believed that alcoholics are unable to help themselves in this situation in spite of any amount of willpower, intelligence, or moral integrity. Relief comes from accepting powerlessness and then accepting help from an outside source. 'Alcoholics cannot keep themselves sober but end up sober by trying to help other alcoholics stay sober even when the latter do not find sobriety."[3]

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REFERENCES:

1. (Unattributed) Twelve Steps and Twelve Traditions, Alcoholics Anonymous World Services, Inc., 1952, New York
2. Brown S., Treating the Alcoholic, p. 156, 1985, John Wiley & Sons, New York.
3. Zuska J.J. & Pursch J.A., "Long-Term Management", pp. 106-7, in Alcoholism: A Practical Treatment Guide, 2nd ed., S.E. Gitlow & H.S. Peyser, Eds., 1988, Grune & Stratton, Philadelphia.

4. Anon., *Alcoholics Anonymous*, 4th Ed. 2001, General Service Office of AA.